RESEARCH ARTICLE

Experiences of a Child with Cerebral Palsy in Inclusive Education: A Case Study Based on Parent and Teacher Perspectives

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ABSTRACT

This study aims to examine the experiences of a child diagnosed with cerebral palsy regarding inclusive education in the preschool period. Designed with a qualitative research approach, the study was conducted with the participation of a five-year-old girl with cerebral palsy attending a public school, her classroom teacher, and her mother. Data were collected through semi-structured interviews, family information forms, and observation forms completed by the teacher at two different time points, and analyzed using content and descriptive analysis techniques. The findings revealed that the child became more engaged in classroom activities following her participation in inclusive education. Interviews with the mother indicated that the child was raised in an emotionally supportive but socioeconomically limited environment, and that the parent actively participated in the educational process while seeking various external support resources. Teacher observations highlighted notable improvements in the child's social skills, adherence to rules, and classroom behavior. Inclusive education is internationally recognized as a crucial practice enabling children with disabilities to participate in learning alongside their peers. In the context of cerebral palsy, inclusive education is particularly significant since children face not only motor difficulties but also social and emotional challenges, making supportive school environments essential for their development. The findings were discussed in line with the related literature, and practical implications were provided. Specifically, the study suggests that inclusive education practices should be supported with individualized strategies for children with cerebral palsy, that collaboration between teachers and families should be strengthened, and that teacher training on inclusive methods should be provided to enhance classroom participation.

1. Introduction

Cerebral Palsy (CP) is a neurodevelopmental condition that emerges during early childhood and persists throughout the individual's lifetime. Although CP has long been the subject of extensive research, it remains among the clinical cases that are still difficult to diagnose and classify (Rosenbaum et al., 2007). CP is defined as a chronic and developmental motor disorder that results from a non-progressive injury to the developing brain (Jan, 2006; Krigger, 2006). Originating in the fetal period and caused by damage to the infant's central nervous system, this condition affects posture and movement, leading to functional limitations. In addition to the motor impairments associated with CP, individuals frequently experience accompanying sensory, perceptual, cognitive, affective, and

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psychomotor deficiencies; abnormal fluctuations in the electrical activity of neurons; secondary lesions; and musculoskeletal system problems (Rosenbaum et al., 2007; Singhi et al., 2002).

Building on this clinical understanding, brain lesions occurring prenatally or during early childhood in children with CP lead to impairments not only in motor functions but also in cognitive, sensory, and perceptual processes (Rosenbaum et al., 2007). These multifaceted impairments highlight the complex developmental challenges faced by children with CP. Research findings indicate that as children grow older, academic demands and social interactions become increasingly complex, correlating strongly with heightened academic, social, and emotional difficulties (Sigurdardottir et al., 2010; Wendelborg & Tøssebro, 2010). Given these challenges, inclusive education emerges as an essential process for facilitating the effective participation of individuals with special needs in social life. Therefore, special education programs aim to empower these individuals to realize their full potential and foster social integration (Aral & Gürsoy, 2007; Eripek, 2005 Ministry of National Education (2000) defines inclusive education as the practice of educating individuals with special needs alongside their peers, taking into account their disabilities and individual characteristics. This approach is founded on an inclusive philosophy that embraces not only individuals with disabilities but also all children (Ferguson, 1996).

Extensive literature supports this philosophy, emphasizing that inclusive practices enhance students' reading comprehension, bolster social and emotional development, and promote healthy peer relationships (Baydık & Bakkaloğlu, 2009; Güldenoğlu, 2008; Sucuoğlu & Kargın, 2008). Lindsay (2007) similarly underscores the importance of peer relationships and teacher interaction, not only for academic achievement but also for the emotional and social development of individuals with special needs. Together, these perspectives make clear that an effective inclusive process requires an integrated focus on pedagogy, teacher attitudes, and classroom social dynamics (Florian & Black-Hawkins, 2011).

