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Child with Developmental Difficulties in Kindergarten

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Abstract

The paper deals with the issue of developmental difficulties in children in the context of mainstream education in kindergarten. It is based on the WHO definition of developmental difficulties. These are conditions that put a child at risk of suboptimal development, which may be social, medical or other disadvantages. From this perspective, it is a diverse range of issues in children that educators may encounter in kindergarten. Such children are often a challenge for educators. This paper presents qualitative research in which six case studies of children with diverse developmental difficulties in kindergarten were processed. It outlines the various challenges these children face. As well as need to focus on the child with developmental difficulties in kindergarten from different aspects: biological, developmental, psychological, pedagogical and social (family, school, community), which requires a non-categorical, multi-disciplinary and coordinated approach.

Keywords: Kindergarten. Child with developmental difficulties. Qualitative research.

Introduction

WHO (2012) states that no universally accepted definition of developmental pathology in childhood exists. Developmental Difficulties is a term that encompasses conditions that place a child at risk of suboptimal development or that cause a child to have a developmental deviation, delay, disorder or disability. WHO specialists (2018) confirmed that millions of young children are not reaching their full developmental potential for various reasons. Black et al. (2017) further specify that 250 million children under the age of five in low- and middle-income countries are at risk. Limits to children's development include poverty, malnutrition, limited stimulation, general social neglect, illness and health disadvantage, accidents, family insecurity and violence, child caregivers' mental health pathologies, and environmental circumstances. Matušková et al. (2021) write that developmental difficulties result from a wide range of disadvantaging conditions for the development of a child's psychomotor functions. They also define (2021, p. 3)

them as "a general term for a continuum of confirmed functional deviations from the population and physiological norms of psychomotor development in early childhood, manifested by the delayed, uneven, atypical achievement of developmental indices in functional areas of psychomotor development, of varying severity." Early recognition of developmental difficulties in children allows for implementing preventive and therapeutic approaches, and early intervention (Hurt et al., 2018), which is a crucial step in problem-solving.

Developmental Difficulties in Children in Mainstream Education in Kindergarten

Preschool age is the age of habitual entry into kindergarten. It begins with a period of adaptation, after which the child becomes a fully-fledged 'kindergartener', able to cope with this environment's social and educational challenges. Mainstream education in kindergarten is a space where children with different levels of development from different families and educational backgrounds come together. Children in mainstream education in kindergarten may have limitations in functioning and in developing their full developmental potential for various reasons, based on disadvantaging conditions. In this context, we are talking about children we know in advance about the unfavourable circumstances for their development, diagnosis or disadvantage. These children are usually granted the status of a child with special educational needs in kindergarten and the benefits that follow from it. According to Hall et al. (2019), 1.8% of children in Slovak kindergartens have been granted the status of a child with special educational needs, which the authors interpret as a low number. For other children in kindergarten, developmental deviations manifest themselves gradually over time with increasing demands and developmental challenges in this environment. These may be of a transient quality that can be corrected with time, maturation or professional intervention. WHO (2012) states that children can exhibit differences across a broad spectrum of healthy development without necessarily having a specific disorder or disability. Choo et al. (2019) write that developmental delays are common in early childhood and occur in 10-15 per cent of children. A developmental delay is defined as a developmental deviation from normative developmental milestones in cognitive, language, social, emotional, and motor functioning (WHO, 2012). In other children, progressively more severe developmental delays, atypical or patchy functional impairments in particular domains of development may be a harbinger of a more complex severe problem. They may also be a manifestation of future physical and mental health disorders that have not yet fully manifested symptomatology (Matušková et al., 2012). It happens that such children, who the paediatrician or the parents have not caught, are identified by the kindergarten teachers. Based on the child's gradually manifesting symptoms,

a long-term diagnosis process "spins a carousel". Due to the dynamics of child development, it is not always possible to clearly categorize a child's diagnosis. In recent practice, this meant that the child was not qualify for support measures in kindergarten. This wasted time for early problem-solving and setting up support measures in the child's natural environment, which kindergarten undoubtedly is. The new setting of five levels of support measures in the school environment should prevent this.

WHO recommends a non-categorical approach (WHO, 2012). This non-categorical approach aligns with the International Classification of Functioning, Disability and Health, Children & Youth Version (ICF-CY, WHO, 2007). Through the ICF, it is possible to define an individual's functioning independently of the medical diagnostic category (Castro, Pinto, & Maia, 2011). Deep knowledge of the functioning and needs of the child, family and community is often more important than the diagnostic category (WHO, 2012).

