

# Historical and Contemporary Perspectives of Learning Disabilities in Greece

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*The concept of learning disabilities (LD) was incorporated in the Greek legislation on disabilities and special educational needs in the early 1980s. However, up until now, Greek authorities have declined to endorse any definition of the condition. Identification of LD is mostly based on the discrepancy model and is characterized by the use of diverse criteria and procedures, despite the existence of recently developed Greek diagnostic tools. A positive development, however, is the recent introduction of the model of response to intervention in Greek educational practice. There is evidence to suggest that the rate of LD in the general student population is lower in Greece than that reported by other countries, although there are reasons supporting the view that the number of students with LD is rising. No generally accepted estimates exist as to the magnitude of specific LD subtypes. The theories informing the identification and the educational support of students with LD in Greece are those contemporarily utilized by researchers in other developed countries. Greek schools provide educational services to students with LD either in resource rooms or through inclusionary programs.*

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## HISTORY AND CURRENT USE OF THE TERM LEARNING DISABILITIES

Learning disabilities (LD) were acknowledged by the Greek educational system as a distinct category of special educational needs in the early 1980s. Specifically, in a circular released in October 1984 aimed at specifying the preconditions for establishing special classes (resource rooms) in general education schools, the directorate of special education of the Ministry of Education & Religious Affairs used for the first time the term “students with specific learning difficulties” (equivalent to LD) to refer to the “5% of school population facing real learning difficulties that are not due to blindness, deafness, physical difficulties, mental retardation or intense emotional disorders” (Circular C6/399, 1984). The circular went on to caution teachers and other educational decision makers against classifying every “low-achieving or disruptive student” into the category of students with specific learning difficulties (SLD); furthermore, it underlined the importance of providing students with SLD with expert support and recommended that they be instructed in “possibly homogeneous (special) classes.”

The release of this circular may be regarded as a breakthrough moment with regard to the adoption of the LD notion by the Greek educational system, which till then characterized students with unexpected severe underachievement as “deviant” (e.g., Government Gazette 117, 1982). In accordance with conceptualizations of SLD (or LD) characterizing the 1970s and early ‘80s (e.g., Hallahan & Cruickshank, 1973;

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Hammill, Leigh, McNutt, & Larsen, 1981), the circular clearly suggested the use of exclusionary criteria for differentiating SLD from other special needs and for identifying students presenting these characteristics. By and large, this approach still prevails in the Greek educational system.

Educational laws and legal documents on special education issued after the release of the 1984 circular preserved the term SLD. For example, Public Law 2817/2000 included SLD in the list of disabilities and special educational needs recognized by the Greek educational system. It also offered clarification of the term “SLD,” stating that it comprises “dyslexia, dyscalculia, and dysanagnosia” (Government Gazette 78, 2000). In the same vein, Law 3699/2008 also listed SLD under the disabilities and special educational needs provided for in the Greek schools, adding dysgraphia and spelling problems to the three SLD subtypes mentioned in 2817/2000 (Government Gazette 199, 2008). Nonetheless, up till now, no official legal document or position paper has been endorsed by any Greek state authority to provide a comprehensive operational definition of SLD.

Currently, the term “specific learning difficulties” (or, more often, its abbreviated version “learning difficulties”) is in wide use by researchers, educators, and ministerial officials alike. The term may also be found in programs of studies of university departments as a course title (e.g., Department of Educational & Social Policy, 2015). Moreover, diagnoses issued by the state agencies designated to categorize students needing special education services often refer to cases of “learning difficulties.” In most of those cases, the characteristics assigned to the term SLD are those described in the National Center for Learning Disabilities (NJCLD; 1994) definition of LD, although there is no mention of the definition *per se*. It should be underlined, however, that the actual translation in Greek of the term “learning disability” has never been embraced by the scientific community and by society in general, probably because “disability” is too strong a word in Greek language, meaning essentially not just a (severe) difficulty in achieving something, but an absolute inability. The use of such a term would do injustice to those categorized as such, creating the impression that they are totally incapable of acquiring academic knowledge and skills.

