

# Diagnosis as a strategy for recognizing the presence of disabilities at The National School of Social Work

Elia Lázaro Jiménez  
Tomás Silva Montealegre

**Biographical sketch** Lázaro Jiménez. European University Master's Degree in Disabilities, member of the Comité de Atención a Personas con Discapacidad de la Universidad Nacional Autónoma de México (Committee for the Attention of Persons with Disabilities of the National Autonomous University of Mexico) and fulltime professor at the National School of Social Work.

Silva Montealegre, Bachelor's Degree in Social Work from the National School of Social Work of the UNAM. Assistant Researcher, level III, incorporated in the National System of Researchers of CONACYT, at present he collaborates in the Comité de Atención a Personas con Discapacidad de la Escuela Nacional de Trabajo Social (Committee for the Attention of Persons with Disabilities of the National School of Social Work).

## Abstract

Referring to disabilities entails knowing the social model of disability, a model which permits describing the dynamics of disabilities from the social, not the medical, point of view, as was the costume at the beginning of the XX century. This viewpoint sees the causes of disabilities not as religious or scientific, but as social: individual limitations are not the roots of the problem, but rather the limitations of society in providing the appropriate services and thus assuring that the needs of persons with disabilities are taken into account within social organization. Given the situation, the school scenario is a topic which proves important in the matter of disabilities, since this space, besides consolidating the processes of teaching-learning, consolidates the structures of social relations among people. Thus, school-disability becomes a dichotomy in which the socio-educational processes are referenced with the person with a disability. Therefore the present article shows a strategy used by the Comité de Atención a las Personas con Discapacidad de la Universidad Nacional Autónoma de México (Committee for the Attention of Persons with Disabilities of the National Autonomous University of Mexico) CAD-UNAM, in the National School of Social Work, which allowed for recognizing for the first time the presence of persons with disabilities, besides setting the bases for the construction of an Inclusive School and University. A strategy based on the construction of a diagnosis, which permitted discerning the nature and magnitude of the needs, in this case permitted revealing the reality of the presence of persons with disabilities at the National School of Social Work. In this way, in order to approach the subject of disabilities, as well as the persons with disabilities within the school, it is transcendental to participate in a dynamic dialogue which answers the following: What is disability? Who are persons with disabilities? How can I help persons with disabilities? Can persons with disabilities work and/or study at the university?

**Keywords:** Disability, diagnosis, higher education.



## Presentation

Today the field of disabilities has become a field which is ever more present in various spaces of social interaction such as sports, art, science, technology, medicine and school among others.

However, in order to deal with disabilities, as well as with persons with disabilities, it is essential to take part in a dynamic dialogue which answers the following: What is disability? Who are persons with disabilities? How can I help persons with disabilities? Can persons with disabilities work and/or study at the university?

My mother says she is going to register me in the school where my sisters study, where years ago they refused me entrance because they said I was mentally retarded. Crying I beg my mother to look for another school, and she explains that this time it is different, that Mother, I don't remember her name, will accept me and provide what I need to integrate into the group.

For the first time I form part of a group of friends who take me with them and then take me home. For the first time I correct, on the board or out loud, every time I'm called on. I go on a field trip for the first time; my teacher takes charge of me. I don't like him because he punishes me by keeping me after school when I haven't done some work. I have a part in the play at the end of the year, I play Mother Earth. (Alonso, 2009, p. 18)

Marga Alonso's story allows us to give possible answers to the questions we asked earlier since she begins a process of professional formation, despite the social and architectonic barriers, in which she

was not only a spectator in said academic formation but rather a main actor in personal and social experiences upon becoming part of a group of friends. We also realize that Marga plays an important role in interaction in social spaces where she proves to be a person with emotions and feelings.

But, what happened at school? How did school prepare for Marga's arrival? How accessible were the school installations? It may be impossible to know the answers, but we may sense that the school decided to support Marga's academic, social and personal development, through various strategies.

Thus, Marga's case gave us a glimpse at the idea that persons with disabilities can and have the right to develop within educational spaces and thus these will need to formulate strategies of social inclusion, where not only students are taken into account, but also teachers, administrators, as well as persons with and without disabilities.