It is important to discuss what educators encounter regarding developmental difficulties in children in the mainstream kindergarten setting. In principle, we can talk about different groups of children's problems, the enumeration of which can never be definitive. These may be:

- neurodevelopmental nosological units, such as attention deficit hyperactivity disorder; developmental dyspraxia; delayed and disrupted speech development, so-called developmental dysphasia; autistic spectrum disorders; developmental learning disorders, although in the nursery, we speak more of their predictors. Fetal Alcohol Spectrum Disorders (FASD) also fall into the category of neurodevelopmental disorders, which can be likened to an umbrella under which several separate diagnoses are specified (Astley, 2004; Mitašíková, Vodičková, 2022a). The less physically obvious diagnoses within FASD, which are more likely to manifest at the level of the child's neurobehavioural profile, are often still unrecognised at an early age, and the child falls through the professional support system (May et al., 2014).
- other overt health disadvantages (in addition to those described above). These include intellectual disability, sensory, somatic, genetic, long-term chronic illness, multiple disabilities, etc.
- more specific diagnoses listed in ICD-10 under Mental and Behavioural Disorders. These are mainly emotional and social functioning disorders with onset specific to childhood (e.g. reactive attachment disorder in children, electric mutism, tic disorders, etc.) (see ICD-10, NCZI, 2021).
- the socially disadvantaged environment in which the child grows up. As WHO (2012) states, poverty fundamentally affects the developmental trajectory of young children and these children and their development are marked by the toxic stress of deprivation.
- the child's different linguistic and cultural environment. Gallová-Kriglerová and Chudžíková (2013) write that a child from a different cultural and linguistic background does not have the basic patterns of how to function

in a new country. This is an overall change in the cultural code that he or she needs to learn to accept and, therefore, may manifest different functional impairments at the level of different developmental domains.

- premature birth of the child. We specifically draw attention to borderline preterm infants, the so-called Late Preterm Infants. These are infants born at 34.0/7–36.6/7 weeks of gestational age. These babies form a unique group among all preterm babies. This population of babies is often overlooked due to their birth size compared to very preterm babies but is still vulnerable due to physiological and structural immaturity. These babies may have good postnatal adaptation but also a range of postnatal complications related to breathing, suckling, swallowing and subsequent failure to sleep, also possible later neurobehavioural sequelae. Several studies have reported an increased risk of developmental delay in these children (Karnati, Kallkonda, & Abu-Shaweesh, 2020; Chovancová, 2010).
- new phenomena of the time, such as war, the effects of pandemics, trauma, and the excessive use of digital technologies. WHO (2012) also cites the nurturing environment of parents with mental disorders and poor social relationships in children's immediate caregiving environment as risks to child development. A child's early experiences influence the neural organisation, behaviour, and children's innate characteristics and/or the environment in which development occurs. Negative experiences interfere with the quality of children's early experiences and, thus, with the development of their skills. They have a negative impact on children's adaptation to different environments, the acquisition of new skills, as well as on interpersonal functioning and the father-mother-child relationship (Elbers et al., 2018).
- the cumulative effect of multiple adverse circumstances. For example, a child may have an FASD diagnosis and also have been traumatized by multiple foster home placements in early childhood (Mitašíková and Vodičková, 2022b). Or a child may have a confirmed neurodevelopmental disorder or other medical disability and simultaneously be confronted with a different linguistic and cultural code, which may hinder his or her developmental opportunities.
- the unclear, categorised issue of children who display functional developmental differences.

Developmental difficulties in children are a heterogeneous issue in terms of the circumstances of causes and disabling conditions for development, the spectrum of diagnoses, medical, social and other disadvantages, manifestations and changes in the course of child development (WHO, 2012; Choo et al., 2019;) as well as quite uniquely manifested functional deviations in each child (Lollar, Evans, & Hartzell, 2012; ICF-CY, 2007; Matušková et al., 2021).

Case studies of Children with Developmental Difficulties in the Preschool Period in Relation to the Kindergarten Environment

As part of our interest in the issue of developmental difficulties in children in mainstream nursery education, we conducted a longitudinal qualitative research study (2015-2021). We compiled six case studies of children with identified diverse developmental difficulties. This form provided us with a broad insight into the issues of specific children, also their relational ecosystem. We also had the opportunity to explore the issues of these children directly in the field of kindergarten, in different situations, both alone and in a peer group. To preserve anonymity and respect GDPR, we concealed the children's and families' identities and obtained informed consent (Vodičková, 2022).