### DIAGNOSTIC CRITERIA FOR LD

The diagnostic criteria and procedures used in Greece for identification of SLD are rather diverse, due to the lack of officially endorsed or generally accepted principles and guidelines. As a rule of thumb, the multidisciplinary teams of the Centers for Differential Diagnosis and Support (CDDS) – state Institutions responsible for categorizing students with disabilities and special educational needs – use a discrepancy model and exclusionary criteria to distinguish SLD from other disorders and difficulties. In practice, this means that students who in some school subjects achieve at levels significantly below curricular demands for their grade but, at the same time, do not present an intellectual disability or any other obvious compromising factor that could explain their underachievement are usually identified as students with SLD.

In terms of assessment, there is concern about some of the measures used in the identification process of SLD, as some of them are rather dated (e.g., WISC–III), while others, including some that have been recently developed by Greek researchers,

are not used consistently by all multidisciplinary teams. Thus, the exchange of valid information to promote understanding and collaboration both among the CDDS and the multidisciplinary teams and the schools is inhibited. According to anecdotal evidence, it is not rare to find students who have received vastly differing diagnoses after their examination by different multidisciplinary teams.

Regarding the recently developed Greek diagnostic tools (measuring abilities and competencies in reading, writing, mathematics, and social skills) and the reluctance of the multidisciplinary teams to incorporate them in their diagnostic arsenal (Al Yagon et al., 2013), it could be hypothesized that this reluctance is a function of the fact that the use of these tools does not improve the services offered by the teams in practical terms. In other words, even when using these tools, the multidisciplinary teams see themselves confined to the identification of students with SLD, without the opportunity to present valid solutions for instructing these students, because of:

(a) the indirect and rather remote relationship between the tools and the school curriculum, which prevents an easy formulation of functional proposals for the support of students with SLD in the classroom,

(b) the considerable and constant time pressure under which the members of the multidisciplinary groups are working, which results from a shortage of personnel and the long lists of students waiting to be examined, and

(c) the insufficient knowledge of instructional methodology usually possessed by the members of the diagnostic teams, which emanates mainly from the fact that they are not adequately prepared, especially for the role they have to play in the CDDS.

Considering that (a) mere identification of SLD is also possible through the traditional discrepancy model, with which the personnel of the CDDS is much more familiar than the use of the new tools, and (b) there is no study showing that a procedure based on the new tools leads to more valid and reliable identifications than the traditional procedure, it might be argued that the members of the multidisciplinary teams can hardly see a compelling reason for replacing the traditional measures and procedures with new ones.

A promising development regarding the diagnosis of SLD involves the introduction of the response to intervention (RtI) model (Vaughn & Fuchs, 2003) as an obligatory prestage of the final referral of struggling students to the diagnostic multidisciplinary teams. According to recent legislation (Government Gazette 24, 2013), all Greek schools belong to “networks,” each of which comprises one special education unit (with specialized personnel, such as special educators, psychologists, and speech therapists) and a small number of general education schools. Each general education school has a so-called Committee of Diagnostic Educational Assessment and Support (CDEAS), consisting of a special education teacher (who may be the school’s resource room teacher or a teacher from the special education unit), a psychologist, and a social worker (both from the special education unit). The CDEAS is headed by each school’s principal who has an administrative role, and is convened upon the request of general classroom teachers who have concerns about the progress of certain students. The task of CDEAS is to test the struggling students, specify their profile, and plan an intervention, in collaboration with the general classroom teacher, who will apply the plan in the general classroom for about 10 weeks. CDEAS is supposed to

supervise the implementation of the program, and suggest to general educators ways for improving their effectiveness.

Depending on the student's responsiveness to the intervention, the CDEAS may make the decision to refer the student to the state agencies responsible for the identification of students with disabilities.

### EPIDEMIOLOGY OF LD

The last available estimates of the prevalence of LD in Greece are more than 10 years old, mainly due to a lack of national and European funding for conducting the necessary research. According to these estimates, from the years 2004 and 2005, the prevalence rates range between 1.2% and 1.6% (Al Yagon et al., 2013). These rates are considerably lower than rates reported by other countries such as the United States (5%; NCLD, 2014), Canada (3.2%; Learning Disabilities Association of Canada [LDAC], 2007), and Germany (4%-10%, depending on the exact LD subtype; Al Yagon et al., 2013). The difference in rates may be due to an array of reasons, including differences in the number of referred students, effectiveness of the diagnostic procedures, differences in the languages in terms of the interface between the spoken and the written form, and demands of the school curriculum. Nonetheless, the reported percentage of students with LD in the whole population of students with disabilities in Greece (56.2%; Pedagogical Institute, 2004) is similar to the percentage reported by other countries (e.g., 59.8% in Canada; LDAC, 2007). No data are provided by Greek authorities on the percentages of specific subtypes of LD, although anecdotal evidence and field observations show that (a) most students with SLD are considered as presenting dyslexia, (b) the smallest group is deemed as having mathematical disability, and (c) the diagnostic category of nonverbal LD seems to have escaped up till now the attention of the Greek diagnostic teams.

