

The Lived Experience with Inclusive Education: A Case Study of a Teenager with Diabetes, His Mother, and His Teacher

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The project aimed to understand the lived experience with inclusive education in the case of a secondary school student with diabetes mellitus type 1 (DM1), his mother and a teacher. Data collected by semi-structured interviews were analyzed by van Manen's thematic analyses of lived experience, whereas three significant themes were identified. Firstly, the quality of communication between school and parents; secondly, the level of empathy, understanding and helpfulness, and thirdly, collaboration between colleagues. Research shows the necessity to expand the education of teachers on the issue of special needs of learners with chronic diseases and extend the educational goals to psychological factors associated with their increased emotional burden. Mutual collaboration of all participants and self-reflection of teachers, supporting good peer relationships and positive school climate is essential.

Keywords: inclusive education, disability, special educational needs, lived experience, chronic disease, diabetes, risk factors, hidden disability.

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Introduction

Inclusive education (IE) is considered “a dynamic approach of responding positively to students with diversity and seeing individual differences not as a problem but as an opportunity for enriching learning” [10, p. 25]. It enables socialization in the natural

environment and supports the establishment of friendly relations and joint activities necessary for the acceptable emotional state and healthy development of every child.

Changes in educational policy in the Czech Republic in 2016 confirmed that IE would be among the present priority themes. IE brings many positives, mainly among others, avoiding discrimination [1], creating equal opportunities in education [27], more incredible academic gains [5], improvement in communication and social interaction [10], focusing on all learners' needs, and its saturation [27]. However, in reality, these advantages can be reduced due to different barriers in the educational environment, e.g., the unwillingness to include these children in the educational process by some teachers, peers, parents, or the school management.

Although the experience of students with various types of special educational needs (SEN) within IE was researched and repeatedly described in the literature [13; 18; 21; 22], the available studies usually deal with learners with clearly manifested health problems. Nevertheless, the experience of a child with a severe but externally hidden disability is different. The structured, systematic search of the literature (see Appendix 1 or <https://ufile.io/8d3u2s9j>) proved that such studies are currently missing for students with diabetes, except for one article [26]. We have proposed this study because the research of lived experience of students with SEN can offer important information for teachers and policy makers, as it can demonstrate the risk factors and possible resources for further inclusion of such a child.

This study brings our analysis of lived experiences of a secondary student with diabetes mellitus 1 (DM1), educated in inclusive settings since his early childhood, his mother, and his teacher. The following research questions were determined:

1. How has a learner with DM1 experienced inclusive education?
2. What experience have his mother and a teacher had?

Methodology

The study was carried out according to Dilthey's philosophy [2] and van Manen's approach. The research was divided into three stages: data collection, data analyses based on transcription, repeated reading, coding, topics extraction, and conclusion. The last step was building a case study for better understanding.

Research data were collected through semi-structured interviews [4] with individual participants and detail studying of student's school documentation to gain objective background information [16]. There were three research participants: a secondary school student with DM1, his mother, and his current class teacher (see Table). Before the interviews, informed consent forms were prepared [19] (the respect to the Directive of the Dean of Faculty of Education UP, 3S/2015), and research tools — a list of general topics or supportive questions for the interview with each participant [11].

The interviews were carried out in the natural environment of the interviewees [11] — at home and school. Each interview took 35 to 50 minutes. All participants were guaranteed anonymity, names of people, places, or institutions are not stated in the text,

and the student is assigned a pseudonym Denis. The course of the interview was the following: the participant was asked to talk about experiencing education from the beginning to the present. Each free narration was continuously supported and guided by questions, nodding, words of thanks, or agreement of the interviewer [19] based on pre-prepared research tools. Each participant was given sufficient space for his own reflections, feelings, and questions and encouraged with understanding during the interview. The topics dealt with education, SEN, school settings adaptation, diabetes self-management, school results, school and class climate, relationship with peers, feelings and emotions, behavior, extracurricular social activities, cooperation between school and family, troubles, and overcoming.

