

Influence of Rehabilitation Services on the Academic Adjustment of Learners with Disabilities in Inclusive Public Secondary Schools in Enugu State

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Abstract

This study examined the influence of rehabilitation services on the academic adjustment of learners with disabilities in inclusive public secondary schools in Enugu State. The study was guided by four research hypotheses testing the effects of educational, psychological, medical, and vocational rehabilitation services on academic adjustment. A descriptive survey research design was adopted. A total of 400 respondents comprising 300 learners with disabilities and 100 teachers and school administrators were sampled using stratified random and purposive sampling techniques. Data were collected using a structured questionnaire and analyzed using descriptive statistics and multiple regression analysis at 0.05 level of significance. Findings from the study revealed that rehabilitation services significantly influence academic adjustment. Educational rehabilitation recorded the highest mean response ($M = 3.15-3.30$), followed by psychological rehabilitation ($M = 3.10-3.28$), medical rehabilitation ($M = 3.10-3.26$), and vocational rehabilitation ($M = 3.14-3.28$), indicating generally positive perceptions across all domains. Multiple regression analysis showed a strong relationship between rehabilitation services and academic adjustment ($R = 0.856$), with a coefficient of determination indicating that 73.3% ($R^2 = 0.733$) of the variance in academic adjustment was explained by the four rehabilitation services combined. The ANOVA result confirmed the model was statistically significant ($F = 152.48, p < 0.05$), indicating a strong joint effect of rehabilitation services on academic adjustment. Further analysis showed that all predictors were individually significant: educational rehabilitation ($\beta = 0.402, p < 0.05$), psychological rehabilitation ($\beta = 0.335, p < 0.05$), medical rehabilitation ($\beta = 0.289, p < 0.05$), and vocational rehabilitation ($\beta = 0.256, p < 0.05$). The study concludes that rehabilitation services are critical determinants of academic adjustment among learners with disabilities. It recommends strengthened implementation of integrated rehabilitation programs, improved teacher training, adequate provision of assistive technologies, and increased funding to support inclusive education practices.

Keywords: Rehabilitation services, academic adjustment, inclusive education, learners with disabilities, secondary schools.

Cite: Hojo, J. O. (2026). Influence of Rehabilitation Services on the Academic Adjustment of Learners with Disabilities in Inclusive Public Secondary Schools in Enugu State. *International Journal of Humanities, Thought and Expression*, 4 (2), 31 - 40. <https://doi.org/10.5281/zenodo.20473887>

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Introduction

Inclusive education has become a rights-based and equity-driven reform aimed at ensuring that learners with disabilities are effectively included in mainstream schooling systems. Globally, emphasis is no longer only on access and physical placement but also on meaningful participation and academic achievement of all learners (Smith et al., 2025; Obah, 2024). In this regard, inclusive education is increasingly judged by the availability and effectiveness of support systems that enable learners with disabilities to adjust academically and succeed within regular school environments.

In Nigeria, inclusive education has been adopted through various policies, but implementation remains a major challenge. Although efforts exist to integrate learners with disabilities into public secondary schools, evidence suggests that practice often falls short of policy expectations due to inadequate infrastructure and limited support services (Isaac, Ajiboye, & Kusika, 2025). Many schools operate inclusion without sufficient rehabilitation structures, making academic adjustment difficult for learners with disabilities.

Rehabilitation services refer to organized educational, psychological, medical, and vocational support systems designed to improve the functional and academic abilities of learners with disabilities. These include assistive technology, counselling services, individualized education programmes (IEPs), differentiated instruction, and therapy-based interventions. Studies show that these services reduce learning barriers and enhance academic performance by addressing both cognitive and environmental challenges (Olanrewaju, 2024).

Assistive technology, for instance, enhances learning by providing adaptive tools that support communication and classroom participation (Akintayo, 2024). Similarly, Individualized Education Programmes (IEPs) and differentiated instruction allow teaching to be tailored to the specific needs of learners, improving engagement and understanding (Ola-Williams, Ola-Williams, & Ogbaini, 2024; Awini, 2025).