The *aim of the research* was:

- to know and characterize the issues of six specific children with developmental difficulties, their trajectory of psychomotor development over time, their personal, family and school history, and the child's framework of professional interventions. In this context, we consider the child's three main ecosystemic relational systems, the family and the kindergarten, and the specialists providing professional interventions to the children, inseparable.
- to summarize the data obtained and describe individual children's cases descriptively.

The *research methods* based on which we compiled descriptive case studies of children were: structured and narrative interviews with the children's parents; semi-structured interviews with kindergarten teachers and other predominantly clinical professionals intervening with the children; participant observation of the children directly in play activities in the kindergarten classroom or special room; observation of guided classroom activities and social interactions between children and adults; analysis of the products of the children's activities; examination and analysis of documents from other professionals (predominantly clinical, with parental consent); and retrospective examination and analysis of the researcher's field notes.

The *choice of children* was both deliberate and accessible. The characteristics of the participants are detailed in Table 1. In the Difficulties column, please note that for some children, the extent of their difficulties manifested over time and we did not have complete information at baseline.

Inclusion criteria: preschool children with identified developmental difficulties in mainstream kindergarten, assumption of cooperation with the family for at least a year.

Exclusion criteria: children under three years and over seven years, children without significant developmental difficulties, and children outside mainstream education (special kindergarten, homeschooling, children on extended parental leave).

Table 1

Case study	Gender of the child	Age	Type of kindergarten	Difficulties
No.1	girl	3	privat	susp. ASD -presence of some features, delayed speech development
No.2	boy	5	state	susp. ADHD, dyslalia multiplex, developmental dyspraxia, Late Preterm Infant
No.3	boy	5	privat	Susp. ADHD, congenital heart disease after surgery, Preterm Infant
No.4	boy	6	privat	susp. ADHD, child from a different cultural and linguistic background, moved to Slovakia at the time of the pandemic, child with increased possibility of playing computer games, child without contact with biological father
No.5	girl	5	privat	defiant behaviour in kindergarten and emotional dysregulation in affect, traumatisation by hospital stay
No.6	girl	5	state	overall developmental delay (multiple developmental domains affected-speech, motor, cognitive), susp. FASD, adoption of the child due to lack of interest of the biological parents in the child, disruption of the relational bond, the child was placed in 5 families before the final family

Abbreviations: ASD – autism spectrum disorder; FASD – fetal alcohol spectrum disorder; ADHD – attention deficit hyperactivity disorder.

The *limitations of the research* are the subjective view of the researcher and the available sample of children from upper and middle-class families from the capital city.

Results and discussion

As part of more extensive work, we provide detailed descriptions of case studies of observed children over time, in which the issues of the children in question are comprehensively captured in relation to their psychomotor development, family and school history, and the interventions provided, also documented with visual material (Vodičková, 2022). As we show in the table and according to the basic definition of WHO (2012), it is evident that the issue of developmental difficulties in children in early childhood and preschool age is very diverse and unique for each child and not transferable in this context. Through detailed analysis and comparison of individual cases,

we have extracted some fundamental common discourses that we would like to draw attention to in this paper. The research revealed that:

1. *the children faced several problems simultaneously, which may have had a cumulative adverse effect on their development, or several adverse circumstances were interrelated and mutually influencing each other.*

1a) The children had suspected (not yet diagnostically confirmed) comorbidities. For example, in case study No. 3, the child had a medical disadvantage based on a congenital heart defect and was born prematurely, and at the same time, was strongly suspected of having ADHD. Marshall et al. (2020) write that children with the cardiovascular disease face physical, psychosocial, and neurodevelopmental challenges concurrent with or caused by the condition, with significant consequences for their quality of life. In case study No. 2, the child had a confirmed diagnosis of developmental dyspraxia, concomitant dyslalia multiplex and suspected ADHD. The association of possible co-occurrence of dyspraxia and concurrent ADHD is reported by (Gibbs, Appleton, Appleton, 2007).