Table

Participants' details

Participant	Age, other details	Reason for participation
Denis	<ul style="list-style-type: none"> – 21, lives with his mother, a stepfather and 2 half-brothers, has a partner – likes cars, football – 3 years apprenticeship + unfinished follow-up studies (high absence, gradual loss of friendly relations, deterioration of outcomes, negatively influenced behavior and reduced interest in the study field, finally school failure) – friendship not important, gets on well with peers <p><i>Diabetes self-management:</i></p> <ul style="list-style-type: none"> – glycemic control and medication since early teens, – in diet still relies on his mother, 	A secondary school student with DM1 — IE since elementary school
Mother	47, secondary educated, a housewife, newly married, communicative, active, with a sense of justice, protective, devoted to her family	<ul style="list-style-type: none"> – information on the son with DM1, his development since the diagnoses, on causes of problems, personal troubles, emotional states, stresses, success and failures – aware of special needs, defending his needs and rights, the most active participant in support and treatment
Teacher	50, female, supportive, emphatic, understanding	The link between all participants

The gained data were organized and then gradually analyzed. The interviews were transcribed literally [25] without transcription software. It led to a deeper understanding and getting familiar with the content [19]. The recordings were listened to step by step and transcribed in Pages program. The data were analyzed in six steps of van Manen's approach [23] that builds on the unique perspective that a researcher can use during the data interpretation. Own personal experiences were subsequently admitted and reflected at all stages: data collection, analyses and interpretation. The steps were the following:

- Turning to the nature of lived experience — includes the formulation of the research question.
- Exploring lived experience — getting more profound knowledge via in-depth interviews.
- Reflection of important themes that characterize researched phenomenon — data analyses and themes identification.
- Description of the researched phenomenon — narration visualizing thoughts, feelings, and attitudes.
- Keeping strong and transparent relation to the studied phenomenon — focus on the research question.
- Balancing research context by thinking about both the whole context and its parts.

The process kept the recommended order of steps and enabled steps back, according to the researcher's needs and emerging themes. The transcription was followed by repeated careful reading to create a detailed picture of each experience. A thematic analysis enabled extracting of explicit and implicit meaning and the core of each experience [25]. Gradually keywords and concepts were identified and codes were defined [19; 25]. The coding scheme enabled better orientation in the texts and helped revealing the essential topics. The analysis involved a selective and clarifying approach to join the concepts and transform them into themes that formed the basis for characteristics of individual subtopics. The procedure led to the definition of fundamental themes that gradually emerged during the analysis of each interview [23].

Results

Thematic analyses identified important themes that emerged from individual interviews with each participant (see Figure), two overlapping themes important for all participants and one emphasized by two of them (see a detailed overview of interviewees' statements, its condensation, sub-themes, and themes in Appendix 2 or: <https://ufile.io/8d3u2s9j>).

For the student, education at elementary school was an essential experience. The crucial role was played primarily by his mother and her support, frequent communication with teachers and their willingness to help, also their personal traits. As the student's dependence on his mother's help decreased in adolescent age, the communication with secondary school teachers was less frequent and the impact of a hidden disability extended significantly.

Two crucial themes repeatedly appeared during the interview: firstly, the importance of communication between school and parents associated with his reliance on his mother's help throughout schooling («*Mom always had to go to every teacher, to discuss my problems with them,...Then it worked*»). Secondly, the importance of teachers' empathy, understanding, and helpfulness that brought positive effects («*...almost all teachers helped, they agreed with tutoring after school,...* »), when these traits were met, and caused troubles when not («*I could not lift anything because of the knee, so he asked me not to go there at all...he thought I was lazy or...I really couldn't* » or «*... I did not understand it ...I*

asked him to help me,... he said "I don't have time, it's your problem, that you don't go to school,... " But I was in a hospital...»).