Considering the increase in (a) the awareness among parents and educators of the need for early specialized instruction of students with LD, which has been achieved during the last decade, (b) the demands of the school curriculum, which constitute a stress test for the struggling students, and (c) the number of resource rooms in primary and secondary schools in the last decade, one could hypothesize that the number of the officially identified students with SLD may have risen since 2004-2005. However, only sound epidemiological studies could provide viable answers to the question of current prevalence.

### THEORIES REGARDING THE ETIOLOGY OF LD

The theories utilized by Greek researchers and practitioners in their efforts to understand and explain LD, and, subsequently, meet the needs of the students who present them, are the prevalent theories of the field generated and put forward in countries with extensive basic research on this phenomenon, such as the United States or the United Kingdom. Medical, social, and ecosystemic approaches to LD are well known in Greece and have both supporters and opponents. The medical and the social model are by far the most influential among researchers, whereas the ecosystemic model is gradually, but steadily, gaining the attention of both academia and practitioners, especially after the introduction of the RtI model in the educa-

tional legislation. Finally, the medical model is the one informing most intervention programs (Agaliotis, 2011).

Regarding the specific difficulties in reading, writing, mathematics, and social skills, the situation is similar, meaning that all international developments in these fields are known in Greece. However, the support of any specific theory or approach is up to each scientist, as there are no officially endorsed or supported theses on this issue.

### **COMMON PRACTICE OF DIAGNOSING AND ASSESSING LD IN CHILDREN, ADOLESCENTS, OR ADULTS**

Assessment and diagnosis of children and adolescents regarded as probable cases of SLD take place in the CDDS or in Medical-Pedagogical Centers operating in hospitals or in Centers of Public Psychic Hygiene. The multidisciplinary teams testing the students referred to these institutions are comprised of a psychologist, a special educator, a social worker, and, depending on the assumed needs of the person under examination, a psychiatrist, a speech therapist, or an occupational therapist. Apart from the social worker who gathers information on family history from the parents or custodians, all other specialists work directly with the student in an effort to identify his/her strengths and weaknesses through the use of tools like those described earlier in this paper. Upon completion of the data gathering, the members of the teams convene, discuss their findings, and write a report with their recommendations and proposals.

The recommendations included in the diagnostic reports are obligatory for the schools, but optional for the families. In other words, parents may, for example, refuse to allow their child to attend an integration classroom, despite the recommendation by the CDDS, but the school is obliged to secure the access of the child to its special education programs if the parents ask for it. In cases of a disagreement between the diagnostic teams and the parents regarding the provisions needed by a student, parents have the right to ask for a new evaluation of their child by a higher-order committee in which they can be represented by an expert of their choice, who is paid by the state (Government Gazette 199, 2008).

Teachers tend to consider the reports issued by the multidisciplinary teams as vague and rather irrelevant to daily school practice. Thus, research findings show that the percentage of teachers who regard the diagnoses of the multidisciplinary teams as a helpful contribution to their work is very low (less than 10%) (Vagena, 2007). This lack of confidence in the CDDS' diagnoses and the introduction of RTI have enhanced the interest of researchers, practitioners, and school authorities in educational assessment of SLD. Recent Greek publications on this issue signify this interest (e.g., Agaliotis, 2012). Finally, there are no generally accepted or widely used tools and procedures for the diagnosis of challenges presented by adults with SLD.

### **COMMON PRACTICE OF PROFESSIONALLY ATTENDING TO THE NEEDS OF INDIVIDUALS WITH LD IN OR OUTSIDE OF THE SCHOOL SETTING**

Awareness of the need to support students with LD (SLD) through specialized instructional programs started to develop in Greece in the early 1980s, following the publication of books referring to this group of special needs, and especially to its

most “prominent” subtype, dyslexia (e.g., Porpodas, 1981). The notion of otherwise intelligent students facing unexpected reading difficulties and failure in school, despite the abilities they exhibit in the context of other activities, was widely received both by the educational world and by parents. The state responded to the general demand for special educational services to students with such or similar characteristics by introducing (in specific, in primary schools) a type of remedial class (or resource room), which initially (in 1985) was called “special class” and later on (in 2000), “integration classroom” (its current name). More than half of the primary schools and a small, but increasing, number of secondary schools now have such units, which continue to proliferate, although not at the rate of previous decades.