1b) In addition to the suspected comorbidities in the children related to their medical condition, there were other concurrent risk factors such as traumatic experience (case study 5, 6), social disadvantage, disadvantage based on different language and cultural background, being raised by only one parent, (case study 4). The child in case study 6 originally came from a socially disadvantaged background, went through five foster families before reaching the final adoptive family, is likely to have FASD and appears to have predictors of future mathematical difficulties.

1c) Some children (case study No. 4, No. 5, No. 6) faced significant adaptation difficulties and barriers (professional incompetence of teachers, teacher turnover, teacher fear, absence of a professional staff member in the kindergarten, lack of cooperation between the kindergarten and the clinical specialist) in the kindergarten environment. Two children, despite the initial efforts of the kindergarten, were eventually withdrawn from the kindergarten by their parents due to maladaptive behaviour on the recommendation of the kindergarten. The kindergartens declared they did not feel competent to provide the children with professional care. Parents looked for new possibilities to place their children in another kindergarten with fewer children or with a professional staff. One child (case study No. 6), after attending a state-run kindergarten for two years, was eventually enrolled in a special kindergarten by the mother, already after the completion of the research. In this context, Balážová (2022), in her thesis, presents the pitfalls of educating a child with Down syndrome in a mainstream kindergarten from the perspective of female teachers.

In the context of this discourse, the need to see the issue in a broader context was revealed. Various developmental disadvantaging conditions have a cumulative effect on the child's developmental trajectory. In addition to the primary problems, children faced various other added difficulties, including

various barriers emerging in kindergarten. In this sense, Bronfenbrenner defined the Bio-ecological Model of child development with its proximal (primary caregivers-parents, kindergarten teachers) and distal environments (the broader social and environmental environment) fundamentally influencing the child's developmental trajectory in both a plus and minus sense (Bronfenbrenner and Ceci, 1994; Ertem 2011).

2. not a single child, at the time of the examination, had been granted the status of a child with special educational needs in kindergarten. We identified the following reasons:

2a) Unclear manifestation of symptoms necessary for a clear diagnosis. This is due to the dynamics of development and the gradual manifestation of difficulties in children, although the very early diagnosis of some developmental disorders in early childhood is improving (Matušková et al., 2021; Kapalková et al., 2010; Kapalková and Kaletová, 2020; Vlasblom et al., 2019). Matušková et al. (2021) report clinical manifestation of suspected physical and mental health disorders and/or the impact of adverse conditions already affecting development. Often, developmental difficulties are detected in the kindergarten based on the demands of the kindergarten environment on the child (Choo et al., 2019). For the child in case study No. 1, the difficulties were identified by the kindergarten teacher. The parents were willing to address the child's problems professionally, but there was a long wait and pending clinical confirmation or refutation of ASD; the child was diagnosed with delayed speech development. The child in case study No. 2 was diagnosed by the doctor with developmental dyspraxia, and the child in case study No. 3 was diagnosed with congenital heart disease. Neither of these children had a clearly clinically confirmed diagnosis of ADHD, although both were suspected of having ADHD. We are aware that the sample size is too small and that many other children with, e.g. speech impairment and ASD, are already diagnosed in pre-school. Also, children with intellectual, sensory or physical disabilities are clearly diagnosed very early. This issue, however, has not been investigated. We see a risk in that many children go unnoticed in the school environment and do not receive professional support. Some children's difficulties, such as those from a different linguistic and cultural background in case study No. 4, did not fall into any category of special educational needs. Many children are at so-called risk, which, however, by early intervention, may not develop into severe disorders (case study No. 5). According to Hall et al. (2019), listing specific categories of disadvantage is not and can never be exhaustive. This loses the chance to intervene early in kindergarten for the benefit of all children who require increased levels of support. The new setting of five levels of support measures in the school environment should prevent this.

2b) Disagreement of the parents with the child's diagnosis in the relevant counselling facility in the Department of Education and the related process of child integration according to the legislation in force. Regarding the child in case study No. 3, the parents have made it clear that they do not

want the child to be integrated and disagree with granting the status of a child with special educational needs due to the bureaucratisation of the process.

2c) *Non-availability of diagnostics in the relevant counselling facility in the Department of Education.* None of the children in the research sample was clients of a counselling facility under the Department of Education. Even when parents approached the relevant facilities, they had long waiting times or preferred older children. Hall et al. (2019) confirm the understaffing of these counselling facilities. Diagnosis of preschool children in our research tended to be the domain of the health sector and clinical professionals or lacked seamless trans-agency continuity in addressing children's issues.