The student sensitively perceived everything that directly influenced his daily contact with teachers and schoolmates, and it consequently affected his success (*« I look just same like the others,...some teachers don't respect my problems, like the diet.... She (a troublesome teacher) behaves as if I take advantage of it ...I am looking forward to the end,... Schoolmates before were fine, ...the new ones are OK, we're not friends, but I don't care....»*)

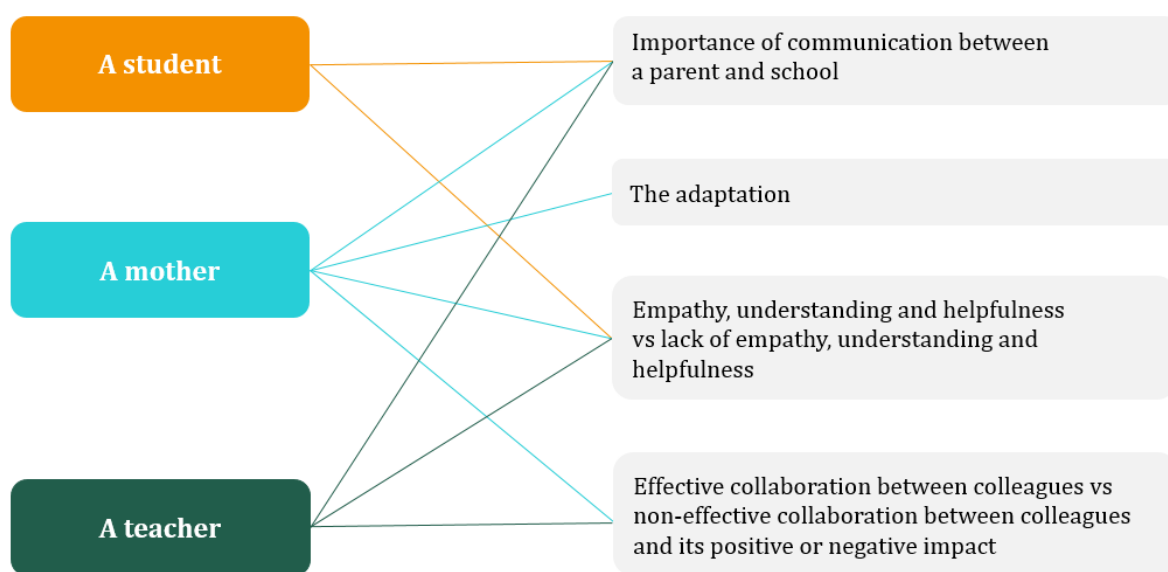


Fig. The diagram of important themes from the view of each participant

Both Denis and his mother experienced the education very sensitively, but each of them reflected unpleasant experiences differently. The mother's feelings were associated with worries, fear, or even hopelessness, while Denis's disappointment led to grievance, reluctance, and behavioral problems. She made maximum effort to ensure his smooth educational process and protect his health condition. It was difficult for her to overcome distrust or misunderstanding and lack of empathy.

In the mother's case, four important issues were identified. She emphasized the process of adaptation at the beginning (*«I moved with him to the village, to have him under control...I stayed at home...»*), soon after the confirmation of her son's diagnoses. She considered important communication between school and parents on a larger scale, including not only teachers but all the school staff involved in the educational system (*«...I had to talk to them daily, over and over ...- the've never taught any diabetic...»*). In connection to that, she also found important the effective collaboration between colleagues (*«She made a link between us and school. She informed all teachers...»*) and in contrast noted a negative experience (*« She was helpful, but she was nearly alone, she could neither move with them, nor she found support from the management,...»*). Teachers' traits, like empathy, understanding, and helpfulness (*«She was a great personality, understanding and emphatic, she wanted to help...made a link between us and school...»*) in contrast to the lack of such

(«...but the management there, mainly the deputy director, and the practice masters...they've never tried to understand, they had no idea what we have gone through...»), were considered by the student's mother as another significant issue for successful IE.