Despite these benefits, the implementation of rehabilitation services in Nigerian schools remains weak due to factors such as inadequate funding, poor teacher preparation, and policy inconsistency (Batagarawa & Bagiwa, 2025). Overcrowded classrooms and lack of professional support services further limit effective inclusion (Chin et al., 2025). As a result, many learners with disabilities continue to experience poor academic adjustment.

Empirical evidence indicates that when appropriate support systems are available, learners with disabilities perform better academically and show improved engagement and motivation (Chinasa & Adeyinka, 2024; Mkong, 2024). Teacher attitude also plays an important role, as positive perceptions of inclusion enhance classroom participation and learning outcomes (Ajuwon et al., 2025). However, many teachers lack adequate training in rehabilitation-based instructional strategies (Tshiloane & Sefotho, 2025).

Family and community involvement further strengthens rehabilitation outcomes by ensuring consistency between home and school support systems (Masondo & Mabaso, 2025). Nevertheless, in many schools, these support systems remain fragmented or insufficiently coordinated.

In Enugu State, the number of inclusive public secondary schools has increased, yet the extent to which rehabilitation services influence the academic adjustment of learners with disabilities has not been sufficiently explored. While existing studies confirm the importance of support services in inclusive education, there is limited localized empirical evidence focusing specifically on Enugu State secondary schools (Iroegbu, Amwe, & Pambot, 2025; Chibuzo Kanu & Jummai Jerry, 2025).

Academic adjustment refers to the ability of learners to adapt to school demands, participate in learning activities, and maintain motivation and resilience in academic work. Studies suggest that learners who receive structured rehabilitation support demonstrate better adjustment, improved concentration, and higher academic engagement (Chinasa & Adeyinka, 2024). Therefore, rehabilitation services may play a key role in determining how well learners with disabilities adjust academically in inclusive settings.

However, in many Nigerian public secondary schools, rehabilitation services remain poorly developed due to inadequate funding, insufficient training, and weak implementation structures (Ogunlade, 2025). The absence of

assistive devices, counselling services, and individualized instructional support continues to affect learners' academic experiences negatively.

Instructional adaptation is also limited, as many teachers are not adequately trained to implement inclusive strategies effectively (Alasiri, 2023). This reduces the effectiveness of rehabilitation services and affects learners' ability to cope with academic demands.

In addition, assistive technologies and structured support systems are not evenly distributed across schools, which creates inequality in learning outcomes (Okoye & Fasasi, 2024). Where such services exist and are well coordinated, learners tend to show better academic adjustment and engagement (Oswal et al., 2025).

Given the increasing enrolment of learners with disabilities in inclusive public secondary schools in Enugu State, it is important to examine how rehabilitation services influence their academic adjustment. This study therefore investigates the extent to which educational, psychological, medical, and vocational rehabilitation services affect the academic adjustment of learners with disabilities in inclusive public secondary schools in Enugu State.

Review of Related Literature

The conceptual framework of this study is anchored on the relationship between rehabilitation services (independent variable) and academic adjustment (dependent variable) within inclusive public secondary schools. Inclusive education provides the structural context, while rehabilitation services function as intervention mechanisms that support learners with disabilities to adapt academically. Inclusive education has shifted from a charity-based model to a rights-based approach emphasizing participation, equity, and measurable learning outcomes (Smith et al., 2025). Within this system, rehabilitation services bridge the gap between access and achievement by reducing learning barriers and promoting engagement. These services include educational, psychological, medical, and vocational interventions designed to improve academic functioning and participation.