While research on inclusive education has expanded across various disability groups, studies examining the perspectives of mothers of children with intellectual disabilities (Özen et al., 2002), autism spectrum disorder (Ateş & Rakap, 2021), visual impairments (Akmeşe et al., 2023), and hearing impairments (Yersel & Durualp, 2024) are comparatively well documented. However, this body of work reveals a notable scarcity of research focusing specifically on children with CP, indicating a significant gap in understanding the experiences of this population within inclusive educational settings. This gap underscores the urgent need for a targeted investigation into the unique developmental and social challenges faced by children with CP. In addition, although clinical and developmental studies of CP have examined diagnosis (Herskind et al., 2015),

assessment (Coceski et al., 2021), clinical symptoms (Rosenbaum et al., 2007), and developmental characteristics (Wright et al., 2008), qualitative, case-based research exploring the lived experiences of preschool-aged children with CP in inclusive classrooms remains limited. Moreover, studies that integrate the perspectives of both teachers and families simultaneously are especially rare (Ainscow et al., 2004; Shakespeare, 2006).

To address these intertwined gaps in the literature, the present study investigates the preschool inclusive education experience of a child with CP from the dual perspectives of the teacher and the mother. The child's natural classroom experiences were observed without intervention, and the teacher's instructional practices were analyzed in relation to the child's participation. Thus, this study seeks to answer the following research questions:

1. What types of changes were observed in the child with CP throughout the preschool education process, from the beginning to the end of the academic year?

2. What attitudes did the teacher and peers display to support the child with CP in adapting to the school environment?

3. What strategies did the mother of the child with special needs implement at home to support the school process?

4. What challenges did the child with CP encounter during the inclusive education process, and what types of solutions were proposed in response to these challenges?

2. Method

In this study, ethical approval was regarded not merely as a formal requirement but as a fundamental principle guiding every stage of the research process. Prior to data collection, the necessary approval was obtained from the Social and Humanities Sciences Research Ethics Committee of Karabük University with the decision number 2025/04(9) on 28.04.2025; however, the researchers proceeded with the awareness that ethical responsibility extends beyond formal authorization. Throughout the study, therefore, particular attention was paid to issues such as informed consent, voluntary participation, and the protection of privacy.

All participants were informed about the purpose of the study, provided written consent, and participated on a voluntary basis. Confidentiality and professional privacy were meticulously maintained. Data related to the child were not collected directly but obtained through forms completed by the teachers. Consent for the use of this data was obtained from the child's mother, and the information was used solely for research purposes in an anonymous manner. Since the child was represented indirectly, particular care was taken to protect her rights and privacy.

2.1. Design

This study aims to explore the inclusive education experiences of a preschool child diagnosed with CP, drawing on the perspectives of both the teacher and the mother. To this end, the research was designed as a qualitative case study. This study was designed as a qualitative case study. More specifically, it was conducted as a single, holistic case study, focusing on the experiences of one child with cerebral palsy in a preschool inclusive education setting (Yin, 2018). Yin (2018) highlights that case studies are particularly well-suited for obtaining an in-depth understanding of complex social phenomena within their natural contexts. Similarly, Stake (1995) notes that case studies offer a contextualized lens through which the lived experiences of individuals can be thoroughly examined.

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2.2. Participants

The study group of this study consists of a five-year-old girl diagnosed with CP, her classroom teacher, and her mother, selected through typical case sampling, one of the purposive sampling methods. Typical case sampling allows for the selection of individuals who are considered ordinary in relation to the research topic but possess strong potential to represent the context. In this regard, it aims to enhance the transferability of findings to similar contexts by conducting an in-depth examination of a case that is unexceptional yet meaningful (Patton, 1990; Yıldırım & Şimşek, 2013). In this study, selecting a student with CP receiving inclusive education at the preschool level was deemed appropriate as it both reflects a typical case in practice and enables a holistic examination of experiences related to the process. In addition, demographic and contextual information was provided to further describe the participants: the teacher had 8 years of professional experience in preschool education; the mother was a homemaker, had completed secondary education, and lived in a lower-middle socioeconomic environment; and the child, who was five years old at the time of the study, had been attending preschool for approximately one year.