The teacher admits that some colleagues were difficult to cooperate with. She takes the idea of inclusion positively, but would welcome more support of school management, more understanding and willingness to achieve better cooperation in the teachers' team and to improve the students' success. Three issues were identified as important for the teacher. Firstly, the importance of communication between parents and the school («*Cooperation with his mother was fine, we were in contact all the time, ...*»), secondly, the positive impact of effective collaboration between colleagues («*...it was sometimes difficult, for example, his diet - some teachers understood and agreed with his 10 min absence twice a week, ...*»). On the contrary, the teacher also mentions the negative impact of effective collaboration, when the decisions of the teachers' team could harm the student («*...to tell the truth, I was really afraid he would not finish it...they had done a final resolution and only waited whether he would decide to leave himself*»). Thirdly, the need for such traits as understanding, empathy, and helpfulness of teachers and the lack of them («*...they did not listen to me and had their own truth. In fact it would not do any troubles to anyone, the only thing was to get involved into their situation and to be willing to help*»).

Discussion

The analysis discovers both benefits and challenges related to IE of students with diabetes. The benefits are mainly related to the student's living normal life, without segregation, with equal opportunities in present while studying and with future employment. Challenges are caused mainly by human factor. People involved in the educational process can significantly influence the learner's life direction and success, whereas the participation of parents plays a crucial role in providing information for the safe and seamless education of learners with DM1 [26].

DM1 is a hidden disability, so there is a risk that teachers will underestimate and minimize the consequences of the disease [26]. They can expect learners with a hidden disability behave and perform as their non-disabled schoolmates do [3], but severe health conditions caused by DM1 can influence both performance and development of learners, which is evident in Denis's case. The glycemic level influences behavior as well as learning outcomes. It depends on physical activity, strict regular diet, demands and requirements of others and learner's well-being. Therefore, it is necessary to respect the learner's fatigue, the routine of a diet and drinking schedule and other individual needs. Friendly relationships with peers, positive climate and supportive teachers' attitude are essential for emotional support [24]. Some of these needs were not fully met in the last years of Denis's education.

Stress and anxiety in childhood influence seriously physical and psychical conditions later in life. It can negatively influence future psychosocial and metabolic outcomes, glycemic control, quality of life and reduce diabetes self-management. Both parents and teachers should be aware of negative effects of diabetes on neurocognitive functions [17], and expect lower academic achievement than in the case of healthy schoolmates, so the goals should be realistic. Repeated failures cause psychological distress that leads to

feelings of worthlessness, influences the quality of work and consequently can lead to chronic sadness and loss of interest in common activities, e.g. school attendance [7]. A learner with DM1 is busy with the daily diabetes self-management routine [14], including such activities as monitoring blood glucose, regular medications, injecting insulin, counting carbohydrates in his diet, planning physical activities, etc. Psychological support is essential [14], because even typical stressors can lead to distress [7]. Denis's mother states that a number of teachers do not take it seriously enough, as DM1 is not an obvious disability, in comparison to e.g., immobility of limbs, so their attitudes is less delicate.

Compared to the past, the situation in the Czech Republic has improved since 1991 for many students with visible disability [9]. However, the situation of students with chronic disease, like DM1, was different. They have always been educated in mainstream schools, but received minimum pedagogical support and their special needs were often disregarded. Hence it may be essential, for the IE current policy, to pay sufficient attention to postgraduate education of teachers in this area. School-wide strategies, interagency cooperation and involvement, and support of parents are three effective IE strategies [12]. So, support based on cooperation between special educators and school counseling institutions should be another subject of interest.

It is easy to understand the protective approach of Denis's mother, it is clear why she tried to protect her son in the educational environment, where neither she nor he felt sufficient security and confidence. Building a quality relationship between the school and parents of a child with disability based on trust and understanding is an essential task for teachers [6; 20], and also for the school management, as shown in this case. Quality of communication between school and family, as well as strategies for decision-making within the pedagogical team, should take into account both the special needs of the learner and needs and opinions of his parents. Both the mother and the student sensitively perceived the interactions between the student and teachers or peers and their attitudes to him. School should create convenient conditions that respect special needs of learners with chronic disease in mainstream schools. It is necessary to deal with the question of how the development of state policy for IE can defend the needs of these learners.

Based on the information obtained from the research, the case study was built to show clearly the course of education and its circumstances, to enable deeper understanding of this case (see Appendix 3: A brief overview from the case study).