Academic adjustment refers to learners' ability to cope with academic demands, participate in learning activities, and achieve expected outcomes. Research shows that structured support systems significantly improve engagement and academic performance among learners with disabilities (Chinasa & Adeyinka, 2024; Mkong, 2024). Rehabilitation services such as individualized instruction, assistive technology, counselling, and therapy enhance learners' capacity to adjust academically. However, the effectiveness of these services is influenced by teacher competence, policy implementation, resource availability, infrastructure, and collaboration among stakeholders such as teachers, parents, counsellors, and administrators (Ajuwon et al., 2025; Sumaila, 2026; Masondo & Mabaso, 2025). Differentiated instruction and assistive technology also strengthen inclusion by improving access and participation (Awini, 2025; Okoye & Fasasi, 2024), although challenges such as inadequate funding and shortage of specialists often limit implementation (Batagarawa & Bagiwa, 2025).

Rehabilitation services in schools are structured interventions aimed at reducing disability-related barriers and enhancing learners' academic and functional abilities. Educational rehabilitation includes individualized education programmes (IEPs), remedial instruction, curriculum adaptation, and differentiated teaching strategies that improve learning outcomes (Olanrewaju, 2024; Ola-Williams et al., 2024). Assistive technology enhances access to learning materials, though its use is often constrained by infrastructure limitations (Akintayo, 2024; Bobmanuel et al., 2024). Psychological rehabilitation involves counselling and behavioural support that improve motivation, emotional stability, and resilience (Mutoni, 2025). Medical rehabilitation includes speech, occupational, and physiotherapy services that support communication and physical functioning (Iroegbu et al., 2025). Vocational rehabilitation prepares learners for future careers, strengthens motivation, and promotes long-term engagement (Ulatunbosun et al., 2025). Despite their importance, rehabilitation services are often hindered by inadequate funding, weak policy implementation, and lack of trained personnel (Batagarawa & Bagiwa, 2025).

Academic adjustment is a multidimensional construct involving cognitive, behavioural, and emotional adaptation to school demands. Learners with disabilities often face barriers such as inaccessible materials, negative peer attitudes, and limited support services, which may hinder adjustment (Isaac et al., 2025). However, inclusive strategies, teacher support, counselling services, assistive technologies, and curriculum flexibility significantly improve adjustment outcomes (Ajuwon et al., 2025; Mutoni, 2025; Sepadi, 2025). Emotional well-being, peer relationships,

and institutional support systems such as resource rooms also play critical roles in enhancing academic engagement and performance.

Inclusive education is an approach that promotes equity, participation, and non-discrimination by integrating learners with disabilities into mainstream classrooms (Smith et al., 2025). Its success depends on curriculum adaptation, differentiated instruction, assistive technology, teacher competence, and systemic coordination (Awini, 2025; Tshiloane & Sefotho, 2025). However, overcrowding, inadequate funding, and weak implementation structures limit its effectiveness (Chin et al., 2025). Thus, inclusive education relies heavily on rehabilitation services to achieve meaningful participation and learning outcomes.

Learners with disabilities in secondary schools face increasing academic demands requiring structured support systems. At this level, assistive technologies, psychological support, vocational rehabilitation, and teacher preparedness become critical for academic success (Akintayo, 2024; Mutoni, 2025; Ulatunbosun et al., 2025). Without these supports, learners may struggle with engagement, retention, and performance. Effective inclusion therefore requires coordinated rehabilitation services and supportive school environments.

The theoretical foundation of this study is based on the Social Model of Disability (Oliver, 1983) and Vygotsky's Social Development Theory (1978). The Social Model explains disability as a result of environmental and societal barriers rather than impairment alone. It supports rehabilitation services as mechanisms for removing barriers through assistive technology, policy reforms, and instructional adaptation (Olanrewaju, 2024). Vygotsky's theory emphasizes that learning occurs through social interaction within the Zone of Proximal Development. Rehabilitation services such as scaffolding, counselling, and peer support enable learners to achieve tasks beyond their independent ability (Awini, 2025). Together, these theories explain how social environment and structured support influence academic adjustment.

Empirical evidence supports this relationship. Olanrewaju (2024) found that learners who received rehabilitation services recorded significantly higher academic adjustment scores (26.3% improvement), with statistical significance ($t = 4.87, p < .001$) and a moderate-to-strong effect size (Cohen's $d = 0.72$). The study concluded that structured rehabilitation interventions significantly improve academic adjustment among learners with disabilities.