3. *it is necessary to focus on the child with developmental difficulties in kindergarten from different aspects, biological, developmental, psychological, pedagogical and social (family, school, community), which requires a non-categorical, multidisciplinary and coordinated approach.*

A non-categorical approach, in addition to a strictly medical one, is recommended by the WHO itself. Deep knowledge of the functioning and needs of the child, family and community is often more important than a diagnostic category (WHO, 2012). This non-categorical approach is consistent with the International Classification of Functioning, Disability and Health, Children & Youth Version (ICF-CY, WHO, 2007). Through the ICF, it is possible to define an individual's functioning independently of the medical diagnostic category (Castro, Pinto, & Maia, 2011). It has emerged as necessary that the setting of support for a child in kindergarten is possible based on: 1. the analysis and creation of an individualized developmental functional profile of the child. 2. identifying the child's subsequent needs and barriers from the school and family environment. According to the ICF-CY, the child's participation in his/her environment is an important part of his/her health (ICF-CY, 2007). The prevailing deficit definition of special educational needs attributes the causes of these needs to the child's disadvantage or disability or the child's family. This, however, diverts attention away from barriers on the part of the school or education system (Hall et al. 2019). The identification of barriers and the collaboration of educators and professional staff to remove them supports the child with developmental difficulties to progress. In case studies No. 1 and No. 3, the children in the nursery had a professional staff member. In both cases, it was a private kindergarten. Compared to the children in case studies No. 2, 4, 5, and 6, these children had better conditions in kindergarten, even though they were not formally integrated. For example, in case study No. 1, the child was introduced to visualisation aids for daily activities made for him by his teacher in collaboration with a professional staff member. In case study 3, the teachers, based on the recommendations of the professional staff member, incorporated simple strategies into their daily work (e.g. applying effective communication strategies with a particular child, adapting the classroom space, not being concerned with trifles, accepting the child's free movement during educational activities as long as it was not disruptive for other children). Often these were subtle phenomena that the

professional staff member or teachers identified through careful observation and, based on what they found, implemented supportive measures towards the specific child.

The research also indicated that the children were under the care of several clinical professionals, mainly from the health department, as an essential part of the care of these children. The problem was the poor interaction between the different professionals with each other and also with the nursery school, which was confusing for parents. We believe that the new reform of the counselling facilities in the Department of Education will strengthen better continuous, coordinated, and multidisciplinary care for these children in synergy with the family, the kindergarten, and the specialist departments.

Conclusion

Children with developmental difficulties are a challenge for kindergarten teachers. Danz (2019) argues that educational discourse is dominated by an image of the person that emphasizes strengths, resilience, and competence above all. It is also important to look at the other side, that is, the vulnerability, vulnerability and fragility of the child, and to recognize that educational actors are dealing with children whose weaknesses cannot be transformed into strengths in an instant. Kováčová et al. (2020) point out that, for example, unprepared teachers can exacerbate problem behaviour.

In pre-primary education, teacher work should shift towards a rich learning community characterised by sufficient learning opportunities for all children (Florian, Black-Hawkins, 2011). In envisioning such conditions in the education of young children, the teacher needs the collaboration of a qualified teaching assistant or professional staff member who can support all children in the classroom who currently need it, not just those with special educational needs status. From our perspective, modern pre-primary education, inclusion and early intervention cannot be separated in the nursery. They are mutually supportive and intertwined. Stakeholders (teachers, parents, professional staff and specialists) should cooperate effectively to benefit the child. The most crucial goal of education is to find ways to support the development of each individual's full potential (Mitašíková, 2020). Kováčová (2022) talks about the responsiveness of institutions to the inclusive trend.

Bibliography

Astley, S., J. (2014). *Diagnostic Guide for Fetal Alcohol Spectrum Disorders: The 4-Digit Diagnostic Code*. Third Edition. Washington: Center on Human Development and Disability School of Public Health and Community Medicine University of Washington Seattle, 2014.

