

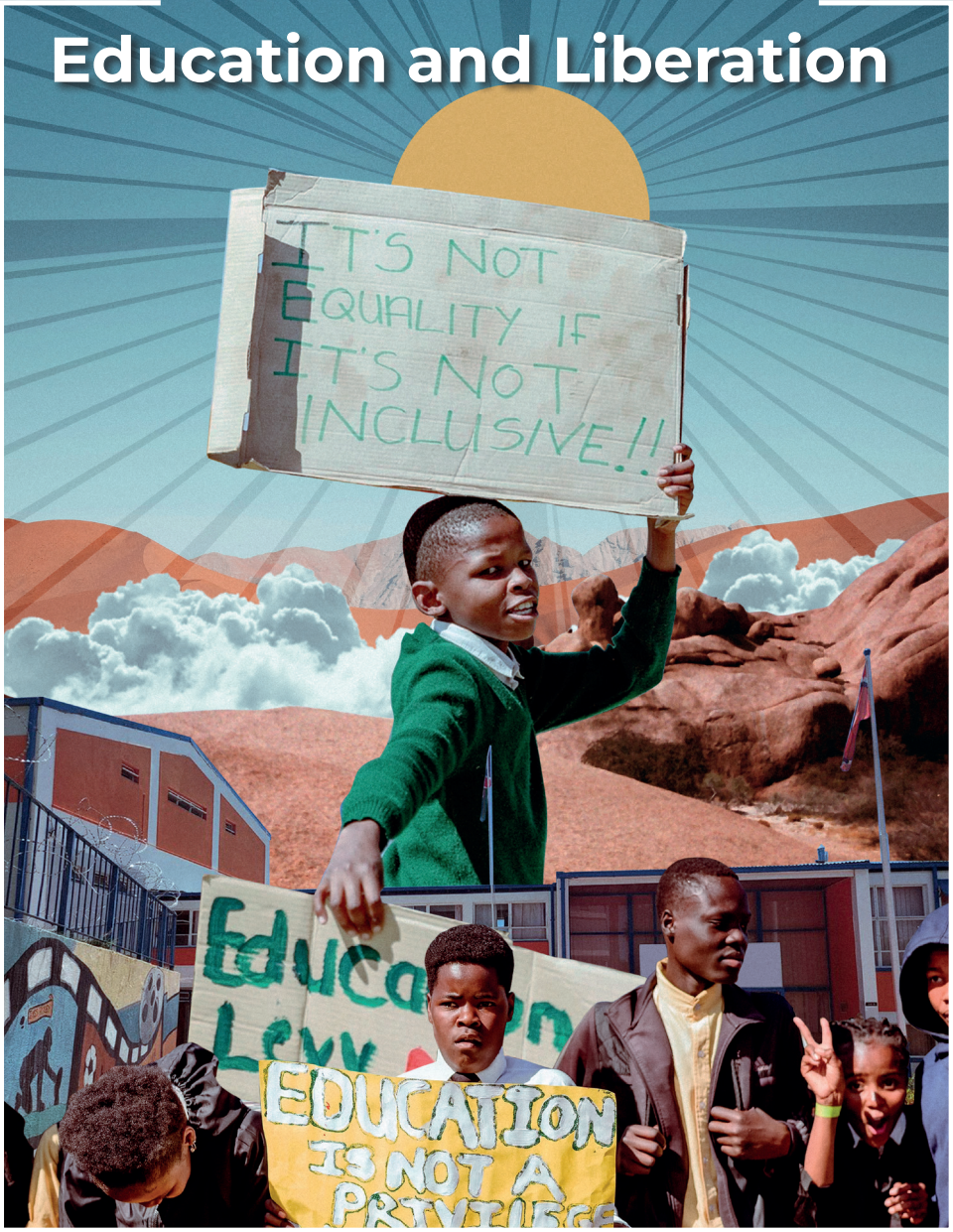
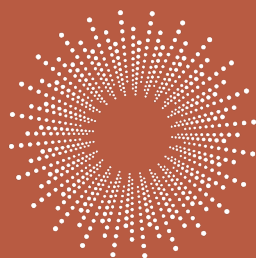


Table of Contents

Acknowledgements	4
Acronyms and Initialisms	5
Editorial: Education and Liberation	7
The Quest for Education for Liberation: The Case of the Namibia National Students Organisation	20
<i>Ndumba J. Kamwanyah</i>	
A Case Study of Radical Pedagogy in Practice: The South African Committee for Higher Education (SACHED) and Regional Liberation Networks (1959–1994)	26
<i>Tammy-Lee Lakay</i>	
Challenges that Outsmart the Transformation Agenda: An Analysis of Why Certain Challenges Persist in the Namibian Education System Despite Several Reforms.....	43
<i>John Nyambe, Marius Kudumo, & Ellison Tjirera</i>	
Social Justice and Education in Namibia: From Theory to Practice	69
<i>Lucy Edwards-Jauch</i>	
Education for All? Unpacking Social Justice and Grassroots Policy Implementation: A Case Study of the Otjituu Settlement	97
<i>Tjipura Tjipura</i>	
Beyond Colonialities: Leveraging Ubuntu for Transformative Higher Education in Namibia.....	105
<i>Bruno Venditto & Adalbertus Kamanzi</i>	
Epistemic Destruction and Indigenous Knowledge Loss During the OvaHerero/Nama Genocide (1904–1908): A Case study of OvaHerero Epistemicide	137
<i>Kahuhu Alphons Koruhama & Joyce Muzengua</i>	

Epistemological Access at the Institutions of Teacher Education.....	148
<i>Fares Amweenye, Sakaria M. Iipinga & Elizabeth Ngololo</i>	
The Relevance of Theological Education in Contemporary Namibia: A Contextual Analysis of the United Lutheran Theological Seminary–Paulinum..	173
<i>Emma N. Nangolo</i>	
Critical Pedagogies in Anti-Colonial Cultural Work: Oudano as Praxis.....	198
<i>Nashilongweshipwe Mushaandja</i>	
Decolonising Early Childhood Development in Informal Settlements: A Case Study of New Elementary Namibia and the Implementation of the Sixth National Development Plan	218
<i>Kevin Wessels</i>	
A Case Study of Parenting a Neurodivergent Child Juxtaposed against the Provisions of the Sector Policy on Inclusive Education in Namibia.....	229
<i>Immaculate Mogotsi & Christel Menette</i>	
Case Study: Bridging the Gender Gap in Education in Zambezi Region, Namibia.....	256
<i>Phiona Nandu</i>	
Political Worker Education in Namibia: The Case of the Labour Diploma Course.....	262
<i>Herbert Jauch</i>	
Dissecting the Subsidised Funding Model in Namibia 2026: Free Registration and the Question of Sustainable Access to Higher Education	269
<i>Benhard Kavau</i>	
Contributing towards Social Justice in Namibia? The Activist School of the Economic and Social Justice Trust.....	274
<i>Herbert Jauch & Nafimane Hamukoshi</i>	
Review of the Namibia State of Skills Demand and Supply Report.....	281
<i>Christophina Ndahambelela Ainima</i>	

A Case Study of Parenting a Neurodivergent Child Juxtaposed against the Provisions of the Sector Policy on Inclusive Education in Namibia

Immaculate Mogotsi & Christel Menette

Abstract:

This article examines the extent to which Namibia's Sector Policy on Inclusive Education (SPIE) (Ministry of Education, 2013) is meaningfully implemented for neurodivergent learners, whose access to equitable and dignified education remains uneven despite the policy's progressive intent. The persistent gap between policy commitments and the lived realities of neurodivergent learners, in both private and public schools, necessitates critical inquiry. Grounded in the theoretical insights of Lev Vygotsky and Erik Erikson's psychosocial theory, the study adopts a qualitative approach that integrates autoethnography with an intrinsic case study. Through the intertwined perspectives of a parent and a clinical psychologist navigating schooling, assessment and support systems, the study illuminates structural and institutional barriers. These include inconsistent identification of learning differences, limited teacher preparedness, weak policy compliance, and uneven access to psychoeducational services. The study concludes that meaningful inclusion requires systemic reform,

collaborative practice, and deliberate translation of inclusive education policy into classroom-level action.