2.3. Instrumentation

The research data were collected using three distinct tools: semi-structured interview forms, a family information form, and student observation forms. The researchers developed the interview forms to gather the teacher's and mother's views regarding the child with CP in relation to classroom adaptation, peer relationships, participation in the instructional process, and developmental progress. These forms were subsequently reviewed for content validity based on feedback from an experienced teacher working in the field. Additionally, the family information form provided in-depth and context-specific information about the child's health status, socioeconomic environment, and developmental history.

The researchers structured the Student Observation Form to systematically assess the classroom behaviors of the child with CP. In addition to the observation process, sample interview questions were also included to enhance transparency, such as: (1) "How does your child adapt to classroom activities and routines?" and (2) "What strategies do you use at home to support your child's participation in the school process?" The validity of the form was evaluated based on the expert opinions of five academicians specialized in the fields of special education and early childhood education, and necessary revisions were made in accordance with the feedback received. The form consists of 17 items rated on a five-point Likert scale ("Always," "Often," "Sometimes," "Rarely," "Never"). Furthermore, to illustrate the scope of the assessment, sample observation items were provided, including: (1) "The student follows the classroom rules" and (2) "The student participates in group activities in accordance with the instructions."

The teacher completed this form at two separate time points: at the beginning and the end of the academic term. The behaviors assessed included areas encompassing both social and educational competencies, such as "following instructions," "adhering to rules, "participating in classroom activities," "complying with hygiene rules," and "free time usage skills." Through this approach, the child's development during the school process was monitored using both qualitative interviews and an observation tool developed by researchers based on expert input. According to the observation results, many behaviors that were initially observed at the "sometimes" and "rarely" levels had progressed to the "often" level by the end of the term. This development indicates significant improvements in the child's adaptation, task responsibility, and social interaction skills. These findings were also consistent with the views of the teacher and the parent, thereby reinforcing the reliability of the research results.

2.4. Data Analysis

The data from the interviews were analyzed using a content analysis technique, which is commonly employed in qualitative research (Miles & Huberman, 1994). The data obtained from the interviews were first coded, and these codes were then grouped under themes based on shared meanings. To ensure reliability in the content analysis, the data were independently coded by two researchers. Following Neuendorf (2002)'s guidelines that intercoder reliability should be established, the level of agreement between the coders was calculated and found to be 87%, indicating a high degree of consistency. During the coding process, expressions with similar content were clustered together, and the analyses were presented by incorporating representative quotations from the participants. This approach aimed to enhance the contextual depth of the findings.

The data obtained from the classroom observation form were analyzed using the descriptive analysis technique. In this analytical process, the teacher's observations from the beginning and end of the term were compared, and the child's behavioral development was evaluated. To enhance the validity and reliability of the study, various strategies were employed throughout the data collection and analysis processes. In this context, expert opinions were consulted, participant consent was obtained, and data triangulation across sources was ensured to maintain the comprehensiveness of the interpretations.

3. Findings

This section reports on the changes observed in a five-year-old girl diagnosed with CP throughout the preschool education process, from the beginning to the end of the academic year; the attitudes displayed by the teacher and peers to support the child's adaptation to school; the strategies implemented by the mother to support the school process at home; the challenges faced by the child during the inclusive education process; and the solutions developed in response to these challenges. The findings were derived from the data collected through observation forms (semi-structured interview forms) and the family information form.

3.1. Findings from the Interview with the Mother

In this section, the data obtained from the parent's perspective regarding the preschool inclusive education process of the child with CP were analyzed through content analysis. The findings were organized under four main themes: (1) School adaptation and emotional development, (2) Peer relationships and social participation, (3) Family involvement and support strategies, and (4) Inclusive education and teacher support.

Theme 1: School adaptation and emotional development

According to the mother's account, the child experienced significant difficulties during the initial adaptation to the preschool period. The primary source of these challenges was the recognition of the child's physical differences by her peers, which had an emotional impact on the child.