This is the reason that we will now show the strategy used for the first time by the Comité de Atención a las Personas con Discapacidad de la Universidad Nacional Autónoma de México (Committee for the Attention of Persons with Disabilities of the National Autonomous University of Mexico) CAD-UNAM at the National School of Social Work, which help us recognize the persons with disabilities, as well as to put in place the basis for the construction of an Inclusive School.

## Introduction

Dealing with disabilities at present entails being familiar with the social model of

disabilities. This model allows us to understand the present day dynamics of disabilities<sup>1</sup> from the viewpoint of a dichotomy disability-society and allows us to thus answer Brogna's questions.

The relationship "person with a disability-society" is a complex relationship which makes it necessary to briefly define each term. What are we referring to when we talk about disabilities? What are we referring to when we talk about society? (Brogna, 2005, p. 45).

This is the way in which the social model of disabilities maintains that the causes of disabilities are neither religious nor scientific, as was believed from the earliest times until the end of the XIX century. They are social. Individual limitations are not the roots of the problem, but rather the limitations set by society itself in providing adequate services and insuring that the needs of persons with disabilities are taken into account by social organization.

Thus, based on the premise that all human life is equally dignified, from the social model it is maintained that what persons with disabilities can contribute to society is closely related to inclusion and acceptance of the difference (Palacios, 2008, p. 107).

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<sup>1</sup> The present dynamics of disabilities, which has developed since the beginning of the XX century, questions the conceptualization of disabilities. Authors like Romañach indicate that the social model continues to take up the elements of medicine. The name "person with a disability" refers to a person without the ability to carry out an action, and therefore the name "person with functional diversity" has been proposed. However persons with disabilities, according to Romañach is the politically correct and accepted term.

From the cry "Nothing About Us Without Us", defending American activists in their fight for the civil rights of persons with disabilities, the work of these persons has reached throughout the world in recent years. The joint action of persons who have followed this new focal point of disabilities is called the "Movement for Independent Life" (Vidal, 2003, p. 39).

In this way we can see the active participation of persons with disabilities in the search for social recognition of their capabilities and putting forward a face and name as persons. However, it is interesting and important to mention that within historical footprints, corporality is the basis of the representations and practices of persons with disabilities.

Body and society become key pieces in the mechanisms of power for judging others, giving them a name which has changed over time and with the slow process of self recognition in the face of the other.

From terrible indifference and silence to gradual understanding of the other, of his feelings and behavior (Bernal, 2008, p. 156).

That is why Bernal invites us to become familiar with the body-society relationship, allowing for corporally understanding the other, in which bodies as spaces of social representation are given nature and culture and individual action within a social structure which we build with experience, knowhow and practice according to Bernal (2008).

Having said that, the conjugation of capability-body can be observed and this gives persons with disabilities a social po-



Center for Studies and Social Research on disabilities and Health, National School of Social Work, UNAM.

sition within social spaces, where society builds the image and capability of other persons. However beyond the position the fundamental piece of the social model can be found, the access to these spaces, access which persons with disabilities find limited or open depending on the social construction of what it means to be a person with a disability.

Inside these social spaces, the school scenario is a topic which is very important when talking about disabilities since this area, besides consolidating the teaching-learning process, consolidates the structures of people's social relationships. Thus school-disability becomes a dichotomy in which the socio-educational process of persons with disabilities is referenced.

Finding a place for a person with disabilities in a school in Mexico during most of the XX century meant placing him/her in "special schools."

Up until 1992, special education in Mexico was conceived as a modality of education where "special" students were attended to in spaces separated from normal basic education. Today, international agreements and philosophical and pedagogical approaches of special education have redirected their mission and it is situated within basic education, in order to assure the educational attention and integration of children and adolescents with special educational needs, with or without disabilities. (Ministry of Public Education, 2004, p. 10))

According to the previous quote, special education was only conceived of as basic education for "special" children and adolescents, that is young people with some kind of disability, thus cutting short their aspirations of continuing their professional formation. Study plans and scenarios were different for regular students and special students.

However, new approaches and arguments on disabilities, along with various experiences such as that of Marga Alonso, are helping to build the basis which allows equal opportunities for people with disabilities, as well as reshaping the disability-school-education trinomial since persons with disabilities show that they are able to study mid-level and upper education like anyone else.