Keywords: Namibia, neurodivergent learner, dyslexia, psychological support, inclusive education, autoethnography, justice, advocacy

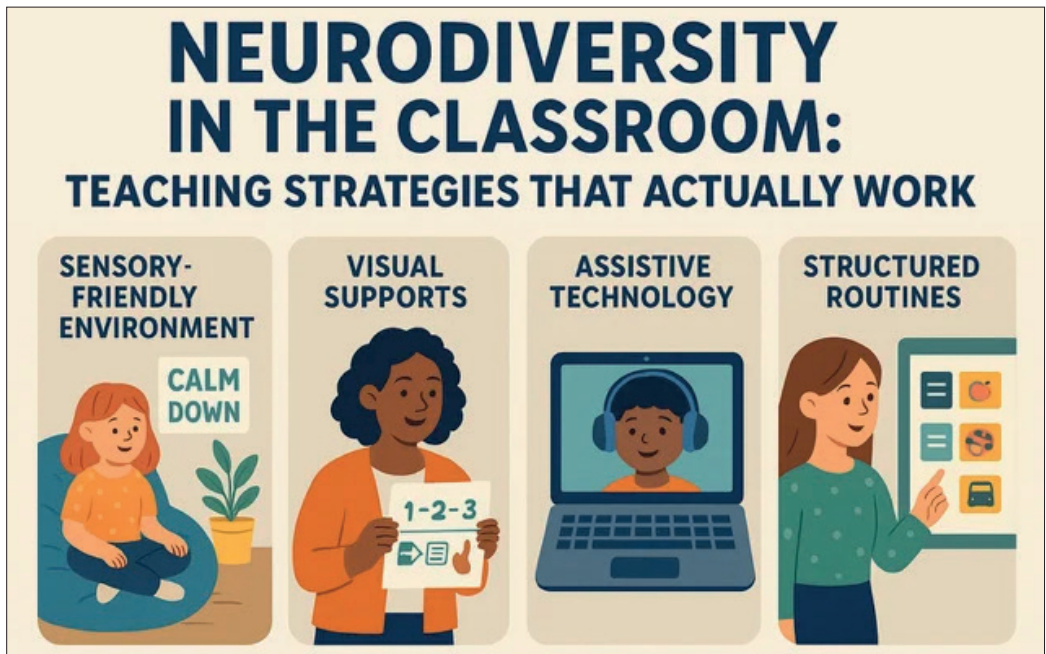
Introduction

Inclusive, equitable education has the potential to transform individuals and societies, but when policy and practice diverge, it can also reinforce inequity (United Nations 2015, p.17). Namibia's education system has moved from segregated "special" classes to inclusive classrooms, particularly since ratifying the Salamanca Declaration in 1994 (United Nations Educational, Scientific and Cultural Organization [UNESCO], 1994). This shift has been guided by the *Sector Policy on Inclusive Education* (SPIE) (MoE, 2013), which is shaped by evolving understandings of neurodivergence, and is currently under review. The policy commits schools to learner-centred participation for everyone. This approach also

aligns with current neurodiversity views that see neurodevelopmental differences as natural human variation (Miranda-Ojeda et al., 2025). With proper supports and opportunities, neurodivergent learners (including those with intellectual disabilities, specific learning disorders (e.g., dyslexia, dyscalculia), developmental coordination disorder (dyspraxia), tics and other motor disorders, communication and language disorders, autism spectrum conditions, and ADHD) can succeed in formal education. However, achieving this potential requires a systemic change from separate accommodations to integrated, inclusive design, backed

by well-trained educators and strong leadership.

This article aims to critically examine how Namibian school-level practices cater for the neurodivergent learner, spanning inclusion, access, pedagogy, assessment, accommodations, and collaboration, and how these respond to SPIE commitments. Using an autoethnographic lens, it traces the lived experience of a mother as she navigates the education system with her son with dyslexia. The article further incorporates reflections from a clinical psychologist working with neurodivergent children in private practice and across school sites. These intertwined narratives illuminate



Source: <https://schoolposterprinters.com/neurodiversity-in-the-classroom-teaching-strategies-that-work/>

the barriers that neurodivergent learners face, particularly when access to services and accommodations is shaped by socioeconomic privilege. The account reveals how gaps in implementation risk turning education into a driver of inequity rather than a tool for empowerment. This article contributes to a growing body of evidence that, despite progressive policy frameworks, the lived realities of neurodivergent learners in Namibia often fall short of the inclusive ideals envisioned.

Background: Framing the Mother and Psychologist Narratives in the Namibian Inclusive Education Context

The UNESCO definition of “inclusive education” is, “a process of addressing and responding to the diversity of needs of all learners through increasing participation in learning, cultures and communities, and reducing exclusion within and from education” (UNESCO Institute for Information Technologies in Education [UNESCO IITE] 2025, p. 12). It involves changes and modifications in content, approaches, structures, and strategies, with a common vision which covers all children of appropriate age range, and a conviction that it is the responsibility of the state to put the necessary provisions in place in both policy and practice to educate all children. (UNESCO IITE 2025).

This article interrogates how Namibia’s SPIE (MoE, 2013) is enacted for neurodivergent learners, by tracing the intertwined narratives of a mother whose child was diagnosed with dyslexia in Grade 2 (age eight), and a clinical psychologist who supports such learners across school sites (Ellis et al., 2011). The policy aims to ensure that all children learn, participate fully, and experience supportive, learner-centred environments. Our account examines the distance between these ideals and day-to-day practice as the mother–child dyad navigated referrals, assessments, accommodations, and transitions, ultimately culminating in the learner’s completion of high school and pursuit of a career in aviation engineering.

To ensure that neurodivergent learners attain their full potential, there is need for a system-wide shift from add-on accommodations to embedded inclusive design. To attain this, the education system should comply with the SPIE and be supported by capacitated teachers and leadership, and by tailored supports across a broad neurodivergent spectrum (Ndou-Chikwena & Sefotho, 2025). In this article we show empirical evidence of implementation challenges in Namibian schools, and Namibian work on dyslexia and assistive technologies that point to both constraints and possibilities for inclusive pedagogy (Gouws & Wassermann, 2024; Donohue

& Bornman, 2014; Mokaleng & Möwes, 2020; Veiko, 2019).

Methodology

This article uses a qualitative, multi-method approach that combines autoethnography and an intrinsic case study to explore how the SPIE (MoE, 2013) is implemented for a neurodivergent student to thrive in Namibia. Autoethnography allows the parent–author to generate contextual data through reflective journaling, memory work, and artifacts such as school reports, assessment notes, psychological reports, and correspondence. This makes visible the emotions, negotiations, and daily decisions involved in parenting a neurodivergent child within the education system (Ellis, Adams, & Bochner, 2011; Holman, Adams, & Ellis, 2013). The case study focuses on a specific system, detailing the role of the clinical psychologist when providing services to the learner, and of the parent, teachers, school leadership, and education regulators. The methodology also included document analysis of the SPIE, school policies, and assessment reports; semi-structured interviews with the psychologist and teachers; and field notes from meetings and classroom interactions (Stake, 1995; Yin, 2018; MoE, 2013).

The data analysis combined deductive policy–practice mapping

(responsiveness of access, pedagogy, assessment, accommodations, and referral pathways) with inductive thematic analysis to surface patterns of constraint and possibility (Braun & Clarke, 2006). Trustworthiness was supported through data triangulation, member checking with key participants, thick description, and an audit trail, alongside explicit reflexivity regarding positionality and power (Lincoln & Guba, 1985). Ethical procedures included confidentiality, de-identification, and careful handling of potentially sensitive clinical educational information.