Conclusions

The study points out that the cooperation between parents and school as well as cooperation within the school staff is crucial. Another critical role is associated with the school staff's character traits, such as empathy, understanding and willingness. They can influence both positively and negatively the effect of educational process.

We recommend focusing on more extended education of both present and future teachers, because they should be more aware of the needs and experiences of learners with chronic disease and their families. IE should emphasize the requirements for self-reflection of barriers in educating learners with SEN existing on the local level in individual schools. Ideally, IE should be based on transparent recommendations resulting from research data,

but in the case of learners with a hidden disability there is not enough research nowadays. Therefore, we emphasize the need to include the views of experiences of those, who are the recipients of these recommendations — pupils with DM1 and other chronic diseases. This study does not offer very robust results, but it is an example of significant factors that are under-researched. It is essential to publish more studies that analyze the lived experiences of such students and their families in the future.

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The literature review

1. Search strategy

Key words: diabetes AND experience AND “inclusive education”.

Search in abstract/title, publication date without limitation, language without limitation supposed that abstract/title is in English.

Type of results searched: qualitative studies.

Search strategies for all databases:

CINAHL plus: AB diabetes AND AB experience AND AB “inclusive education”

Ebsco Host: AB diabetes AND AB experience AND AB “inclusive education”

Eric: AB: (diabetes AND experience AND “inclusive education”)

MEDLINE complete: AB diabetes AND AB experience AND AB “inclusive education”

Pro Quest: ab (diabetes) AND ab (experience) AND ab (“inclusive education”)

PsycINFO: AB diabetes AND AB experience AND AB “inclusive education”

Scopus: TITLE-ABS-KEY (diabetes) AND TITLE-ABS-KEY (experience) AND TITLE-ABS-KEY (“inclusive education”)

Web of Science: AB=(diabetes AND experience AND “inclusive education”)

2. Results of the review

Table 1.1

Number of sources found in different databases

Database	Results
CINAHL plus	0
Ebsco host	2
ERIC	0
MEDLINE complete	0
ProQuest	0
PsycINFO	1
SCOPUS	1
Web of Science	0

3. Study selection strategy for inclusion in the review

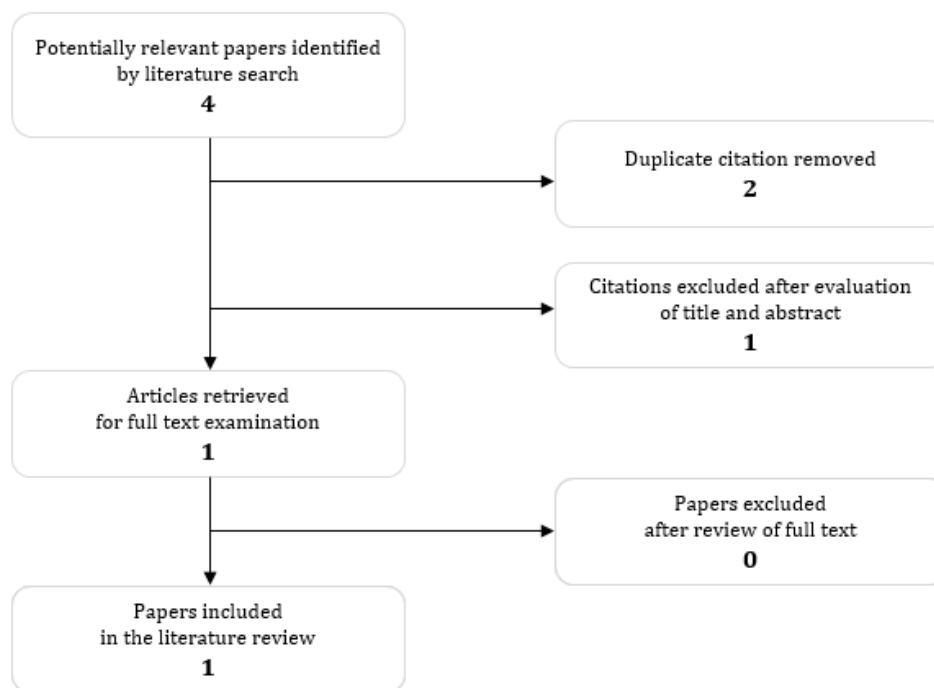


Fig. 1. Flow diagram detailing identification and selection of studies for inclusion in the review ¹