The educational services provided to students with SLD attending schools with integration classrooms follow a “withdrawal scheme.” In other words, students with SLD are taught most of the curriculum subjects in their general education classes and attend the integration classroom for 2-10 hours per week, depending on their needs and the caseload of the integration classroom, in order to receive special instructional support. Individualized educational programs for students with SLD focus on academic problems (i.e., difficulties in reading, writing and, to a much lesser extent, mathematics). Instruction on social skills is not included in such programs. The theoretical premises of the programs are diverse, as there are no officially endorsed or generally accepted guidelines, and the connection between the universities that conduct research on these issues and the schools that implement the programs is problematic or nonexistent. Attempts made in the 1980s by the Directorate of Special Education of the Ministry of Education & Religious Affairs to set an “official” framework of instructional principles to be taken into consideration when providing educational support to students with SLD (e.g., Circular C6/636, 1986) were quickly abandoned, as there was no mechanism for monitoring implementation of this framework. In practice, instruction implemented in each integration classroom is an amalgam of choices emanating from the teacher’s professional and scientific training and background and the various influences he/she is exposed to, including guidance by the school advisors and the recommendations of well-known researchers. The result is that the approaches used by different teachers for supporting students who are supposed to present similar characteristics often vary considerably in terms of goals, strategies, means, and procedures. However, older reports by special education school advisors mention differing but considerable numbers of students with SLD (15%-39%) who managed to overcome their difficulties as a result of the instruction they received in the integration classrooms (special classes) and were fully reintegrated into general education classrooms (Polychronopoulou, 2012).

Teachers serving in integration classrooms are expected to be specialized in instructing students with disabilities (not necessarily students with SLD, as Greece follows a cross-categorical model of teacher specialization). Among other responsibilities, integration classroom teachers have to plan the individualized educational programs (IEP) needed to support students with SLD. These programs are endorsed by the special education school advisors, whereas parents play only a peripheral, if any, role in this process, despite the provision of the law for their active participation (Government Gazette 199, 2008). IEPs usually follow the logic of the medical model, meaning that they include activities oriented toward the support or the facilitation

of the students with SLD to participate in a curriculum that otherwise, by and large, remains untouched.

Inclusion of students with SLD is a high priority as part of Greek educational policy on special education (e.g., Government Gazette 199, 2008). Evidence-based instructional efforts to support students with SLD in the general education classroom have been reported since the beginning of the century (e.g., Agaliotis, 2002). Strategies, approaches, techniques, and measures such as educational assessment, cooperative learning, direct and strategic instruction, differentiation and flexible programming, are known and occasionally used, but do not characterize the whole system of support meant for students with SLD. It is fair to say that with reference to inclusion of students with SLD, the educational legislation provides the framework, but the actual implementation of respective programs depends on the initiatives of the teachers, and, in practice, it is rather fragmented.

Since the 1980s, students with SLD, especially those with dyslexia, have had the right to be examined orally in various examinations. However, there are no official and detailed procedures for such examinations, apart from some general and rather vague guidelines (Government Gazette 129, 1981).

The inadequacies of the state provisions for students with SLD are partly covered by private tutors and institutions, which are considered an integral part of the spectrum of educational services in Greece. Although there are no official data, it is safe to say that the majority of students with SLD receive private tutoring on at least one school subject.

Finally, as mentioned, for adults with SLD there are no special provisions, programs, or accommodations, although programs of studies of university departments dealing with lifelong learning include courses focusing on SLD (e.g., Department of Educational & Social Policy, 2015).

### CONCLUSION AND PROPOSALS

In the last three decades, considerable progress has been made in Greece with regard to all aspects of supporting students with SLD (LD). Much remains to be done, but the framework has been set, the information exists, and experience may guide the new decisions. It is time that policy makers, academics, and practitioners work jointly to improve the quality of the services provided to persons with SLD, gearing their efforts toward implementation of contemporary approaches such as RtI, inclusion, and differentiated instruction.

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