Theoretical framework

This article is anchored in a dual-theoretical framework integrating Lev Vygotsky’s social constructivism (Vygotsky, 1978) and Erik Erikson’s psychosocial theory (Erikson, 1963), offering a multidimensional lens for understanding and supporting neurodivergent learners across developmental and educational contexts. Supporting neurodivergent learners requires a multidimensional theoretical approach that accounts for both cognitive development and psychosocial functioning. Lev Vygotsky’s social constructivism and Erik Erikson’s psychosocial theory are contextualised within Namibia’s SPIE (MoE, 2013), to frame inclusive, developmentally responsive educational practices.

Vygotsky's theory conceptualises learning as a socially mediated, culturally embedded process in which knowledge is co-constructed through interaction and scaffolded within the learner's zone of proximal development (ZPD) (the difference between what a learner can do independently and what they can achieve with guidance and support from a teacher or parent). It highlights the space where learning is most effective when tasks are slightly beyond the learner's current ability but attainable with appropriate scaffolding (Vygotsky, 1978). For neurodivergent learners whose cognitive profiles may include asynchronous development, sensory processing differences, or executive function variability, the ZPD becomes a dynamic space for tailored intervention. Scaffolded supports such as guided participation, dynamic assessment, and assistive technologies serve not as compensatory mechanisms but as cultural tools that expand access and agency. This aligns with principles of universal design for learning, reframing diversity as a resource for inclusive pedagogy rather than a barrier to normative achievement.

Complementing this, Erikson's psychosocial theory provides a developmental scaffold for understanding the emotional and identity-related trajectories of neurodivergent children. His eight-stage model illustrates how neurodivergence

may shape and be shaped by age-related developmental tasks (Erikson, 1963). In Namibia, Stages 1–3 (0–6 years) may be affected when caregivers or early childhood settings misinterpret atypical communication, behaviour, or social interaction, potentially fostering mistrust, shame, or guilt rather than confidence. Stage 4 (6–12 years), the primary school years, is often the most challenging, as standardised literacy expectations, limited inclusive pedagogy, and punitive discipline can reinforce inferiority instead of nurturing competence. Stage 5 (12–18 years) highlights risks of identity confusion among adolescents placed in "slow learner" categories or exposed to stigma. Experiences in schooling continue to influence Stages 6–8 (young adulthood to later life), shaping relationships, vocational fulfilment, and lifelong wellbeing. Across the stages, failure to master developmentally appropriate tasks, often due to environmental misalignment rather than intrinsic deficit, can predispose learners to internalised shame, guilt, or inferiority.

Overall, applying Erikson's framework reveals how systemic barriers in Namibian schools may disrupt healthy development for neurodivergent learners. While inclusive, compassionate, and developmentally attuned support can foster resilience, self-worth, and long-term flourishing (Erikson, 1963). Conversely, affirming environments that

recognise and scaffold neurodivergent strengths can buffer against adverse psychosocial outcomes and foster resilience, creativity, and self-efficacy. Together, these frameworks underscore the necessity of context-sensitive, relational, and developmentally attuned supports. Within the Namibian context, the SPIE (MoE, 2013) operationalises these principles by mandating learner-centred, flexible, and collaborative approaches that accommodate neurodiversity. When implemented robustly, such a policy can yield systemic benefits, such as earlier identification, reduced dropout, and expanded pathways to competence, while affirming the dignity and potential of neurodivergent learners.

SPIE Provisions for Neurodivergent Learners

This case study synthesises the SPIE's intent with the lived realities of parenting a neurodivergent child. The argument advanced is that inclusion must mean more than placement; it must ensure full participation, responsive supports, and dignified learning across contexts (MoE, 2013; Ministry of Education, Arts and Culture [MEAC], 2018).

Namibia's SPIE (MoE, 2013), seeks to “ensure that all learners are educated in the least-restrictive educational setting ... to the fullest extent possible” ... and to “support learners with a wide

range of individual abilities and needs”. This article adopts a neurodiversity paradigm that understands neurological differences as natural human variation rather than deficit, reframing support from “fixing” learners to designing dignified enabling environments in which diverse strengths can thrive (MoE, 2013; Enhancing Participatory Democracy in Namibia, 2023).

While not all neurodivergent individuals identify as persons with disabilities, many meet disability criteria when long-term neurological differences interact with social, institutional and environmental barriers that restrict full and equal participation. This understanding reflects the social and rights-based framework of the *Convention on the Rights of Persons with Disabilities* (United Nations, 2006), which Namibia has ratified. The Convention conceptualises disability not solely as an individual impairment but as the outcome of the interaction between individual differences and societal barriers that limit equal participation (United Nations, 2006). Hence, national reviews also document attitudinal, curricular, and service-delivery gaps that impede full participation (MEAC, 2018).

The SPIE's core focus on diversifying teaching and learning, along with providing care and support throughout

the system, promotes differentiated instruction in classrooms and coordinated school-based support. It also emphasises the importance of timely, family-centred pathways to services so that neurodivergent learners are not merely present, but fully engaged and making academic progress (MoE, 2013; Enhancing Participatory Democracy in Namibia, 2023).

Placing this narrative within Namibia's SPIE, which envisions full participation in supportive, learner-centred environments, underscores a recurring policy-practice gap. Many school actors (and parents) are unfamiliar with the policy's provisions, leaving neurodivergent learners dependent on individual advocacy rather than systemic responsiveness (MoE, 2013). International evidence shows that inclusion improves when teachers use universal design for learning and flexible assessments. Accountability should shift from demanding one fixed way to show mastery to accepting multiple, valid ways for learners to demonstrate what they know (Global Education Monitoring Report Team [GEMRT], 2020; Rose & Meyer, 2002; Ainscow, 2005). For example, when the education system relies solely on written examinations as its dominant form

of assessment, it robs neurodivergent learners of the opportunity to be assessed using methods that reflect their strengths. These standardised literacy demands and writing expectations create uniformity in assessment methods and hence become exclusionary for neurodivergent learners. The "one-size-fits-all" requirements can misalign with how some neurodivergent learners process print, time, language, or attention, creating barriers unrelated to their actual understanding or potential. By applying appropriate accommodations for neurodivergent learners such as extra time, audiobooks/text-to-speech, reduced copying, alternative response modes (oral, typed), scaffolded notetaking, and quiet testing spaces, the scope for inclusion is broadened. Such accommodations safeguard learners' engagement, self-efficacy, and academic achievement by preventing secondary harms that may otherwise undermine their learning and overall well-being. These interventions acknowledge that neurodivergent learners may have strengths such as rich oral vocabulary, strong reasoning, design talent, and persistence, and use those assets to plan instruction (choice of texts/topics, visual organisers, project-based outputs), rather than treating them as blank slates.

Stories and Analysis: Perspectives of a Mother and a Clinical Psychologist

*Mother-son dyad in
navigating the school system
whilst making sense of
dyslexia:*

This article is co-authored by two scholars who write from distinct yet interconnected vantage points to illuminate how neurodivergent learners navigate Namibia's education system. Using a combination of autoethnography and case study methods, we braid together our lived and professional experiences to deepen understanding of the policy-practice gap in inclusive education. One author writes as a mother whose son was diagnosed with dyslexia, reflecting on the emotional, academic, and advocacy journey of supporting a neurodivergent child through the Namibian schooling system. The other author contributes the perspective of a clinical psychologist, drawing on clinical and school-based practice to interrogate structural, pedagogical, and psychosocial barriers that shape learner trajectories. Together, our dual narratives offer an intimate yet analytical account of inclusion in practice, revealing both the human cost of systemic gaps and the transformative possibilities of responsive, learner-centred support.