Thus in higher education it is more and more common to see people with disabilities in university classrooms. According to the National Institute of Statistics and Geography, INEGI, in the census of 2010 in Mexico there were 5,739,270 persons with disabilities, 5.1% of the total population, of which 5.1% were studying at the university level.

Based on this reality is the initiative to learn more precisely about the population with disabilities in the space of the National School of Social Work through a diagnosis which answers the following questions: How easily accessible are the installations? How many people are there in the school with disabilities? We wish to become familiar with the population with disabilities, students, teachers and administrators, in order to open up a process of inclusion, based on the present premises of disabilities, whose purpose would be to:

Create situations of equality for all individuals of a society and each setting to which they may have access, making no differences, not overprotecting, nor rejecting others based on their characteristics, needs, interests, potential, much less their limitations (Santa Catarina Technological University, 2012, p. 12).

### Diagnosis

To refer to diagnosis within the context of Social Work allows us to learn and place various stances, from whether we are talking about a technique or an instrument, whether it is a step within intervention or a research process. It is clear that from the standpoint of the present work, the position and axis given to diagnosis is a step within an intervention process, which is aimed at building an inclusive school space in the National School of Social Work, ENTS, and thus:

Adapting and readapting our educational centers, establishing new methods of teaching-learning suited to our plans of study, orienting social service and, above all, promoting a culture in the whole community, in which each one of the students who due to various circumstances requires a program of accompaniment, accessible classrooms and information systems and learning adapted to their specific condition are integrated. (Ibarra, 2007, p.7).

Creating a diagnosis, obligates us to learn what that diagnosis is, and therefore Reyna, Martínez and Ramírez (2009) indicate that the term diagnosis, coming from the Greek *diagnostikós*, formed by the prefix *dia* meaning through and *gnosis* meaning knowled-

ge, and thus diagnosis is "knowing through" or "knowing by means of." This brings us closer to what diagnosis is: learning the context or situation using certain techniques.

If diagnosis is knowing "through" something, Ander Edd (1991) tells us that it is a step in a process through which the nature and magnitude of the necessities or problems which affect a sector or aspect of reality are determined, and this is the reason for study-research, in order to develop programs and carry out actions.

To sum up, it may be said (Nirneberg, 2006) that a diagnosis should search for, compile and systematize existing secondary information, both qualitative and quantitative, coming from various sources and collecting primary information (again both qualitative and quantitative) in relation to a problematic situation, in the first place information on the population which is affected or in danger of being affected by the situation to be diagnosed and also on the resources available, real and potential (institutional, programmatic, human and financial resources, among the most relevant) aimed at said problem where it happens, as well as about the strategic actors with real or potential influence on the problematic situation.

### **Objective**

The objective which guided the diagnosis of disabilities in the ENTS was

To carry out a diagnosis of the presence of disabilities in the ENTS (students, teachers and administrators) which would provide us with basic information in order to program concrete actions which would serve

as strategies for action, as well as to learn about the physical conditions and equipment in the school available to said population.

### **Methodology**

The diagnosis was inserted into exploratory-descriptive research which allowed for identifying factors and situations which are produced within a given area.

Thus, the diagnostic action resides in conducting a study which makes evident certain situations and aspects which are not easily seen, producing a global vision of the social environs in which people's lives are carried out, showing only the characteristic features of a certain determined situation. The type of diagnosis developed was Participative. This kind of diagnosis is meant to: a) make the diagnosis: establish the configuration of reality; b) prioritize the problems: based on the diagnosis, the problems which may be dealt with immediately and may be solved together with the group are identified; c) population actively participates.

The aspects taken into consideration when making the diagnosis were:

- 1) Location: determine the location, not only with respect to the school's geography, but in relation to the internal distribution of the equipment.
- 2) General Description: Here we mention the number of people in the population, what problems they see, etc. Above all here we reconstruct more amply the situation and social relationships, both past and present. At the same time it presents all the aspects which will be dealt with later on.