"*In the early days of school, our adaptation process was quite difficult. My daughter was negatively affected by her physical differences and by her peers. Her willingness to go to school decreased. For example, she would ask things like, 'Why do I walk on my toes?' or 'Why do I go to physical therapy.*"

By the end of the term, the mother stated that the child had begun to accept her differences.

"*Over time, my daughter began to accept herself. She was aware of the difficulties, but her questions became less frequent.*"

The mother noted that she observed both emotional and behavioral reflections of the inclusive education process. She also stated that the initial reluctance, social incompatibility, and behavioral issues diminished over time, and that the process gradually became more emotionally balanced.

Theme 2: Peer Relationships and Social Participation

The mother stated that her child initially experienced various problems in her social relationships. These difficulties were attributed both to the child's internal challenges and external factors, such as peer bullying:

"*My daughter went through many difficult moments, both because of her obsessive tendencies and due to peer bullying. Through our teacher's dedicated efforts and collaboration within the inclusive education process, we were able to minimize these issues by the end of the term.*"

At the beginning, the child's tendency to express herself through physical contact, such as hitting or pushing, was observed in her peer interactions, which led to social exclusion by her classmates:

"*At first, because she saw herself as different, she would engage in physical contact like hitting or pushing her friends. This was very upsetting for us and also caused her to be even more excluded.*"

However, over time, with teacher intervention, external support, and the development of social skills, it was observed that the child began to establish more positive social interactions.

"*Now, we are leaving school with her as a child who plays with her friends and treats them with more respect.*"

Theme 3: Family involvement and support strategies

The mother stated that she made multifaceted efforts to support her child's development. These efforts included conducting regular practice at home, using age-appropriate educational materials, and engaging in a continuous process of research to better understand her child's needs.

"*As part of her inclusive education, we reviewed at home what my child learned at school. We bought age-appropriate supplementary books and activity sets, and we worked on them together at home.*"

In addition, the mother stated that she consulted various resources for her personal development and connected with other families who had similar experiences.

"*I met families of children with CP, talked with them about the challenges they experienced, got their advice, and joined associations. I also received support from therapists.*"

In response to the child's behavioral challenges, the family and the teacher collaborated to seek solutions. When these efforts proved insufficient, they turned to professional support services such as occupational therapy and play therapy.

"*It was not enough, so we got help from the school guidance counselor. Later, we started play therapy. At the same time, we also began occupational therapy.*"

Theme 4: Inclusive Education and Teacher Support

In the mother's statements, the teacher's role holds central importance. The teacher's dedicated, empathetic, and inclusive approach was identified as a critical factor in the child's development.

"*Our luck was having a young, dynamic, dedicated, and understanding teacher. With inclusive education, there were significant improvements in behavior from the beginning to the end of the term.*"

According to the mother, the teacher ensured the child's participation in the learning process through a love-based approach and communication that did not single her out or highlight her differences.

"*But we owe this, above all, to our teacher, who never separated my child from the others, and who planned and implemented activities to help the other children accept her.*"

The mother also regarded the teacher's inclusive approach and love-based communication as the most fundamental factor enabling success in the education of a child with CP.

"*Inclusive education is critical in the educational journey of a child with CP. In this process, it is enough for the child to have a loving teacher. If there is love, there is nothing a child with CP cannot achieve.*"

3.2. Findings from the Teacher Interview

The data obtained from the semi-structured interview conducted with the teacher were analyzed using content analysis. The findings were organized under four main themes: (1) Social development and behavioral transformation, (2) Peer relationships and classroom dynamics, (3) Instructional strategies and adaptations, and (4) Family-school collaboration and behavioral consistency.

Theme 1: Social development and behavioral transformation

The teacher stated that, at the beginning of the academic year, the student exhibited a profile characterized by difficulties in social communication, resistance to accepting rules, and a tendency to center interactions around her desires:

"*At the beginning of the year, she had a hard time socially—she struggled to communicate, did not accept rules, and prioritized her desires… because of this, she had a lot of difficulty with her peers.*"

However, throughout the process, these attitudes changed, and the teacher noted that the student developed her social skills and was able to maintain healthier peer relationships.