*Learner “misbehaviour” as a
form of coping*

As the mother of a son with dyslexia, I recall when my son's school and home lives began to deteriorate under stress. He would come home without his schoolbooks and blame a non-existent friend called “Enid”. He was also repeatedly marked absent from classes, even though, I had personally dropped him off at school in the morning. This caused a lot of frustration, especially after I learned that my son was not telling the truth about his whereabouts after I had dropped him off. On several occasions, his homework would not be done, or he would not know where his books were. Out of frustration and a loss of trust in each other, I resorted to corporal punishment to correct what I deemed laziness in schoolwork. His teachers also labelled as him “disruptive” in class.

Later, I learned he was avoiding lessons that required reading aloud. From kindergarten onward, I noticed that our son's reading lagged behind that of his peers; I also observed that when texts were read aloud, and he responded orally, he excelled. However, when required to read independently and write in timed tests, my son froze or blanked out. At that time, I had not yet understood how dyslexia was affecting his spelling, reading and writing.

It dawned on me that my son was anxious and ashamed that he could not read, despite his efforts. It was clear that what I framed as “misbehaviour” was his way of coping in the school system. He expressed much frustration towards school. The saddest thing that used to break my heart was waking him up in the morning and hearing him sigh—a sigh so deep and long, a testimony to the weight he experienced of attending school. It was at that juncture that I asked him to teach me how he preferred to be assisted with schoolwork. We started following children of his age online, adopting their coping mechanisms, and seeing whether it would work for him.

When he was in grade 2 (eight years old), the school social worker referred my son to an educational psychologist, who diagnosed him with dyslexia. We consulted numerous psychologists and remedial reading tutors with the aim of providing my son with the necessary support. I also knew that I had no clue as to how to raise and academically support a child with dyslexia. I read about the condition extensively, including *The Gift of Dyslexia* by Ron Davis (1994) (revised and expanded in 2010) and many other books, including a list of celebrities my son knew. I watched videos of parents with children with dyslexia. I also joined the Namibia Autism Association as they held lectures on the various forms of

neurodivergence, and how to navigate parenting neurodivergent children.

I became increasingly aware of my son's needs and intentionally sought interventions to help him academically. However, the search for suitable solutions came with a significant financial and emotional toll. Accessing private psychological services required a private medical aid fund, and I had to cover additional costs for specialised reading tutors and assistive devices, like a smartphone. Meaningful support also required time, energy, and logistical planning, as I regularly took him to assessments, therapy sessions, and tutoring appointments.

Dyslexia affects reading fluency. In response to this, we introduced a smartphone equipped with text-to-speech features that allowed him to take photographs of written material and have it read aloud. He would record his verbal responses on the smartphone which were then transcribed for him to copy into his schoolwork. Whether the incorporation of assistive technologies such as smartphones truly optimises learning for neurodivergent learners remains a matter of ongoing debate in the literature (Shaywitz & Shaywitz, 2020; Veiko, 2019).

Implementing the psychologist's recommendations required us to reconfigure our home routines to

reinforce learning, and to practise the strategies provided by the tutors. This process called for considerable adjustment and commitment from the entire family. Importantly, my son was an active partner in shaping what support looked like for him. He guided us on how he preferred to be assisted, which affirmed his agency and dignity in the journey.

The SPIE and its application to neurodivergent learners

Given the extent to which dyslexia affected my son's reading and writing, the psychologist recommended a scribe and reader during his exams. Guided by this recommendation, we requested accommodations, particularly a reader and a scribe during his assessment, but the school initially resisted, asserting there were "no such policy provisions in place". The school management and teachers were poorly informed about how to apply the SPIE, despite knowing that it existed and initially did not support this arrangement. There were also queries regarding the stakeholder responsible for the sourcing of a scribe and the provision of a recorder (the Ministry of Education, the school, or the parent). After sustained persuasion, the arrangement was granted, resulting in the school appointing a scribe and making an extra classroom available where my son took his exams with additional time. I supplied a video

recorder every time my son was sitting for examinations. The recorded video was submitted to the Ministry of Education for the examiner to ascertain that the responses were from my son, and not from the scribe.

With the psychologist's guidance and the school's eventual cooperation, we redesigned everyday practices: one immediate change implemented by the school was one-on-one reading with the teacher in a quieter space without other learners in the room, with staggered turn-taking for oral reading. Additionally, the strategic use of assistive tools, such as phone-based readers and a scribe at home, to independently complete homework significantly improved his academic performance. Heartened but cautious, we balanced these supports with continued, structured literacy work, so that technology scaffolded rather than replaced skill development.

Implementing policy directives seen as preferential treatment

We also encountered resistance from fellow parents and some teachers who believed I was lobbying for preferential treatment for my son during the exam. This was despite numerous psychological diagnoses that confirmed that he had dyslexia, and the SPIE's terms relating to the

provision of assistive devices. These encounters reveal the efforts I had to make as a parent to convince the school management to implement the SPIE, which stipulates that implementing its terms does not constitute preferential treatment.

This collaborative redesign of child, parent, teacher, and clinician turned discipline narratives into support plans, showing how minor, humane adjustments can transform a learning environment when we listen closely to the learner's experience. Most importantly, it preserved my son's dignity and self-confidence. Through these concerted efforts, I can attest that my son still has dyslexia, but he has learnt to navigate challenges and do what works in his context. He wakes up every morning with so much enthusiasm to go to school. He has confidence, and has built resilience to overcome whatever challenge comes his way. He is studying with a view to qualifying in aviation engineering.

Role of a clinical psychologist in finding a path for a neurodivergent learner

By making use of the autoethnography method, this paper reflects on my experiences as a clinical psychologist, situating my professional encounters and impressions alongside policy and research. It shows how collaborative,

cross-disciplinary assessment and flexible supports bridge clinical insight and classroom practice, to provide support and expand participation for neurodivergent learners (Ellis et al., 2011; GEMRT, 2020). The collaboration between schools, parents, the learner, and the psychologist makes visible the emotions, negotiations, and micro-decisions that shape access to learning. It also situates them within broader scholarly and policy conversations; it provides an analytic stance that invites schools to redesign everyday practices so that neurodivergent learners can flourish on their own terms (Ellis et al., 2011; Holman et al., 2013).

The norm in Namibian schools is to label neurodivergent learners as having a learning difficulty or being a slow or weak/poor learner, which can stigmatise them and obscure what help is needed. After this, the learner is either put in a learning support unit, where all the learners are treated as a uniform group with learning difficulties. Oftentimes, for obvious reasons, this approach is not helpful for all the learners: they are neurodiverse, not a homogeneous group; the most helpful approach would be to try and find the underlying cause of their individual neurodiversity (Kapp et al. 2013; Tomlinson, 2017).

In everyday practice, the learner's neurodiversity, their unique cognitive

profile, consistently manifests as patterns of behaviour, learning, planning, and task mastery. Thus, the line between “clinical” and “educational” approaches blurs in the lives we serve (Ellis ,et al., 2011; Holman et al., 2013). As a psychologist, during counselling, I have observed how failure to meet an expected task is often misinterpreted as a deficit that the learner must overcome, rather than as mismatches between the learner and the context. If these deficits are not addressed, they can lead to predictable negative consequences such as low self-esteem, difficulty with emotional regulation, and mental health challenges. Many neurodivergent learners seek therapy not because they are “the problem,” but because systems are not yet designed to accommodate multiple, legitimate pathways for demonstrating competence (Glazzard, 2010; Armstrong, 2010; GEMRT, 2020).