4. Characteristics of the study included in the review ²

Table 1.2

Data characteristics of included study

Author	Lisa Watt
The title	(Un)safe at school: Parents' work of securing nursing care and coordinating School Health Support Ser-vices for children with diabetes in Ontario schools (Chapter 5)
Year of publication	2016
Type of publicatioion, organization	A chapter in a PhD thesis, Mc Master University; An article in a scientific journal
Instrument	Experience, written sources
Type of study	Qualitative study: Institutional ethnography

¹ JBI Reviewer's Manual. 2020. P. 348. URL: https://wiki.jbi.global/display/MANUAL/Previous+versions?preview=%2F62392403%2F67731631%2FJBI_Reviewers_Manual_2020June.pdf (Accessed: 04.07.2021).

² Watt L. (Un)safe at school: Parents' work of securing nursing care and coordinating School Health Support Services delivery for children with diabetes in Ontario schools. *Journal of Sociology and Social Welfare*, 2015, vol. 42, no. 2, Article 7. pp. 103–126.

Country / language	Canada / English
Mode of admin	Ethnographic study — interaction between child with diabetes and its parent, school, doctors, and School Health Support Services in Canada
Setting / Context	Inclusive education in Ontario, Canada
Participants	Mother of a pupil with diabetes vs practices of School Health Support services (SHSS) in inclusive education
Results	Parents' key role in participation in inclusive education — the link between school support and children's need

Appendix 2

A detailed overview of interviewees' statements, its condensation, sub-themes and themes

Table 2.1

A student

Nº	Meaning unit — student	Condensation	Subtheme	Theme
1	Mom always had to go to every teacher, to discuss my problems with them, to explain what and how, so that they knew what I could do and so, you know. For instance, I had to do glycemic tests, inject insulin, and so on. Then it worked.	mother's support and help	overcoming barriers	communication between school and parents
2	...she called my teacher and told her that I didn't feel well, so I stayed at home, she only went for homework then.	mother's support and help	SEN (associated with higher absence)	communication between school and parents
3	...a class teacher, she could always understand and was helpful, but...	teachers' support	health condition	empathy, understanding and helpfulness
4	...almost all teachers helped, they agreed with tutoring after school, where necessary, only Mr.	some teachers' support	SEN (associated with higher absence)	empathy, understanding and helpfulness
5	...but some others did not listen to that. As if they thought that it was just an excuse.	teachers' attitude	health condition	lack of empathy, understanding and helpfulness
6	...practice training was not a problem, but the master. I did not get on well with him. I could not lift anything because of the knee, so he asked me not to go there at all...he thought I was lazy or...but I really couldn't.	master's attitude and misunderstanding	health condition	lack of empathy, understanding and helpfulness

7	...I wrote all topics they did when I was at home, but mechanics was difficult, I did not understand it and whenever I asked him to help me,...he said "I don't have time, it's your problem, that you don't go to school, you should be at school "But I was in a hospital...	teacher's attitude	SEN (associated with higher absence)	lack of empathy, understanding and helpfulness
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Table 2.2