"*She became a student who was successful in her friendships, sometimes accommodating her peers, making an effort to follow rules, and trying to maintain positive relationships even with those classmates she found most difficult to communicate with.*"

The teacher stated that the student progressed at a level comparable to her peers academically, but emphasized that anxiety about failure in certain activities negatively affected her participation.

"*She still struggles academically in some areas because she either does not want to engage in certain activities or holds a bias rooted in fear of failure.*"

Theme 2: Peer relationships and classroom dynamics

The teacher noted that the student's resistance to classroom rules led to conflicts with her peers and that this behavior was met with prejudice by the other children.

"*She was a student who had difficulty solving her problems... her peers were prejudiced against her because of the inappropriate behaviors she exhibited. Also, questions like "Why do I walk on my toes?" or "Why don't the others go to physical therapy?" showed that she was unhappy about the characteristics that made her different from the others.*"

However, as positive behaviors increased over the year, there was a significant improvement in peer relationships, and the attitudes of her classmates also changed in a positive direction.

"*As the negative behaviors decreased, her peers' negative attitudes toward her also came to an end.*"

The teacher also stated that the student did not experience any significant issues in adapting to the school environment overall; however, the lack of structure in the home environment initially led to specific difficulties.

"*Because she came from the comfort and lack of structure at home (like many students), we occasionally incorporated games and activities designed to address this.*"

Theme 3: Instructional strategies and adaptations

The teacher stated that she supported the student's social skills by making use of her tendency toward leadership. This effort proved effective in guiding the student toward positive behavior.

"*Because she is a student who enjoys taking the lead, I often asked her to help me or her classmates. This encouraged her to engage in positive behaviors.*"

In addition, the teacher noted that individualized practices were particularly effective in activities where the student showed a preference for working independently.

"*In some activities, working individually supports her learning. For this reason, I gave her the opportunity and adapted the activities in my daily plan according to her needs.*"

The information that the student was receiving individualized support in rehabilitation made it necessary for the approaches used at school also to be based on individualized foundations.

"*Since she works individually in rehabilitation, she expects the same from me at school.*"

Theme 4: Family-school collaboration and behavioral consistency

The teacher emphasized that collaboration with the family played a key role in addressing the student's behavioral issues. Consistency in behavior across both home and school environments formed the foundation for positive change.

"*Ensuring that the rules or approaches implemented at school were continued and reinforced at home through the family's support and collaboration became the most important factor in resolving the problems.*"

This statement indicates that strong communication between the family and the teacher was a decisive factor in the student's behavioral development.

3.3. Findings from the Observation Form: Periodical Development

The teacher's evaluations based on the observation forms completed at the beginning and end of the term indicate that the student demonstrated significant development throughout the inclusive education process. Table 1 presents a comparative overview of the changes observed across five key behavioral domains.

Table 1. Observed behavioral changes.

Observed Behaviors	Beginning of the Term	End of the Term
Compliance with rules	Rarely	Often
Participation in classroom activities	Never	Sometimes
Responding to physical cues	Never	Often
The behavior of disturbing others	Often	Sometimes
Working independently	Often	Often
Compliance with daily routines and hygiene rules	Rarely	Sometimes
Following instructions	Sometimes	Often
Table work	Rarely	Rarely
Listening to the teacher's explanations	Often	Often
Listening to peers' explanations	Never	Rarely
Completing assigned tasks	Rarely	Sometimes
Willingness to complete tasks	Rarely	Often
Fulfilling assigned duties	Sometimes	Often
Careful use and protection of materials and equipment	Often	Often
Use of free time	Never	Rarely

Table 1 highlights the behavioral changes observed in the student with CP between the beginning and the end of the academic term, as recorded by the teacher. According to the observation forms, clear differences were identified in the behaviors of a five-year-old girl diagnosed with CP before and after beginning preschool education. These changes, as noted in the teacher's observations, reflect both positive and negative

developments. Below, these changes are presented in terms of improvements and remaining challenges.