One of the most challenging factors I encountered in creating a level playing field for neurodivergent learners in Namibia is negligence and failure to refer them to the most appropriate service providers. This has led to many neurodivergent learners not being detected, the source or type of neurodivergence not being identified, and crucial opportunities for interventions being missed. Moreover, a disconnect between schools and

service providers is a significant barrier to learners being referred for the help they need. Additionally, busy schedules and packed timetables are often cited as reasons for the lack of contact or familiarity with service providers. Bottlenecks in government facilities, the high cost of private services for learners without medical aid, and the limitations of medical aid coverage are frequently mentioned as deterrents (Republic of Namibia, 2025; Sultan, 2025).

My experience as a clinical psychologist in the education sector demonstrates that well-designed, adequately supported inclusive classrooms benefit neurodivergent learners and their peers through differentiated instruction, collaborative problem-solving, and social-emotional gains, such as reduced stigmatisation and an increased sense of belonging. These classrooms also improve academic outcomes for everyone (Hehir et al., 2016; GEMRT, 2020). At the practical level, inclusive pedagogy encourages educators, therapists, and families to work together intentionally, adapting teaching to individual learner needs without lowering expectations. This approach aligns daily classroom practices with policy objectives and promotes system-wide improvements in assessment and intervention strategies (Florian & Black-Hawkins, 2011; GEMRT, 2020).

Psychological assessment as a catalyst for inclusive and supportive education

The oversimplified labelling of the neurodivergent learner hides the complexity of their mental profiles and stigmatises their learning journey. Such mislabelling often results in students being placed in learning support units, where they are seen as a single group with broad learning challenges. This approach ignores the diversity within neurodivergent populations and risks giving the same interventions to learners with very different needs (Kapp et al., 2013; Tomlinson, 2017).

When ethically administered and contextually applied, psychological assessment is a vital tool for inclusive education. It helps close the gap between learner diversity and responsive teaching, fostering supportive and transformative environments. In Namibia, addressing systemic barriers through policy reform, resource investment, and cross-sector collaboration is vital to unlocking the full potential of assessment to promote equity, access, and learner empowerment. For neurodivergent learners whose developmental trajectories may diverge from normative expectations, assessment offers a structured, evidence-based means of identifying cognitive strengths, executive function patterns, processing styles, and emotional-behavioural dynamics that are

not readily observable in classroom settings. It enables educators and allied professionals to distinguish between intrinsic skill deficits, performance barriers, and environmental mismatches, thereby guiding more precise and equitable intervention.

In practice, the first point of referral for struggling learners is often the school counsellor or Life Skills teacher. However, these educators typically rely on informal, non-standardised assessments. They are not registered with the Health Professions Council of Namibia to administer psychodiagnostic tools (MEAC, 2018). Life Skills teachers, when properly trained, can serve as valuable referral agents in identification of neurodivergent learners, making appropriate and responsive accommodations and proper referrals to allied health professionals (Azuka et al., 2024). The current gap in diagnostic capacity leads to inaccurate identification of neurodivergent profiles, missed referrals to appropriate specialists (e.g., speech-language therapists, occupational therapists, audiologists, neurologists), and/or delayed or absent interventions, compounding academic and emotional challenges. Psychological assessment, when conducted by qualified professionals, fills this gap by offering validated insights that guide referral decisions and inform multidisciplinary collaboration.

The consequences of diagnostic oversight

Without access to accurate assessment and individualised support, learners are often moved from grade to grade without mastering foundational skills. This can lead to disengagement or demotivation, with some learners internalising failure and frustration. Eventually, some are excluded from the system due to age limits, disciplinary issues, or emotional exhaustion (Republic of Namibia, 2025; Sultan, 2025). These outcomes reflect systemic failures rather than learner incapacity. These consequences highlight the urgent need for psychological assessment as a protective and empowering tool within inclusive education.

The diagnostic precision of psychological assessment

Psychological assessment provides a structured, evidence-based alternative to broad labelling. It helps educators and related professionals identify the root cause of a learner's neurodivergence, whether related to executive function, language processing, sensory integration, or emotional regulation. Additionally, assessments distinguish between learning difficulties and neurodevelopmental conditions, preventing inappropriate placement and intervention. Moreover, psychological assessments allow for the customisation of educational and biopsychosocial

interventions to fit the learner's specific needs, instead of relying on generic strategies. This diagnostic accuracy is vital for ensuring that neurodivergent learners are not only included in the education system, but also genuinely supported within it.

Individualised support and differentiated instruction

Assessment data translate into actionable recommendations that inform accommodations, scaffolds, goal-setting, and instructional strategies tailored to the learner's profile (Tomlinson, 2014). This process supports differentiated instruction by aligning pedagogical approaches with learners' thinking, feelings, and engagement. For twice exceptional learners (gifted and neurodiverse), psychological assessment ensures that both strengths and support needs are recognised, preventing mislabelling and exclusion.

Equity, access, and multidisciplinary collaboration

Psychological assessment promotes equity by clarifying the nature of a learner's challenges, thus reducing the risk of inappropriate placement or punitive responses to misunderstood behaviours (Cadime & Mendes, 2024). It provides a shared language for educators, therapists, families, and policy-makers, facilitating multidis-

ciplinary collaboration and coherent support planning. When communicated effectively, assessment findings empower learners with self-awareness, advocacy skills, and resilience, which are key attributes for long-term engagement and success.

Systemic Challenges in the Namibian Context

Despite its potential, implementing psychological assessment in Namibia faces systemic challenges. Regulatory guidelines from the Health Professions Council of Namibia limit the use of psychological diagnostic tools to educational and clinical psychologists, ensuring their ethical and competent application (Republic of Namibia, 2009). However, access to these professionals and services is limited, as discussed below, with some of the factors contributing to this being:

- a. Most psychologists and allied health professionals are based in urban centres, resulting in neurodivergent learners in rural Namibia not benefitting from these services. The consequent skewed benefits and long-term outcomes are obvious.
- b. The availability of services in state facilities versus in the private sector: there are very few professionals who work in government institutions (those who do are also mostly

in urban centres) and most of these professionals do not have the psychodiagnostics tools needed to assess neurodivergent presentations.

- c. Most professionals are concentrated in the private sector, where the clientele have medical aid cover. The result is that most Namibian learners do not access these services because they do not have medical aid cover, and the services are unaffordable.
- d. Affordability is also a concern for psychologists and allied health professionals; the cost of acquiring up-to-date, locally relevant assessment tools is exorbitant for practitioners.
- e. Benchmark tariffs set by medical aid administrators often do not reflect the full cost of psychodiagnostic assessments, which then discourages professionals from investing in comprehensive tools, leading to limitations in gaining a comprehensive diagnosis.
- f. Practitioners may rely on outdated or non-standardised instruments, which can produce incomplete or misleading profiles.

Even when valid assessments are administered, the results are not always translated into actionable interventions

for educators or allied health providers, which may lead to missed opportunities for targeted support. For example, a diagnosis of ADHD may be recorded without detailing its implications for academic functioning, such as its impact on mathematical reasoning, or written expression, or how ADHD may impact visual-motor functioning which directly impacts the learner's writing skills, meaning that the learner may need the assistance of an occupational therapist and remedial mathematics lessons, etc.

Referral gaps: A further challenge lies in the breakdown of referral networks. Many neurodivergent learners are not detected or appropriately referred due to limited awareness, time constraints, or bottlenecks in public services. Without timely referral and coordinated care, neurodivergent learners risk being excluded from interventions that could significantly alter their academic trajectories (Wechsler, 2014; Decker & Luedke, 2021; Sattler, 2024; Weiss et al., 2019; Flanagan & Alfonso, 2017).

Toward a strength-based, responsive system

To realise the full value of psychological assessment, Namibia's education system must invest in training educators to recognise neurodivergent presentations and make informed referrals, strengthen referral networks

between schools and qualified service providers, ensure ethical, regulated use of psychodiagnostic tools by registered professionals and promote strength-based narratives that validate neurodivergent learners and guide tailored interventions (Fisher et al., 2025). When these conditions are met, psychological assessment becomes more than a diagnostic tool; it becomes a gateway to equity and dignity, and promotes thriving for neurodivergent learners.