A mother

Nº	Meaning unit — mother	Condensation	Subtheme	Theme
1	I moved with him to the village, to have him under control...I stayed at home...	mother's support and help	concerns	adaptation
2	I had to get up during the night, measure glycemic, do glycemic profile, cook special meals every day and at exact time,	mother's support and help	new needs	adaptation
3	I had to talk to them daily, repeating them everything over and over again - they have never been taught any diabetic there...	mother's support and help	concerns and SEN	communication between school and parents
4	..they did not understand his mood swings, that he had problems to concentrate,...	teachers' misunderstanding	other effects of the disease	communication between school and parents
5	..I was waiting for him for dinner and he didn't come - no-one phoned, I nearly died of fear and ran to school...he had to stay longer because he was naughty or disturbed. No-one can imagine what I have experienced...	fear	other effects of the disease	communication between school and parents
6	It worked partly, they agreed to everything, but what they really thought....	teachers' support	SEN	communication between school and parents
7	The teacher there was great, we were in touch all the time. She asked questions, she was interested and careful, she even came to our home, when Denis started going there. When we went to see a doctor, she called me to know what the news was, what results he had. All she new from me she told the other teachers, they were a great team, it really worked there	teacher's interest and enthusiasm	close cooperation	communication between school and parents
8	At the secondary school, it was different. The class teacher was fine, it was similar to the elementary, we cooperated well and it worked, but....	secondary teacher's support	cooperation	communication between school and parents

9	She had a great personality, understanding and emphatic, she wanted to help. I knew, I could be honest with her. She made a link between us and the school. It worked, just she, the doctor and me, and everything was fine...	teachers' support	teacher's traits	empathy, understanding and helpfulness
10	Not everyone can accept it the way it is. Maybe someone thinks we're making it up.	teachers' mind	mutual trust	empathy, understanding and helpfulness
11	...but the management there, mainly the deputy director, and the practice masters. I didn't know what to do, what to think, they've never tried to understand, they had no idea what we have gone through...	attitude of some school staff	student's SEN	lack of empathy, understanding and helpfulness
12	They behaved as if we lied to them, you know. If he was on a wheel chair, everyone would see it and would be empathic and helpful, but when the problem is not obvious, no one cares...	teachers' misunderstanding	comparison to other disability	lack of empathy, understanding and helpfulness
13	She made a link between us and school. She informed all teachers there....	connection between family and class teacher	working cooperation	effective collaboration between colleagues
14	Cooperation with the management worked well too, I met the deputy director many times. They informed and supported other teachers.	connection between family and school management	working cooperation	effective collaboration between colleagues
15	...she was helpful, but she was nearly alone, she could neither move with them, nor she found support from the management, we often spoke about it on the phone..	class teacher's effort	hopeless situation	noneffective collaboration between colleagues
16	I didn't care, I only wanted them to give him a chance to finish it successfully. I'd never felt like that...	worries about future	resignation	effective collaboration between colleagues (negative)

Table 2.3

A teacher

№	Meaning unit — teacher	Condensation	Subtheme	Theme
1	Cooperation with mother was fine, we were in contact all the time, ...	mother and teacher in touch	cooperation	communication between school and parents
2	I spoke to Denis's mother very often and it worked really well. At the very beginning we had an appointment, where she gave me a brochure about diabetes and explained everything.	mother's information	health condition	communication between school and parents
3	He had an insulin pump then, she informed me about it, then about his health condition, special needs and possible risks.	mother's information	SEN, health condition, safety	communication between school and parents
4	Then we were in touch on the phone, or she came to school, whenever it was necessary.	getting in touch	means of communication and frequency	communication between school and parents
5	When Denis did not feel well, I called her immediately or she called when he could not come. And I had enough information to inform other teachers	operational problem solving	cooperation — mother, student, teacher	communication between school and parents
6	...he has never participated at any school event, like trips, ski training, ...and most teachers were angry because of that. On the other hand, he has never been supported by his careful mother to go, ...	exclusion from collective activities	teachers' attitude	lack of understanding
7	...they did not listen to me and had their own truth. In fact, it would not do any troubles to anyone, the only thing was to get involved into their situation and to be willing to help.	solving learner's problems	teachers' traits and willingness	lack of empathy, understanding and helpfulness
8	...it was sometimes difficult, for example his diet - some teachers understood and agreed with his 10 min absence twice a week, because we do not have a lunch-break here and 10 min for running home for lunch was not enough, so he was allowed 30 min together, last 10 and first 10 minutes from a lesson before and after.	teacher's support	special needs	effective collaboration between colleagues
9	On the other hand, two teachers were strictly against it, they stated even ridiculous reasons, like "what if I plan a 10 min test in that time?" Finally I had to ask a headmaster to solve it....	teacher's support	special needs	noneffective collaboration between colleagues
10	...but some colleagues were really difficult to talk. They had their own truth. They did	class teacher's informing	colleagues' attitude to	effective collaboration