Following instructions was rated as "sometimes" at the beginning of the term and improved to "often" by the end. Compliance with rules was observed at the "rarely" at the beginning of the term and improved to "often" by the end. The behavior of disturbing others decreased from "often" at the beginning to "sometimes" at the end, indicating progress. Working independently was rated as "often" at both the beginning and end of the term, showing stability in this area. Similarly, following prompts was consistently rated as "often" throughout the term.

Compliance with daily routines and hygiene rules was observed at the "rarely" level at the beginning of the term and improved to "sometimes" by the end. Table work was rated as "rarely" at the beginning and remained at a similar level by the end. Participation in classroom activities increased from "rarely" at the beginning to "sometimes" at the end. Listening to the teacher's explanations was consistently rated as "often" at both the beginning and end of the term. Listening to peers' explanations improved slightly, moving from "never" at the beginning to "rarely" by the end. Completing assigned tasks progressed from "rarely" to "sometimes," while willingness to complete tasks increased significantly from "rarely" to "often." Fulfilling assigned duties was rated as "sometimes" at the beginning and "often" at the end. Participation in group activities in accordance with the rules improved modestly from "never" to "sometimes." Careful use and protection of materials and equipment was observed at the "often" level throughout the term, showing consistency. Use of free time improved from "never" at the beginning to "rarely" by the end.

A comparison of the observation forms completed at the beginning and end of the term reveals that the child demonstrated significant positive changes in behavior and development as a result of inclusive education. Notable improvements were observed, particularly in social adaptation skills such as compliance with rules, participation in group activities, and listening to both the teacher and peers. Furthermore, the reduction in behaviors that disturbed others and the increase in communication with playmates indicate a positive shift in the child's social development. While no major change was observed in the child's work habits, the overall progress reflects a successful and positive adaptation process.

In summary, both the teacher and the mother emphasized the child's motivation to participate in classroom activities and the importance of peer support. However, while the teacher highlighted the child's challenges in completing table work and sustaining attention during group activities, the mother placed greater emphasis on the social and emotional difficulties her child experienced, particularly in peer communication. This synthesis reveals that although their perspectives converge on

the value of inclusive education, they diverge in the areas of academic versus social-emotional emphasis.

4. Interpretation of Findings

This study examined the social, emotional, and academic development of a child with CP receiving inclusive education during the preschool period, based on data obtained from teacher and mother interviews as well as teacher-completed observation forms. The findings indicate that the various challenges faced by children with CP during the educational process can be overcome through appropriate strategies, and that the child's development can be meaningfully supported, particularly when there is strong collaboration between teacher and family.

The adaptation problems the participant child experienced in the early phase of her school life became more pronounced as her physical differences were noticed, manifesting in emotional withdrawal, reduced motivation to attend school, and increased early self-awareness. These findings concur with previous research, which suggests that CP affects not only motor skills but also a child's psychological and social development (Krigger, 2006; Rosenbaum et al., 2007). Similarly, the literature frequently highlights that children with CP face challenges not only in motor development but also in social and emotional domains (Batshaw et al., 2019; Pfeifer et al., 2011). The child's questions such as "Why do I walk on my toes?" and "Why don't the others go to physical therapy?" reflect an early awareness of her differences, while also indicating that this awareness brings emotional vulnerability.

Moreover, the findings regarding the child's active participation through observing peers and imitating their behaviors can be interpreted within the framework of Bandura's Social Learning Theory, which emphasizes learning through observation and modeling (Bandura, 1977). Likewise, the significant influence of both family and school contexts on the child's development corresponds with Bronfenbrenner's Ecological Systems Theory, which highlights the interplay of multiple environmental systems in shaping children's experiences (Bronfenbrenner, 1979).