Accommodations to support the neurodivergent learners

Accommodations for neurodivergent learners are designed to reduce barriers, not lower expectations. By providing tailored accommodations and fostering an inclusive, supportive environment, educators can help neurodivergent learners maximise their potential and achieve success in their educational journey. They honour the learner's cognitive profile while preserving access to the full curriculum. The core principles of accommodation are:

- a. **Access over alteration:** Accommodations adjust how learning happens, not what is taught.
- b. **Individualised support:** This is based on assessments, observations, and learner input.

- c. Legal frameworks: The Education Act of 2000, the SPIE, and all legal frameworks are fully applied.

(Nthontho & Naidoo, 2025; Alliance against Seclusion and Restraint: Opening Doors to Safer and More Inclusive Schools, 2025; Azuka et al., 2024).

Accommodations are not about providing neurodivergent learners with an “unfair advantage”: they aim to make education more accessible, like adding a ramp for a wheelchair user or subtitles for a foreign language film. However, Tomlinson (2014, p. 6) made reference to contexts where accommodations for neurodivergent learners are perceived as unfair: “How can a classroom be fair if all students don’t get the same [homework, version of a test, time to complete work, etc.]?” (p. 6). However, in the context of neurodivergent learners, fairness isn’t everyone getting the same thing: fairness is everyone getting what they need to succeed (ibid.). Understanding accommodations for neurodivergent learners can significantly impact their educational experience. Those small adjustments make a substantial difference. With the right tools and strategies, everyone can succeed. Accommodations used to level the learning field for the neurodivergent learner are outlined below.

Common accommodations for the neurodiverse learner:

- Environmental adjustments
- Flexible seating (e.g., wobble stools, standing desks)
- Noise-cancelling headphones or quiet zones
- Reduced visual/auditory clutter
- Access to sensory tools (e.g., fidget items, weighted lap pads)
- Instructional supports

Accommodations by neurotype:

- **ADHD:** Movement breaks, visual timers, distraction-free zones
- **Autism:** Predictable routines, sensory accommodations, social skills coaching
- **Dyslexia:** Extra-time, audiobooks, text-to-speech technologies, reading guides, scribes
- **Anxiety:** Reduced performance pressure, previewing tasks, calming strategies
- **Dyspraxia:** Extra time, fine motor supports, alternative formats for output

(Barrett et al., 2015; Koenig & Rudney, 2010)

Supporting neurodivergent learners such as those with ADHD, autism, dyslexia, and other neurodevelopmental

tal differences requires thoughtful and individualised approaches to accommodate their unique needs. It is common cause that schools (especially less-resourced schools) may lack the funds to acquire the assistive devices that will make the learning path of the neurodivergent learner as smooth and as enriching as possible (Smith-Young et al., 2022). The inclusivity that is proposed in the SPIE remains a pipe-dream for many Namibian children, and they remain unable to derive the maximum reward from the educational environment. The dismal results, poor academic mastery and drop-out rates, as well as the well-documented deterioration in discipline and uptick in conduct problems at schools, could be partially traced to the neurodivergent learner who is frustrated and not mastering developmentally expected tasks (Loe & Feldman, 2007; Gubbels et al., 2019; GEMRT, 2020). The school environment is core to a child's development of a positive sense of self, competence, and identity formation, but the loop of poor academic attainment, deterioration in discipline, and increasing childhood mental health illnesses will continue if learners who are struggling at school find themselves in classrooms, schools and an educational environment that is not responsive to their needs.

On the other hand, a well-resourced school may provide their neurodivergent

learners with better opportunities to thrive, but at significant cost to the parent. It is not easy even for the better economically endowed parents, as oftentimes schools expect the parents of the neurodivergent learner to pay for the assistive devices (the reader, the scribe, the enlargement of fonts, the video recorder, the person needed to sit with the learner who requires extended time, etc.). These parents may have the additional burden of placing the child at a well-resourced school in the first place (at a hefty price) and on top of that bear the additional cost for any assistive tools the learner may require (Republic of Namibia, 2025). The cost notwithstanding, these demands (made even by well-resourced schools) are in conflict with the provisions of the SPIE. It appears that most schools (both private and public) find the actual task of implementing the provisions of the SPIE cumbersome, often resulting in a lackadaisical approach to its provisions.

It is common knowledge that public schools are resource-constrained, have bloated class sizes, inadequate teacher-to-learner ratios, limited financial resources, packed syllabi, and school calendar limitations, and that they experience challenges regarding the provision of the enriching and responsive environment required by the neurodivergent learner. It is expected that there will be no room for modifications and adjustments to make provision for

the needs of the neurodivergent learners to be comprehensively met, even though the SPIE advocates such measures. The divide between the neurodivergent learner in a public school versus a similar learner in a private school will have the unintended consequence of facilitating elitism in education, thereby perpetuating injustice and inequity.

To expand on and elucidate the latter point: well-resourced schools are usually able to acquire assistive devices, albeit at great cost to the parent, and are able to modify the learning environment because conditions at such schools (smaller classes, a better teacher-to-learner ratio, more financial muscle) are likely to provide for such modifications (Hove & Phasha, 2024; Josua, 2022).

*Falling through the cracks:
the marginalisation of
neurodivergent learners*

The adverse and often long-term outcomes for the neurodivergent learner are well documented throughout the literature. The psychologist Erik Erikson's psychosocial theory posits that from conception until death the individual is tasked with mastery of certain developmental tasks, the successful or unsuccessful mastery of which may have outcomes that may be positive or negative (Erikson, 1963). Successful mastery of these developmental tasks

may lead to virtues such as trust, confidence, industriousness and the development of a positive self-concept, acquisition of feelings of love, hope, etc. The opposite is also true: failure to successfully master the developmental tasks may lead to mistrust, perceived inferiority, hopelessness, and a lack of industriousness, amongst others (ibid.).

The combination of the intrapersonal battle that is borne of poor mastery of expected and appropriate developmental outcomes, on the one hand, and an educational environment that is unresponsive and fails to understand its interface with neurodivergent cognitive functioning, on the other, can lead to irreversible negative outcomes. Over time, unsupported needs are linked to instability in schooling (e.g., repeated classroom transfers) and increased risk of disengagement and dropping out. Such exclusionary trajectories also correlate with externalising behaviours that may escalate, such as impulsivity, school dropout, stealing, and substance use, further compounding negative educational and life outcomes (Morgan et al., 2019). When neurodivergent learners "fall through the cracks", they can be misread as uncooperative or "problematic", and this stigmatisation is often reinforced by negative name-calling, thus undermining a sense of belonging and willingness to seek help.

Due to their unique presentation and challenges, the odds are already stacked against the neurodivergent learner; the mastery of developmental tasks is inherently challenging, yet they must also contend with a learning environment that is, largely, not responsive to their needs (Ndou-Chikwena & Sefotho, 2025). This may be attributed to wilful or negligent non-compliance with the provisions of the SPIE, or these provisions not being practicable because the system has not provided the required resources for their implementation (Mckinney 2018).

On an intrapersonal and personal level, and an ecological level, the unique presentation of the neurodivergent learner already poses serious challenges for their holistic functioning. The failure of stakeholders to comply with and implement the provisions of the SPIE on inclusive education increases the risk of learners falling through the cracks.