- 3) Data on the Population: this is where the data on the number of persons, their sex, age, kind of disability, family structure and other important data are incorporated.
- 4) Accessibility: when talking about accessibility, we are not only referring to the routes of entry to the space being diagnosed, but also how it is possible to access the space. Accessibility must be understood as the possibility of arriving at sources of information, and the various areas. It is the way in which a person is received and integrated or not into a space and collective.
- 5) Cultural aspects: as a general aspect culture determines the actions and norms of behavior of people, however, to speak of cultural aspects means according to a symbolic world which is found in everyday actions, in relationships, in economic aspects, etc.
- 6) The environs: The construction of the environs by people has the components of the symbolic, conceptual, relational, social environs, among others. The environs are constructed by what each of its groups does within it. The symbolic elements are relevant in that the "idea" of future intervention may approach this aspect. We must heed the symbolic aspect because they are manifested.

Carrying out the participative diagnosis involves the following steps.

- a) Work plan. This allows us to identify, order and relate all of the required activities.
- b) Compilation of data and information. Basic information may be obtained from the geographical environment where the study is to be carried out. Review of existing information, compilation of information from existing sources on what is to be diagnosed, description of the problem.
- c) Analysis of the context: Set of concrete conditions and circumstances which make up or determine the state of an activity. Analysis of the situation which consists of: Analysis of those involved and Analysis of problems.
- d) Identification of relevant actors related to the situation. Identification of organizations and persons who are involved. Identification of diversity.
- e) Systematization of information.
- f) Detailed analysis of the results: analysis of the information contained in the forms for systematization and prioritization of the necessities, central problems and opportunities for improvement.
- g) Prognosis of the situation: This allows us to identify possible obstacles and difficulties in implementing said strategy, as well as determining the degree of viability of possible intervention. Identifying the needs in order to bring about changes in the future. Making projections. Providing basic information for deciding on the priorities and allotment of resources. Making a prediction.
- h) Actions to follow. Follow up leaves channels of communication for validating specific information open.
- i) Resources: these are the means available for carrying out an action (human, material, financial, economic, and institutional).
- j) Establishing strategies for action. Solution: the way in which a difficulty, matter or problem is solved. Elaboration of



operative actions of the process, describing each of the activities to be carried out, identifying the situation in which the actor, group, community or institution is involved. Through these we can identify the weaknesses, strengths, opportunities, threats, lines of action, participation mechanisms, potential and decision, among others. Identification of possible solutions. The proposals of actors involved will serve as a basis for designing actions, programs, and corresponding projects. The techniques used for obtaining the diagnostic information were: observation, participative observation, semi-structured interviews and documentary investigation. As instruments for registration we used, data capturing sheets, observation registration sheets, questionnaires, interview guidelines and follow-up controls. .

## Results

The diagnosis elaborated by the Committee for the Attention of Persons with Disabilities of the National Autonomous University of Mexico within the National School of Social Work begins with the description of the conditions of accessibility of the physical infrastructure of the School. We understand that the accessibility of the School may or may not fulfill the needs of physical accessibility of persons with disabilities. Later the presence of persons with disabilities is dealt with, thus forming a set of the two parts which are the basis of a process of inclusive intervention.

The National School of Social Work is located on the Second Peripheral Circuit of our University, with no exterior number. It



is made up of seven buildings with the following characteristics:

- 1) Government Building (A): This building has three floors where the administrative area, graduate school and research areas are located. There are two accesses, one from the parking lot and the other from the plaza.
- 2) Classroom Building (B): This building has three floors and here 19 classrooms are located along with the computing center and an auditorium for 60 per-

sons. Here you will also find the area of social communication and the School's printing press.

- 3) Classroom Building (C): This building also has three floors and was still under construction when this study was made. There are classrooms on the ground floor, classrooms for school practices on the second floor and the research area and multi-purpose room on the third floor. This building will have an elevator and is connected to Buildings B and C, only on the first floor level.
- 4) Auditorium for 230 persons. Connected to this auditorium you will find a building used for storage, a bathroom adapted for persons with disabilities and on the first floor the legal offices.
- 5) Information Center and Library Services (covering a surface of 2,985 square me-

ters, on two floors with an elevator and bathrooms, one adapted for persons with disabilities. In front of this we find a two storied building where the Department for School Practice is located along with a teachers' room, meeting room for the School Council and the Faculty. On the top floor are a computer room and two audio visual rooms. Both of these building have ramps for access.

- 6) Building with the administrative area on the first floor and accounting and services on the second. On the outer side of this there are two classrooms. Access to this building is using a ramp.

Table 1 shows us the real conditions of part of the physical space of the ENTS, as well as the physical infrastructure.