	not want to be informed, as if they knew everything better than his own mother...	other teachers	student's SEN	between colleagues
11	Finally, I managed to persuade both management and masters...	teacher's effort	cooperation + lack of support by management	effective collaboration between colleagues
12	To tell the truth, I was really afraid he would not finish it. They looked they had done a final resolution and only waited whether he would decide to leave himself.	worries about future	disappointment	effective collaboration between colleagues (negative)

Appendix 3

A brief overview of the case study

Denis was born as a healthy child. He started going to a common kindergarten when he was four. At the age of six he started going to an elementary school and within three months was diagnosed diabetes mellitus type 1 (DM1). It completely changed the life of his family. His school attendance was one year postponed, his mother had to leave her career and the first year was a year of uncertainty, fear, home-care, learning and patience. To keep the boy under supervision, the family moved to a nearby village, where he started going to another elementary school a year later. The village school was small, with a low number of pupils per class, so it was much better than in the town. The mother supported Denis a lot, she cooperated with a class teacher and other school teachers, she repeatedly explained them all the details associated with the disease to ensure the safe course of her son education. She had to go to school several times a day, mainly the first year — she brought the son to school and took him back home, went to school to do glycemic tests, brought meals for his special diet, etc. There were no serious problems that time at school, perhaps only understanding the boy's mood swings, his lower concentration and increased fatigue in comparison to other pupils. Denis remembers it as a happy time with good school results, meeting with friends and playing football. He had neither any recommendations from pedagogic-psychological counseling nor individual educational plan, but all his school support was based on close cooperation between his mother, doctors and teachers.

Four years the family moved to the town again because Denis's twin brothers were born, so Denis had to attend the elementary school there. At the second stage he was very happy with a great class teacher, who was very helpful, careful, cooperative. Teaching the boy became a challenge for her. Both the mother and her son appreciated the teacher a lot, because she significantly influenced Denis's life. The school management and educational consultant were also very helpful and understanding, with positive attitude. Cooperation between the mother and a class teacher was on a very high level, they were in contact personally at school, on the phone, via the Internet. The teacher even visited them at home. According to Denis, that time was the best time spent at school. Denis attended that school till the end of the ninth class, so he finished compulsory education there.

After that Denis started going to a secondary school that focused on cars. First three years he attended the apprentice school and then decided to continue with follow up

studies, but he did not finish them. The secondary education brought a lot of troubles in comparison to the elementary one. He had a helpful class teacher, but there were also teachers, who did not respect his special needs or peculiarities. The school management was not willing to provide convenient conditions. Despite of great afford of his mother and a class teacher, this attitude caused troubles that nearly led to leaving the school before finishing the apprenticeship, and in addition the difficulties between Denis and the teachers negatively affected his relationship with peers, who suspected him from taking the advantage of his disease.

The communication between Denis, his mother and the class teacher worked well, both in person and on the phone. Some teachers were not willing to fulfill the mother's requirements, based on doctor's recommendation, and rather recommended the boy choosing another school. The last year of his apprenticeship was complicated due to the knee surgery, regularly postponed due to his poor health condition, because he could not do all kinds of work at school practice training. Therefore, his master asked him to stay at home, that led to a high absence from the school. Subsequently, Denis and his mother were informed that he had no chance to finish the school and hence they were invited to a school meeting. The appointment was held by the headmaster, accompanied by the school deputy director, the practice deputy director and the class teacher. According to the mother, it was the worst day of her life, as she and her son felt guilty, even they did not do anything wrong except having health problems. But they did not give up. Denis had to work all the holidays and finally finished the school successfully two months later. In September he even decided to continue with the follow up studies, but his frequent absence led to the failure in some subjects and finally, leaving the school.

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