Conclusion and Recommendations

The evidence and narratives presented in this article converge on a central claim: Namibia's SPIE articulates an ambitious, learner-centred vision, yet a persistent policy–practice gap leaves neurodivergent learners dependent on individual advocacy rather than systemic responsiveness. Drawing

together the autoethnographic account of parenting, the clinician's reflections on practice, and the policy analysis, the study shows that meaningful inclusion requires more than placement; it requires ZPD-attuned pedagogy, dignified accommodations that remove barriers without lowering expectations, and psychoeducational assessment that is translated into practical classroom supports. When these elements align, the developmental insights of Vygotsky (1978) and Erikson (1963) become visible in everyday practice: learners' strengths are leveraged, socioemotional risks are mitigated, and participation and progression become realistic for the neurodivergent learner. The system in its current form cannot deal with difference, and therefore inadvertently excludes learners who learn differently. This then requires the learner to fit or mould himself/herself to how the system functions, and not for the system to meet the learner where they are emotionally, cognitively, physically and behaviourally.

Key lessons are manifold. First, the principal obstacles are systemic, not individual:

- a. Consistent and concerted identification and referral efforts must be undertaken to equip educators with knowledge and basic tools to identify the neurodivergent learner and

know what the appropriate referral mechanisms and networks are.

- b. Cost and access-related barriers to up-to-date assessments, and inequities between well-resourced and under-resourced schools collectively produce avoidable exclusion. The custodian ministry of the SPIE must make provision for the acquisition of psychodiagnostic assessment tools, employ appropriately trained personnel to administer the tools, and ensure that the Namibian learner who needs to be assessed has access to such services.
- c. Psychological assessment adds value only when its findings are converted into actionable support accommodations, scaffolds, flexible assessment, and coordinated care plans that are co-designed by teachers, families, and allied professionals, and monitored to assess their impact. Understanding the nature of neurodivergence, implementing and complying with the provisions of the SPIE, and the education sector's vigorous efforts aimed at creating a responsive and enriching learning environment will make the implementation of psychodiagnostic recommendations easier, and the learning environment more equitable for the neurodivergent learner.
- d. Equity demands that schools institutionalise universal design for learning and differentiated instruction as default practices, so that learners are not merely present, but fully engaged, with clear pathways to demonstrate competence in ways that honour their cognitive profiles. The custodian ministry must, additionally, ensure that schools the length and breadth of Namibia understand, implement and comply with the provisions of the SPIE.
- e. A deliberate and well-resourced shift is urgently required, one that embeds inclusive design as standard practice, strengthens pre- and in-service teacher preparation in neurodiversity and inclusive pedagogy, and equips schools with the multidisciplinary support essential for meaningful participation.
- f. Policymakers, education leaders, and training institutions must prioritise structural reforms that honour the rights, dignity, and potential of every child. Without this collective commitment, the promise of inclusive education

will remain aspirational rather than transformative.

In summary, Namibia must invest in resourcing schools with multidisciplinary support, and institutionalise accountability mechanisms that ensure that policy implementation is felt at classroom level. Only through such intentional, collective action can the sector realise its commitment to an education system where every child is valued, supported, and able to reach their full potential.

Accordingly, we recommend a focused implementation agenda:

1. Mandate pre- and in-service training in neurodiversity, assessment literacy, and inclusive pedagogy for all teachers and school leaders, and ensure that compliance with the SPIE is integral (not optional) for all Namibian educators to facilitate the internalisation of its provisions: Ongoing professional development activities that are focused on inclusive pedagogy and emerging trends in creating responsive and enriching learning environments for the neurodivergent learner must be hosted on a regular basis for all educators, not only for those teachers tasked with the

special education component of teaching and learning.

2. Operationalise universal design and flexible assessment policies at school level, with routine translation of assessment results into classroom-ready plans and periodic review of their efficacy.
3. Strengthen accountability through policy compliance audits and public reporting on inclusion indicators (identification, accommodations granted, progression, and dropout) and capture these data in the Education Information Monitoring System.
4. Embed family-centred partnership and learner voice in all decisions that affect support.

The experiences documented in this case study suggest that strengthening inclusive education in Namibia requires moving beyond policy commitments toward systemic reforms that respond more directly to the lived realities of neurodivergent learners and their families. In particular, the revision of the SPIE presents an opportunity to integrate mechanisms for early neurodevelopmental screening within early childhood education, allowing potential learning differences to be identified and supported before academic difficulties become entrenched. Complementing early identification, the establishment of regional multi-

disciplinary neurodiversity support centres could provide schools with access to specialised expertise, including educational psychologists, speech and language therapists, and occupational therapists, thereby reducing the current reliance on privately accessed services and mitigating inequities in support provision.

Furthermore, inclusive education would be strengthened by embedding neurodiversity-responsive curriculum and assessment design within national education frameworks, ensuring that cognitive diversity is accommodated structurally rather than addressed through ad hoc classroom adjustments. Equally important is the development of a national awareness strategy on neurodiversity, aimed at addressing stigmatisation and enhancing understanding among educators, parents, and school communities. Finally, policy revision should extend its scope beyond schooling by introducing structured transition pathways for neurodivergent learners from secondary education into tertiary education, vocational training, and employment. Such measures would reposition inclusive education not only as a matter of classroom access but as a broader commitment to educational equity and long-term social participation for neurodivergent individuals in Namibia. Implemented together, these measures would

move the system from ad-hoc accommodation to embedded inclusive design, narrowing the policy-practice gap and enabling neurodivergent learners across Namibia to participate, achieve, and thrive.

References

- Ainscow, M. (2005). Developing inclusive education systems: What are the levers for change? *Journal of Educational Change*, 6(2), 109–124.
- Alliance against Seclusion and Restraint: Opening Doors to Safer and More Inclusive Schools. (2025). *Cultivating inclusive futures: Supporting neurodivergent learners through diversity, equity, inclusion, and accessibility*. <https://endseclusion.org/2025/10/10/cultivating-inclusive-futures-supporting-neurodivergent-learners-through-diversity-equity-inclusion-and-accessibility/>
- Armstrong, T. (2010). *The power of neurodiversity: Unleashing the advantages of your differently wired brain*. Da Capo.
- Azuka, C. V., Wei, C. R., Ikechukwu, U. L., & Nwachukwu, E. L. (2024). Inclusive instructional design for neurodiverse learners. *Current Perspectives in Educational Research*, 7(1):56–67. DOI:10.46303/cuper.2024.4
- Barrett, P., Davies, F., Zhang, Y., & Barrett, L. (2015). The impact of classroom design on pupils' learning:

Final results of a holistic, multi-level analysis. *Building and Environment*, 89, 118–133.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.

Cadime, I., & Mendes, S. A. (2024). Psychological assessment in school contexts: Ethical issues and practical guidelines. *Psychology: Research and Review*, 37(32), 1–11. <https://doi.org/10.1186/s41155-024-00318-x>

Davis, R. D. (1994). *The gift of dyslexia: Why some of the smartest people can't read and how they can learn* [Revised and expanded version, 2010]. Perigree Books.

Decker, S. L., & Luedke, J. C. (2021). Evidence-based use of cognitive testing for academic interventions: A critical appraisal of meta-analytic methodologies. *Frontiers in Education*, 6. <https://doi.org/10.3389/feeduc.2021.637676>

Donohue, D., & Bornman, J. (2014). The challenges of realising inclusive education in South Africa. *South African Journal of Education*, 34(2), 1–14.

Ellis, C., Adams, T. E., & Bochner, A. P. (2011). Autoethnography: An overview. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, 12(1), Article 10.

Enhancing Participatory Democracy in Namibia. (2023). *Sector policy on inclusive education: Summary and recommendations for civil society*.

Erikson, E. H. (1963). *Childhood and society* (2nd ed.). Norton.

Fisher, C. A., Grace, N., Tsang, E., Lewis, J., & Pieters, J. (2025). Neuro-psychology strengths-based approach for the assessment of autism in adults: Qualitative thematic analysis of clients' experiences of the diagnosis and feedback process. *Journal of Autism and Developmental Disorders*, 43(9) [Advance online publication]. <https://doi.org/10.1007/s10803-025-06967-w>

Flanagan, D. P., & Alfonso, V. C. (2017). *Essentials of WISC-V assessment*. Wiley.