**Tabla 1** Accesibilidad física

Space	Recommendations	Reality
Halls	The minimum width should be 1.5m. They should be uniform and have antiskid surfaces which do not accumulate water.	The width of the halls fluctuates between 2.30 and 4.45 meters. They do not comply with the condition of being uniform as part of the halls have "rustic" finishing in stone and others are flat and painted, or brick or tile. From experience we know that large puddles form when it rains and then one cannot walk there.
Ramps	The difference in levels will be solved with ramps whose slope is not greater than 8%.	There are no ramps
Free access	Ramps and protruding objects which do not allow a free area of 1.8 m should be avoided.	It complies
Hand railings	0.75 and 0.90 high hand railings should be installed along all hallways along with protective edges of 5 x 5cm.	There are only angled hand railings at approximately 1.5 x 1.5 m height. The height is within recommendations. There is no protective edge.
Floors	It is recommended that changes in texture in the pavement or tactile strips be used to warn the visually disabled of changes in slope or direction.	Does not comply.
Parking Lots	It is recommended that at least one out of every twenty five parking spaces be for persons with disabilities.	Of the 39 parking spaces, two are assigned to the vehicles of persons with disabilities at the main entrance. In the rear parking lot no places are designated for the disabled. Therefore the school does not entirely comply with the recommendations in this area.
Public Bathrooms	In every building there should be bathrooms designed for the use of persons with disabilities, located in easily accessible spaces.	There are a total of 3 bathrooms for persons with disabilities, which are located in the main buildings: library, auditorium and faculty building.
Elevators	The elevators and the route towards them should be clearly marked. The buttons should be raised and in Braille at a height of 1.2 m.	School complies with recommendations.

Source: my own elaboration

The total population which participated in the diagnosis was 1,084 persons, of which 953 were students, 79 professors and 52 administrative workers. 2.1% of this total population indicated they had a disability.

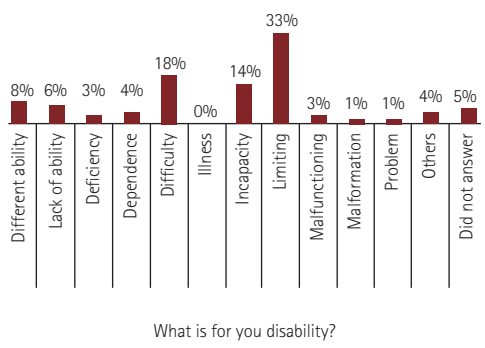
The health background of the family helps us learn of certain risk factors for the possible acquisition of some kinds of disabilities. 29% of the students have someone in their family with disabilities or serious, limiting illnesses. The kinds of disabilities reported ranged from cerebral palsy, learning disabilities and Down's syndrome and other non specified disabilities which total 11%. Among the illnesses reported were: chronic degenerative conditions such as Alzheimer's, arthritis, diabetes, which total 46%. Others were 15% and 2% gave no answer. The representation of professors with disabilities is

important since this enables them to meet the needs of students with disabilities. In Image 1 we see what disabilities are in the eyes of professors. In Image 2 we see the same thing but for administrative workers. Since these workers are an important part of the support mechanism for students and fellow workers.

What happens if there are people with disabilities in the ENTS? How do students, professors and administrative workers see and accept these fellow members of the ENTS? Images 3, 4 and 5 show how they accept fellow members with disabilities.

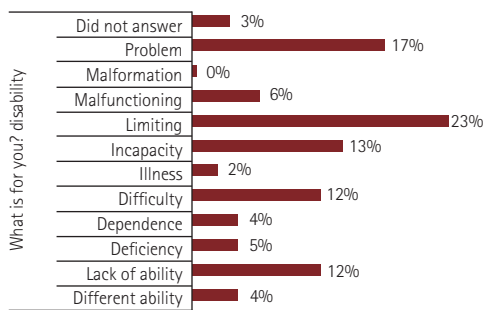
While students, administrative workers and professors, for the most part, would accept as a fellow member a person with disabilities, or these three sectors, professors and administrative workers find it easiest to relate to persons with disabilities, as shown in Table 4.