- Black, M. M., Walker, S. P., Fernald, L., Andersen, C. T., Digirolamo, A. M., Lu, C., McCoy, D. C., Fink, G., Shawar, Y. R., Shiffman, J., Devercelli, A. E., Wodon, Q. T., Vargas-Barón, E., Grantham-Mcgregor, S., Lancet Early Childhood Development Series Steering Committee. (2017). Early childhood development coming of age: science through the life course. *The Lancet*, 2017, 389(10064), 77–90.
[https://doi.org/10.1016/S0140-6736\(16\)31389-7](https://doi.org/10.1016/S0140-6736(16)31389-7)
- Balážová, J. (2022). Aktuálny stav, špecifiká a perspektívy edukácie dieťaťa s Downovým syndrómom v materskej škole. *Studia Scientifica Facultatis Paedagogicae Universitatis Catholica Ružomberok*, 2022, 21(3), 41–49. <https://doi.org/10.54937/ssf.2022.21.3.41-49>
- Bronfenbrenner, U., Ceci, S. J. (1994). Nature-nuture reconceptualized in developmental perspective: A bioecological model. *Psychological Review*, 1994, 101(4), 568–586. <https://doi.org/10.1037/0033-295X.101.4.568>
- Castro, S., Pinto, A. I., Maia, M. (2011). Linking the Carolina curriculum for preschoolers with special needs to the ICF-CY. *The British Journal of Development Disabilities*, 2011, 57(113), 133–146.
<https://doi.org/10.1179/096979511798967043>
- Danz, S. (2019). Inklusive Bildung: Solidarität und Teilhabe am eigenen Lernen lernen. *Heilpaedagogik.de*, 2019, 34(4), 13–20.
- Elbers, J., Jaradeh, S., Yeh, A. M., Golianu, B. (2018). Wired for Threat: Clinical Features of Nervous System Dysregulation in 80 Children. *Pediatric neurology*, 2018, 89(2018), 39–48.
<https://doi.org/10.1016/j.pediatrneurol.2018.07.007>
- Ertem, I. O. (2011). Monitoring and Supporting Early Childhood Development. In: Rudolph's Pediatrics 22nd Edition. Rudolph CD, Rudolph AM, Lister GE, First I, Gershon AA (Eds). New York: McGraw-Hill 2011:34–38.
- Florian, L., Black-Hawkins, K. (2011). Exploring inclusive pedagogy. *British Educational Research Journal*, 2011, 37(5), p. 813–828.
<https://doi.org/10.1080/01411926.2010.501096>
- Gallová-Kriglerová, E., Chudžíková, A. (2013). Na polceste k inklúzii – prípadové štúdie troch škôl. In Hapalová, M., Gallová-Kriglerová (Ed). *O krok bližšie k inklúzii*. Bratislava: Centrum pre výskum etnicity a kultúry, Človek v tísní, 2013. ISBN 978-80-971343-0-3.
- Gibbs, J., Appleton, J., Appleton, R. (2007). Dyspraxia or developmental coordination disorder? Unravelling the enigma. *Archives of disease in childhood*, 2007, 92(6), 534–539.
<https://doi.org/10.1136/adc.2005.088054>
- Hall, R., Dráľ, P., Fridrichová, P., Hapalová, M., Lukáč, S., Miškolci, J., Vančíková, K. (2019). *Analýza zistení o stave školstva na Slovensku: To dá rozum*. Bratislava: MESA10. <https://analyza.todarozum.sk/analyza-zistení-o-stave-skolstva-na-slovensku.pdf>