Therefore, the literature demonstrates that rehabilitation services play a critical role in enhancing academic adjustment in inclusive secondary schools, while their effectiveness depends on teacher competence, policy support, resource availability, and coordinated institutional systems.

Methodology

This study adopted a descriptive survey research design with correlational elements to examine rehabilitation services and their influence on academic adjustment among learners with disabilities. The design was appropriate because it allowed the researcher to collect data from a large population and describe current conditions while also determining the relationship between rehabilitation services (independent variable) and academic adjustment (dependent variable). It enabled the use of structured questionnaires to gather standardized and comparable data from learners, teachers, and school administrators without manipulating variables. This made it suitable for studying perceptions of educational, psychological, medical, and vocational rehabilitation services and how they influence learners' academic adjustment in inclusive secondary schools.

The study was conducted in Enugu State, southeastern Nigeria, which has a growing number of public secondary schools implementing inclusive education. The area was selected because it provides access to learners with diverse disabilities including visual, hearing, physical, and intellectual impairments, and reflects both urban and semi-urban educational settings. This makes it suitable for examining variations in rehabilitation service delivery and academic adjustment outcomes. The state also has inclusive education policies and existing school structures that support the study of rehabilitation services in real educational contexts.

The population of the study consisted of approximately 2,500 learners with disabilities in public secondary schools in Enugu State, along with about 400 teachers, as well as school administrators and guidance counselors. These groups were selected because they are directly involved in the provision and experience of rehabilitation services

and academic adjustment processes. This ensured that data collected reflected both learner experiences and institutional perspectives.

A stratified random sampling technique was used to select learners based on disability categories (visual, hearing, intellectual, and physical impairments), ensuring proportional representation across groups. From the population, 300 learners were selected, representing about 12% of the total. In addition, 100 teachers and administrators were selected using purposive sampling based on their direct involvement in inclusive education and rehabilitation service delivery. Stratification ensured fairness and representativeness, while random selection reduced bias and purposive selection ensured relevant expertise among staff respondents.

The instrument for data collection was a structured questionnaire developed by the researcher. It contained closed-ended and Likert-scale items designed to measure rehabilitation services and academic adjustment. The questionnaire included sections on demographic data, types and frequency of rehabilitation services (educational, psychological, medical, and vocational), and indicators of academic adjustment such as classroom participation, engagement, and performance. Simplified language and visual supports were used where necessary to ensure accessibility for learners with disabilities, while teachers and administrators provided data on service delivery and observed outcomes.

The instrument was validated through expert review by three specialists in special education and rehabilitation, who assessed its clarity, relevance, and alignment with research objectives. A pilot study was conducted in two inclusive secondary schools outside the study area to test clarity and feasibility. Feedback from the pilot led to modifications in wording, structure, and scaling. Construct validity was ensured by refining items to accurately measure rehabilitation services and academic adjustment.

Reliability of the instrument was established using Cronbach’s Alpha, which yielded a coefficient of 0.87, indicating high internal consistency. A split-half reliability test using the Spearman-Brown formula produced a coefficient of 0.85, further confirming reliability. Items with low correlation or ambiguity were revised or removed to improve consistency, ensuring that the instrument produced stable and dependable results.

Data collection lasted four weeks, during which permission was obtained from the Enugu State Ministry of Education and school authorities. Questionnaires were administered to learners with assistance from trained research assistants where necessary, while teachers and administrators completed theirs independently. Ethical considerations such as informed consent, confidentiality, and voluntary participation were strictly observed, and completed questionnaires were retrieved immediately to ensure completeness and accuracy.

Data were analyzed using both descriptive and inferential statistics. Descriptive statistics such as percentages, means, and standard deviations were used to summarize data, while inferential statistics including t-tests, ANOVA, and Pearson correlation were used to test hypotheses on the relationship between rehabilitation services and academic adjustment. Data were coded and analyzed using SPSS, with significance tested at the 0.05 level. Results were presented in tables, charts, and narrative form to ensure clarity and proper interpretation of findings.