**Image 1** How do professors view disabilities?



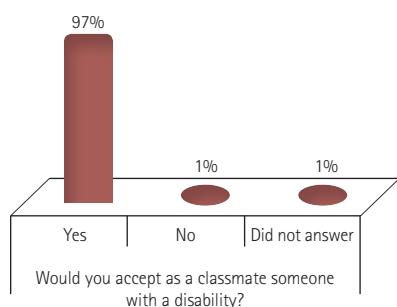
Source: Survey carried out in 2011, ENTS-UNAM.

**Image 2** How do administrative workers view disabilities?



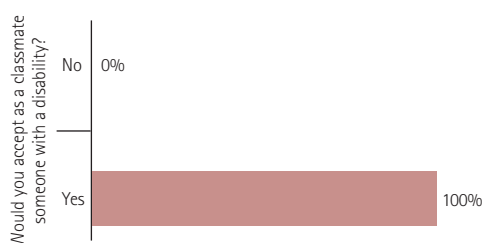
Source: Survey carried out in 2011, ENTS-UNAM.

**Image 3** Professors' acceptance of persons with disabilities.



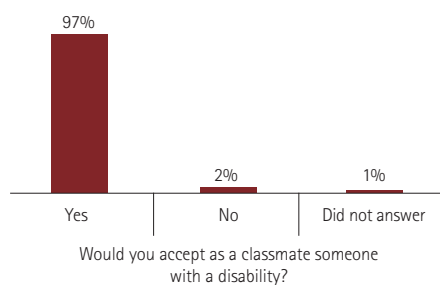
Source: Survey carried out in 2011, ENTS-UNAM.

**Image 4** Acceptance of persons with disabilities by administrative workers



Source: Survey carried out in 2011, ENTS-UNAM.

**Image 5** Students' acceptance of persons with disabilities.



Source: Survey carried out in 2011, ENTS-UNAM.

**Table 2** Ease with which they relate to a person with disabilities

How easy is it for you to relate to a person with disabilities?							
Population	Very Easy	Easy	Neither Easy nor difficult	Difficult	Very Difficult	I cannot do it	Did not answer
Students	34%	38%	23%	3%	0%	0%	2%
Professors	52%	36%	11%	0%	0%	0%	1%
Administrative Workers	51%	29%	18%	2%	0%	0%	0%

Source: Survey carried out in 2011, ENTS-UNAM.

## Conclusions

Using the diagnosis situations and aspects which cannot be seen by the naked eye, it become apparent and we obtain an overall view of the social environment in which persons with disabilities move, be these students, administrative workers or professors. Moreover, identifying persons with disabilities is key to their recognizing each other in order to form a visible group within the school with action plans which answer the needs of each sector.

The teaching experience of professors who have had students with disabilities in their classes is a very important element which should be shared with other faculty member of the school. It is important that based on these results, follow up is given for action strategies which are proposed.

Taking into consideration that a diagnosis is the starting point for designing operations and actions which allow for confronting the problems and needs detected at this stage, the results answer the questions of identifying the persons with disabilities who attend our School as students, professors and administrative workers.

It also describes the conditions of accessibility for each of the spaces which conform our School and are the environment in which the academic population, both with and without disabilities, performs, thus covering the main objective of this work. The periods during which the installations were built were previous to the present recommendations of accessibility and the modifications which are required call for special financial resources.

This information will help us elaborate intervention strategies, follow up and eva-

uation systems of the plans of action and thus cover one hundred percent of the objectives which were set forth.

The next step will be the intervention stage in which operational actions for the process of educational inclusion will be drawn up, describing each of the activities to be carried out, identifying the situation in which the actor, group or institution finds itself since through this identity, the weaknesses and strengths, opportunities, threats, lines of action, mechanisms for participation, potential and decisions, etc. will be made evident. The proposals of those involved will serve as a basis for designing corresponding actions, programs and projects.

The intervention phase shall be carried out by the Committee for the Attention of Persons with Disabilities of the School, CADENTS. Among the main actions are:

- Continue the diagnosis of students, professors and administrative personnel who work at the school.
- Detect the necessities, requirements, problems and demands of each sector of the academic population.
- Follow the students with disabilities up to the point when they leave school, in order to keep communication channels open and thus be able to validate specific information.
- Search for the participation of other dependencies of the UNAM such as schools and institutes in the elaboration and application of the diagnostic instrument, which would call for the consolidation of the diagnosis at the University level.



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