- Hurt, L., Paranjothy, S., Lucas, P. J., Watson, D., Mann, M., Griffiths, L. J., Ginja, S., Paljarvi, T., Williams, J., Bellis, M. A., Lingam, R. (2018). Interventions that enhance health services for parents and infants to improve child development and social and emotional well-being in high-income countries: a systematic review. *BMJ open*, 2018, 8(2). <https://doi.org/10.1136/bmjopen-2016-014899>
- Choo, Y. Y., Agarwal, P., How, C. H., Yeleswarapu, S. P. (2019). Developmental delay: identification and management at primary care level. *Singapore medical journal*, 2019, 60(3), 119–123. <https://doi.org/10.11622/smedj.2019025>
- Chovancová, D. (2010). Starostlivosť o hranične nezrelého novorodenca z aspektu všeobecného lekára pre deti a dorast, *Pediatr. Prax*, 2010, 11(1), 6–10.
- Kapalková, S. et al. (2010). *Hodnotenie komunikačných schopností detí v ranom veku*. Bratislava: MABAG, 2010, 110 s. ISBN 978-80-89113-83-5.
- Kapalková, S., Kaletová, I. (2020). Krátka slovenská verzia Testu komunikačného správania. *Logopaedica*, 2020, 22(1-2), 1–9.
- Karnati, S., Kollikonda, S., Abu-Shaweesh, J. (2020). Late preterm infants – Changing trends and continuing challenges. *International journal of pediatrics and adolescent medicine*, 2020, 7(1), 38–46. <https://doi.org/10.1016/j.ijpam.2020.02.006>
- Kováčová, B. (2022). Reálna podpora inkluzívneho vzdelávania v slovenskej materskej škole. *Studia Scientifica Facultatis Paedagogicae Universitas Catholica Ružomberok*, 2022, 21(3), 31-40. <https://doi.org/10.54937/ssf.2022.21.3.31-40>
- Kováčová, B., Lessner Lištiaková, I., Fábry Lucká, Z., Geršicová, Z. (2020). Elements of relational aggression in pre-school groups in Slovak kindergartens. *AD ALTA: Journal of interdisciplinary research*. 2020, 10(1), p. 139-143.
- Lollar, D. J., Evans, M. A., Hartzell, M. S. (2012). Functional Difficulties and Health Conditions Among Children With Special Health Needs. *Pediatrics*, 2012, 129(3), 714-722. <https://doi.org/10.1542/peds.2011-0780>
- Medzinárodná klasifikácia chorôb. MKCH 10. (2021). Národné centrum zdravotníckych informácií. <http://www.nczisk.sk/standardy-vzdravotnictve/pages/medzinarodna-klasifikacia-chorob-mkch10.aspx>
- Matušková, O., Prokopová, E., Rajkovičová, H., Jurišová, E., Vodičková, B., Gondec, M. (2021). *Štandard vyšetrení psychomotorického vývinu detí pri 2.-11. preventívnej prehliadke v primárnej starostlivosti - 1. revízia*. Bratislava: MZ SR, 2021. 40 p.
- Marshall, K. H., D'Udekem, Y., Sholler, G. F., Opotowsky, A. R., Costa, D., Sharpe, L., Celermajer, D. S., Winlaw, D. S., Newburger, J. W., Kasparian, N. A. (2020). Health-Related Quality of Life in Children,

- Adolescents, and Adults With a Fontan Circulation: A Meta-Analysis. *Journal of the American Heart Association*, 2020, 9(6).
<https://doi.org/10.1161/JAHA.119.014172>
- Mitašíková, P. (2020). Inkluzívny potenciál hry. In: Fábly Lucká, Z. (Ed.). Možnosti podpory senzorického spracovania dieťaťa v predškolskom veku. Bratislava: UK v Bratislave, 2020. ISBN 978-80-223-5031-0.
- Mitašíková, P., Vodičková, B. (2022a). Neuropsychologické špecifiká v kontexte porúch fetálneho alkoholového spektra (FASD). *Logopaedica*, 2022, 24(1), s. 3-8.
- Mitašíková, P., Vodičková, B. (2022b). *Education of Children with Fetal Alcohol Spectrum Disorders - FASD*. In: Proceedings of ADVED 2022 - 8th International Conference on Advances in Education, Istanbul, Turkey, 10-12 October 2022. ISBN 978-605-06286-8-5.
<https://doi.org/10.47696/adved.202218>
- Vlasblom, E., Boere-Boonekamp, M. M., Hafkamp-De Groen, E., Dusseldorp, E., Van Dommelen, P., Verkerk, P. H. (2019). Predictive validity of developmental milestones for detecting limited intellectual functioning. *PLoS ONE*, 2019, 14(3).
<https://doi.org/10.1371/journal.pone.0214475>
- Vodičková, B. (2022). *Vývinové ťažkosti u detí v materskej škole v kontexte liečebnopedagogickej intervencie*. Bratislava: UK v Bratislave, 2022. ISBN 978-80-223-5409-7.
- World Health Organization, United Nations Children's Fund, World Bank Group. (2018). *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*, Geneva: World Health Organization, 2018.
Licence: CC BY-NC-SA 3.0 IGO
- World Health Organization. (2012). *Developmental difficulties in early childhood Prevention, early identification, assessment and intervention in low- and middle-income countries: a review*. Geneva: WHO Press, World Health Organization, 2012. 112 p. ISBN 978-92-4-150354-9.
- World Health Organization. (2007). *International Classification of Functioning, Disability and Health, Children & Youth Version*. Geneva: WHO Press, World Health Organization, 2007. ISBN 978-92-4-154732-1.

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