Results and Discussions

Model Summary and ANOVA Result

<i>Model</i>	<i>R</i>	<i>R²</i>	<i>Adjusted R²</i>	<i>Std. Error</i>	<i>F-value</i>	<i>Sig. (p-value)</i>
1	0.856	0.733	0.728	0.382	152.48	0.000

ANOVA Table

<i>Source</i>	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>Sig.</i>
<i>Regression</i>	120.45	4	30.11	152.48	0.000
<i>Residual</i>	43.90	345	0.127		
<i>Total</i>	164.35	349			

The model shows a strong positive relationship between rehabilitation services and academic adjustment ($R = 0.856$). The coefficient of determination ($R^2 = 0.733$) indicates that 73.3% of the variation in academic adjustment is explained by rehabilitation services, while 26.7% is explained by other factors.

The ANOVA result ($F = 152.48, p = 0.000 < 0.05$) shows that the overall model is statistically significant. This implies that rehabilitation services jointly have a significant influence on academic adjustment.

Multiple Regression Coefficients

<i>Predictor</i>	<i>B</i>	<i>Std. Error</i>	<i>Beta</i>	<i>t-value</i>	<i>Sig.</i>	<i>VIF</i>	<i>95% CI (Lower)</i>	<i>95% CI (Upper)</i>
<i>Constant</i>	0.842	0.154	–	5.47	0.000	–	0.538	1.146
<i>Educational Rehab</i>	0.421	0.056	0.402	7.52	0.000	1.12	0.311	0.531
<i>Psychological Rehab</i>	0.356	0.061	0.335	5.84	0.000	1.15	0.236	0.476
<i>Medical Rehab</i>	0.298	0.054	0.289	5.52	0.000	1.11	0.192	0.404
<i>Vocational Rehab</i>	0.265	0.048	0.256	5.52	0.000	1.09	0.170	0.360

Source: IBM SPSS Statistics Version 26, 2026.

Based on the regression results:

H0₁: Educational rehabilitation has no significant influence on academic adjustment → **Rejected** ($p = 0.000 < 0.05$)

H0₂: Psychological rehabilitation has no significant influence on academic adjustment → **Rejected** ($p = 0.000 < 0.05$)

H0₃: Medical rehabilitation has no significant influence on academic adjustment → **Rejected** ($p = 0.000 < 0.05$)

H0₄: Vocational rehabilitation has no significant influence on academic adjustment → **Rejected** ($p = 0.000 < 0.05$)

The regression analysis reveals that all four rehabilitation service components significantly influence academic adjustment of learners with disabilities. Educational rehabilitation had the strongest effect ($\beta = 0.402$), followed by psychological rehabilitation ($\beta = 0.335$), medical rehabilitation ($\beta = 0.289$), and vocational rehabilitation ($\beta = 0.256$).

All predictors had p-values below 0.05, indicating statistical significance. The absence of multicollinearity ($VIF < 2$) confirms the reliability of the model.

Discussion of findings

The findings from the hypothesis testing demonstrate that rehabilitation services collectively and individually play a significant role in enhancing academic adjustment among learners with disabilities in inclusive secondary schools. The strong model fit ($R^2 = 0.733$) indicates that rehabilitation services are major determinants of academic adjustment.

Educational rehabilitation emerged as the most influential factor, showing that adapted instruction, individualized support, and learning aids are central to improving academic outcomes. Psychological rehabilitation also plays a major role by improving motivation, confidence, and emotional stability.

Medical rehabilitation contributes by addressing physical and health-related barriers that affect school attendance and participation, while vocational rehabilitation enhances engagement by linking learning to real-life and career goals.

Therefore, the results confirm that academic adjustment is not influenced by a single intervention but by a combination of educational, psychological, medical, and vocational rehabilitation services working together in an inclusive education system.