The interviews conducted with the mother revealed not only the emotional burden experienced during the process but also the intense efforts made to overcome it. It was observed that the family supported the child's learning at home through the use of various materials, regular practice, engagement in reading activities to enhance their knowledge, and participation in social support groups with other families in similar situations. This conscious and proactive attitude played a decisive role in helping the child overcome difficulties in the school environment; notably, the consistency between home and school in managing behavioral issues (e.g., hitting and pushing) formed the foundation for behavioral transformation. These findings align with the emphasis placed by Aral and Gürsoy

(2007), Ferguson (1996) and Sarı (2002) and on the importance of family support and consistency in the inclusion process. Furthermore, the family's recognition of the challenges involved and their collaboration with the teacher and school counseling services, along with their pursuit of professional support (e.g., play therapy, occupational therapy), is particularly noteworthy. This proactive approach parallels existing literature that underscores the role of the family in enhancing the quality of life for children with CP (Calley et al., 2012; Rosenbaum et al., 2007). Additionally, the findings of this study suggest that the inclusion of children with special needs in mainstream education can foster not only their development but also bring about positive developmental changes in their classmates, teachers, and families (Kargın, 2010).

Our data obtained from teacher interview forms administered at the beginning and end of the term revealed that, although the child enjoyed attending school, she experienced various difficulties, particularly in peer relationships and adapting to classroom rules. Notable observations included struggles in following instructions, reluctance to comply with rules, and inadequate interaction with peers. These findings align with existing research indicating that children with CP often require additional support when adapting to authority figures and classroom regulations (Shumway-Cook & Woollacott, 2017). However, by the end of the term, the child demonstrated marked improvement in adhering to classroom rules, with progress attributed to the teacher's guidance and the child's gradual acclimation to the school environment.

The child demonstrated positive communication with individuals outside the family; however, she initially experienced difficulties in interacting with peers. Over time, however, she showed development in this area, began to communicate more easily with her classmates, and was increasingly accepted by them. This finding is consistent with existing research suggesting that participation in inclusive education positively influences the attitudes of typically developing children toward peers with disabilities (Dyson, 2005). It also supports the interpretation that children included in inclusive education settings tend to model the behaviors of their typically developing peers, learn through imitation, and engage in greater self-assessment (Mesibov & Shea, 1996). Observations further revealed that the child's social adaptation process still requires ongoing support. These findings align with prior evidence indicating that children with CP are at risk of social exclusion in inclusive settings and that the social skills of children with special needs must be specifically supported (Gürsel, 2015; Odom, 2021).

All these findings underscore the critical role of the teacher not merely as a transmitter of knowledge but as a transformative guide. Both the insights gathered from family interviews and the results of classroom observations highlight the positive impact of inclusive education on the development of children with CP. In addition, the study shows that a teacher's love-based, inclusive, and sensitivity-driven approach to individual differences significantly facilitates the child's active participation in the classroom environment. Strategies such as assigning responsibilities and offering opportunities for individualized work contributed to the student's academic and social growth. Indeed, the progress documented in the observation forms, particularly the increased frequency of behaviors such as effective use of free time, compliance with instructions, and task completion, supports the effectiveness of the teacher's strategic interventions. Therefore, the findings of the present study extend beyond individual development, demonstrating that when teacher attitudes, family-school collaboration, and a supportive classroom social climate converge, they enable a child with CP to become an active, respected, and contributing member of the learning environment.

At the same time, it is important to note that not all areas showed equal improvement. Although the findings highlighted several positive aspects of the child's inclusion, certain domains demonstrated limited progress. For instance, difficulties in table work and sustaining attention while listening to peers' explanations remained noticeable challenges. These limitations may be explained by the motor difficulties commonly associated with cerebral palsy, which affect fine motor tasks, as well as attention-related challenges that can hinder active engagement in structured learning activities (Rosenbaum et al., 2007). Addressing these areas in inclusive settings requires not only peer and teacher support but also individualized strategies tailored to the child's specific needs.

5. Conclusions and Implications for Policy and Practice

This study examined the developmental process of a child with CP, who was included in preschool inclusive education, based on teacher and mother perspectives as well as teacher observations. The research findings indicate that at the beginning of the education year, the child experienced notable difficulties, particularly in social adaptation, following instructions, and achieving emotional stability. However, over the course of the year, meaningful progress in the child's development was observed, made possible through the teacher's inclusive approach, the family's consistent and informed support, and the effective implementation of individualized instructional strategies.