Florian, L., & Black-Hawkins, K. (2011). Exploring inclusive pedagogy. *British Educational Research Journal*, 37(5), 813–828. Taylor & Francis Online. <https://doi.org/10.1080/01411926.2010.501096>

Glazzard, J. (2010). The impact of dyslexia on self-esteem. *British Journal of Special Education*, 37(3), 133–142.

Global Education Monitoring Report Team. (2020). *Global education monitoring report 2020: Inclusion and education: All means all*. UNESCO. <https://doi.org/10.54676/JJNK6989>

Gouws, E., & Wassermann, J. (2024). My first three days as a first year—the autoethnography of an autistic student. *South African Journal of Higher Education*, 38(5), 230–244.

Gubbels, J., van der Put, C. E., & Assink, M. (2019). Risk factors for school absenteeism and dropout: A meta-analytic review. *Journal of Youth and Adolescence*, 48(9), 1637–1667. <https://doi.org/10.1007/s10964-019-01072-5>

Hehir, T., Grindal, T., Freeman, B., Lamoreau, R., Borquaye, Y., & Burke, S. (2016). *A summary of the evidence on inclusive education*. ERIC/Instituto Alana.

Holman, J. S., Adams, T. E., & Ellis, C. (Eds.). (2013). *Handbook of autoethnography*. Left Coast Press.

Hove, N., & Phasha, N. T. (2024). Support services for learners with learning disabilities in mainstream classrooms using capability theory. *South African Journal of Childhood Education*, 14(1). <https://doi.org/10.4102/sajce.v14i1.1418>

Josua, M. L. (2022). *Challenges facing school teachers and principals in managing and implementing the revised curriculum in Ompundja circuit in Namibia* [Doctoral dissertation, University of Namibia]. <https://repository.unam.edu.na/items/87300384-510e-48cb-a628-424dcf93201b>

Kapp, S. K., Gillespie-Lynch, K., Sherman, L. E., & Hutman, T. (2013). Deficit, difference, or both? Autism and neurodiversity. *Developmental Psychology*, 49(1), 59–71. <https://doi.org/10.1037/a0028353>

Koenig, K. P., & Rudney, S. G. (2010). Performance challenges for children and adolescents with difficulty processing sensory information. *Journal of Occupational Therapy, Schools, & Early Intervention*, 3(2), 167–181.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. SAGE.

Loe, I. M., & Feldman, H. M. (2007). Academic and educational outcomes of children with ADHD. *Journal of Paediatric Psychology*, 32(6), 643–654. <https://doi.org/10.1093/jpepsy/jsl054>

Mckinney, E. (2018). *Assessing inclusive education in practice in Namibia: Challenges and opportunities in leaving no child behind*. MEAC & UNICEF.

Ministry of Education, Arts, and Culture. (2018). *Assessing inclusive education in practice in Namibia: Challenges and opportunities in leaving no child behind*. UNICEF Namibia.

Ministry of Education, Arts and Culture. (2018). *Life Skills syllabus, grades 10–11*. National Institute for Educational Development.

Miranda-Ojeda, R. A., Wickramasinghe, A., Castanho, G. N. I., & Yassin, W. (2025). The neurodiversity framework in medicine: On the spectrum. *Developmental Neurobiology*, 85(1). <https://doi.org/10.1002/dneu.22960>

Mokaleng, M., & Möwes, A. D. (2020). Issues affecting the implementation of inclusive education practices in selected secondary schools in the Omaheke Region of Namibia. *Journal of Curriculum and Teaching*, 9(2), 78–88.

Morgan, P. L., Farkas, G., Hillemeier, M. M., Wang, Y., Mandel, Z., DeJarnett, C., & Maczuga, S. (2019). Are students with disabilities suspended more frequently than otherwise similar students without disabilities? *Journal of School Psychology*, 72, 1–13. <https://doi.org/10.1016/j.jsp.2018.11.001>

Ndou-Chikwena, N. N., & Sefotho, M. M. (2025). Stakeholders' perspectives on the inclusion of neurodiverse learners in the mainstream curricula. *South African Journal of Childhood Education*, 15(1). <https://doi.org/10.4102/sajce.v15i1.1622>

Nthonto, M. A., & Naidoo, S. (2025). Re-imagining education rights: Inclusive framework for neurodivergent learners in South Africa. *South African Journal of Childhood Education*, 15(1). <https://doi.org/10.4102/sajce.v15i1.1675>

Republic of Namibia. (2013). *Sector policy on inclusive education* [Policy document under review]. Ministry of Education.

Republic of Namibia. (2025). *Direct costs of person with disability to families in Namibia: Goods and services required by persons with disabilities in Namibia for full and effective participation*. Division Disability Affairs, Office of the President.

Rose, D. H., & Meyer, A. (2002). Teaching every student in the digital age: Universal design for learning. *Educational Technology Research and Development*, 55(5), 521–525. DOI:10.1007/s11423-007-9056-3

Sattler, J. M. (2024). *Assessment of children: Cognitive foundations and applications* (7th ed.). Jerome M. Sattler, Publisher, Inc.

Shaywitz, S., & Shaywitz, J. (2020). *Overcoming dyslexia* [Updated ed.]. Knopf.

Smith-Young, J., Chafe, R., Audas, R., & Gustafson, D. L. (2022). “I know how to advocate”: Parents' experiences in advocating for children and youth diagnosed with autism spectrum disorder. *Health Services Insights*, 15, 1–11. <https://doi.org/10.1177/11786329221078803>

Stake, R. E. (1995). *The art of case study research*. SAGE.

Sultan M. A. (2025). Equitable access to sustainable healthcare services for children with autism. *BJPsych International*, 22(1), 11–14. Cambridge University Press. <https://doi.org/10.1192/bji.2024.33>

Tomlinson, C. A. (2014). *The differentiated classroom: Responding to the needs of all learners* (2nd ed.) ASCD.

Tomlinson, C. A. (2017). *How to differentiate instruction in academically diverse classrooms* (3rd ed.). ASCD.

UNESCO Institute for Information Technologies in Education. (1994). *Salamanca statement and framework for action on special needs education*. <https://unesdoc.unesco.org/ark:/48223/pf0000098427?posInSet=3&queryId=28b7eb6b-7e83-4169-b0f0-83bab9e19a0b>

UNESCO Institute for Information Technologies in Education. (2025). *Innovative technologies for inclusive education: A review of best practices from global resource centres*. <https://iite.unesco.org/publications/technologies-for-inclusive-education-a-review-of-best-practices>

United Nations. (2006). *Convention on the rights of persons with disabilities*. https://www.un.org/disabilities/documents/convention/convention_accessible_pdf.pdf

United Nations. (2015). Goal 5: Achieve gender equality and empower all women and girls. In *Transforming our world: The 2030 Agenda for Sustainable Development*.

Veiko, V. (2019). *Assistive technology for students with dyslexia at Eros Primary School, Namibia* [Master's thesis, University of Namibia]. University of Namibia Repository. <https://repository.unam.edu.na/server/api/core/bitstreams/f22b0355-786f-473a-ac4a-e59a303de800/content>

Vygotsky, L. S. (1978). *Mind in society: The development of higher psychological processes*. Harvard University Press.

Wechsler, D. (2014). *Wechsler intelligence scale for children—fifth edition (WISC-V) technical and interpretive manual*. NCS Pearson.

Weiss, L. G., Saklofske, D. H., Holdnack, J. A., & Prifitera, A. (2019). *WISC-V: Clinical use and interpretation* (2nd ed.). Elsevier.

Yin, R. K. (2018). *Case study research and applications: Design and methods* (6th ed.). SAGE.