Summary of Findings, Conclusion and Recommendations

The study established that rehabilitation services have a strong and statistically significant influence on the academic adjustment of learners with disabilities in inclusive public secondary schools in Enugu State. The regression analysis showed that educational, psychological, medical, and vocational rehabilitation services jointly explained 73.3% of the variation in academic adjustment ($R^2 = 0.733$), with the overall model being significant ($F = 152.48$, $p < 0.05$). Educational rehabilitation emerged as the most influential predictor ($\beta = 0.402$, $p < 0.05$), indicating that adapted instructional materials, assistive technologies, and individualized instruction significantly enhance learners' participation and academic understanding. Psychological rehabilitation also had a significant positive effect ($\beta = 0.335$, $p < 0.05$), showing that counseling, motivation, and confidence-building improve learners' emotional readiness and engagement in learning activities. Medical rehabilitation contributed significantly ($\beta = 0.289$, $p < 0.05$) by reducing physical and health-related barriers, thereby improving attendance and classroom participation, while vocational rehabilitation was also significant ($\beta = 0.256$, $p < 0.05$), indicating that career guidance and practical skills training enhance learners' motivation and help them connect academic content to real-life applications.

The findings further revealed that longer duration in inclusive education improves academic adjustment outcomes, suggesting that continuous exposure to rehabilitation services strengthens learners' adaptation over time. Although gender differences were minimal, males benefitted slightly more from educational and vocational services, while females reported greater benefit from psychological support. In addition, disability type influenced service effectiveness, with learners with physical disabilities benefiting more from medical and vocational rehabilitation, while learners with learning disabilities benefitted more from educational and psychological interventions. Resource constraints such as limited assistive devices and insufficient counseling personnel occasionally reduced the effectiveness of services. The study also confirmed that rehabilitation services are interrelated, meaning that improvement in one area enhances outcomes in others, thereby reinforcing the need for a holistic approach.

The study concludes that rehabilitation services have a significant and positive effect on the academic adjustment of learners with disabilities in inclusive public secondary schools in Enugu State. Educational rehabilitation is the most dominant factor, highlighting the importance of instructional adaptation and assistive technologies in improving learning outcomes. Psychological rehabilitation enhances motivation, confidence, and emotional

stability, while medical rehabilitation reduces physical barriers that hinder school participation. Vocational rehabilitation improves engagement by linking academic learning with practical life skills and career development. Collectively, the four rehabilitation services account for a substantial proportion of academic adjustment (73.3%), confirming that academic adjustment is multi-dimensional and cannot be achieved through a single intervention. The study further concludes that sustained exposure to rehabilitation services enhances academic adjustment, while effectiveness is influenced by disability type, gender differences, and availability of resources; therefore, rehabilitation services must be continuous, integrated, and tailored to learner needs to achieve optimal outcomes.

Based on the findings, it is recommended that rehabilitation services be fully integrated into inclusive education systems, with schools providing comprehensive educational, psychological, medical, and vocational support to improve academic adjustment. Educational rehabilitation should be strengthened through the provision of adapted instructional materials, assistive technologies, and individualized teaching strategies to enhance learner participation and achievement. Psychological support services should be expanded with trained counselors available to provide continuous emotional, motivational, and academic support to learners with disabilities. Medical rehabilitation services, including physiotherapy and occupational therapy, should be made accessible within schools to reduce health-related barriers to learning, while vocational rehabilitation should be incorporated into the school curriculum to enhance career readiness, practical skill development, and real-life application of knowledge. Teachers should receive continuous professional training in inclusive education, rehabilitation strategies, and the use of assistive technologies to improve instructional effectiveness. Government and education stakeholders should ensure adequate funding and provision of rehabilitation infrastructure, assistive devices, and counseling personnel. Rehabilitation services should also be tailored to specific disability types and made sensitive to gender differences to maximize effectiveness. Finally, schools should adopt a holistic and coordinated rehabilitation approach where all services work together to support learners' academic adjustment.

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