The findings indicate that the inclusive education process extends beyond academic participation, enabling multifaceted gains such as social inclusion, emotional development, and behavioral transformation. The teacher's supportive, inclusive, and sensitivity-driven approach to individual differences played a key role in helping the student become an accepted and

valued member of the classroom community. Likewise, the family's continued educational support at home, use of professional resources, and consistent collaboration with the teacher directly contributed to the success of the inclusion process. In this regard, the study highlights that for inclusive practices at the preschool level to be effectively sustained, teacher sensitivity, active family involvement, and comprehensive support mechanisms must be implemented simultaneously and holistically.

The results of this study offer several implications for policymakers, practitioners, and researchers. At the policy level, the findings underscore the importance of developing inclusive curriculum policies for preschool-aged children with special needs. In particular, programs must be restructured with consideration for the developmental needs of children with motor and emotional limitations, such as those with CP. For teachers implementing inclusive practices, mandatory in-service training programs should be expanded to cover key areas such as individualized education plans, behavior management, and family collaboration. Furthermore, providing school-based and publicly funded access to supportive special education services, such as occupational therapy, play therapy, and psychological counseling, could represent a significant step toward aligning with the core principles of inclusive education by ensuring equitable access for all children.

From a practical standpoint, teachers must develop instructional strategies and make classroom arrangements that consider the individual characteristics of each student. Identifying a student's strengths and integrating them into the learning process can enhance the effectiveness of inclusive education. Establishing open, continuous, and constructive communication with families is essential to sustaining the process through a shared sense of responsibility. Additionally, implementing consistent discipline and reward systems across both home and school environments can support the permanence of behavioral improvements and contribute to long-term positive change.

6. Limitations and Future Research

This study provides valuable insights into the inclusive education experiences of a preschool child with cerebral palsy from the perspectives of both the teacher and the mother. However, certain limitations should be acknowledged. First, the case study design, while allowing for in-depth exploration, involves a single participant, which limits the generalizability of the findings to the broader population of children with CP. Future research would thus benefit from increasing the number of case-based studies that include participants from diverse socioeconomic contexts, enabling comparative analyses and enhancing the applicability of findings across different settings.

Second, this study primarily employed qualitative methods supplemented by observation forms. While this approach offered rich, contextualized data, incorporating mixed-method designs that integrate quantitative measures could strengthen the validity and reliability of future research outcomes. Such an approach would provide a more comprehensive understanding of the developmental trajectories and educational experiences of children with CP in inclusive settings.

Finally, this study focused on the perspectives of the child's immediate educational environment. Ethnographic research that centers on the roles of families within the inclusion process could yield more profound insights into the cultural, social, and contextual factors that influence the experiences and outcomes of children with CP. Exploring these dimensions would contribute to a more holistic understanding of inclusion and inform the development of culturally responsive educational practices.

Compliance with Ethical Standards

In this study, ethical approval was regarded not merely as a formal requirement but as a fundamental principle guiding every stage of the research process. Prior to data collection, the necessary approval was obtained from the Social and Humanities Sciences Research Ethics Committee of Karabük University with the decision number 2025/04(9) on 28.04.2025; however, the researchers proceeded with the awareness that ethical responsibility extends beyond formal authorization. Throughout the study, therefore, particular attention was paid to issues such as informed consent, voluntary participation, and the protection of privacy.

All participants were informed about the purpose of the study, provided written consent, and participated on a voluntary basis. Confidentiality and professional privacy were meticulously maintained. Data related to the child were not collected directly but obtained through forms completed by the teachers. Consent for the use of this data was obtained from the child's mother, and the information was used solely for research purposes in an anonymous manner. Since the child was represented indirectly, particular care was taken to protect her rights and privacy.

Conflict of Interest

The authors have no conflict of interest to declare.

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