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Prevalence for Identification of Learners with Certain Learning Disorders at Elementary Grade: A Case of Province of Punjab

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Abstract

Students with certain Learning Disorders in Punjab at elementary were the focus of this study. Regarding speaking, reading, writing, and mathematics for students with learning impairments, there may be difficulties. Students with certain Learning Disorders in Punjab were the focus of this study. Students at Punjab's elementary schools were the focus of the study. Approximately 1500 pupils participated in the study. Data was collected with KTEA-II. Reading composite, composite math, composite, fluency reading, oral composite, oral composite. Composite. As described in the article, 60% of children suffer learning difficulties in a variety of areas. As a result, it is advised that special support services be formed and frequent in-service trainings for school staff be conducted to raise awareness of the problem.

Keywords: certain learning disorders, factors affecting, teacher planning, gender difference, elementary grade

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Introduction

Individuals with learning disorders have considerable, unanticipated, unique, and persistent challenges, despite the traditional education, normal intellect, appropriate desire and social-cultural learning chances, to acquire and use the reading, writing, and mathematics abilities (dyslexia, dysgraphia, dyscalculia). A child with a learning problem is one who does not perform as expected in school, while having a normal IQ. German physician Dr. Kussmaul documented a guy with normal intellect who was unable to read despite having received an "appropriate" education in 1878 (Habib,2000).

"Specific Developmental Disorders of Scholastic Skills (SDDSS)" is the ICD-10 code for learning disorders. This group includes specific reading disorders, specific language disorders, specific mathematics disorders and combined academic disorders. DSM-IV TR includes three different types of learning disorders. There is a reading disorder, a math disorder, and a writing disorder. Language abilities are affected, not "scholastic" skills, therefore the phrase "specific learning disorders" is acceptable. and moreover, the presumed etiology of being "developmental "is not needed for diagnosis. Similarly, the use of word "disorder" is inappropriate as some children may only have "difficulty" (Lagae,2008).

In elementary school, learning problems are quite frequent. As a result, primary school students need a lot of care and attention (Specht, 2004). Learning problems are major factors in the rising percentage of school dropouts. It's no secret that learning problems are one of the most significant and contentious concerns in educational institutions, particularly (Lyon, 1996).

Children that suffer from learning difficulties are hard to spot because of how common they are. Especially in elementary school, parents often overlook signs of LD in their children. Elementary school children in Pakistan have not been the subject of nearly enough academic study on the topic of learning disabilities. There is a pressing need to understand more about learning disorders in the elementary school setting (Aftab, 2018).

Karande et al., (2009) also stated that there is a paucity of studies on learning disorders particularly in elementary students. Therefore, the aim of this study is to explore the prevalence of certain learning disorders (CLDs) among elementary school children in Punjab. The purpose of this study is to uncover the truth about this issue.

Literature Review

The effects on children of various types of learning disabilities are far-reaching. Because it follows them throughout their lives, it has a negative influence on children's chances of success at every stage of life. In order to understand more about the specific learning problems,

related literature is examined. Due to the lack of research on the incidence of LD in Pakistan, this study represents a first in Pakistan.

Definition of Learning Disorder

When compared to the average IQ of the child population as a whole, a lack of educational progress in reading, writing, or mathematics is considered to be indicative of a learning impairment in young children and adolescents. The DSM-IV-TR criteria for a learning disorder require that there be a significant disparity between a child's or teenager's academic progress and IQ level, as well as their progress in reading, writing, or mathematics in comparison to their classmates. This is one of the requirements for the diagnosis of a learning disorder (Sadock et al., 2007).

There are certain educational sectors where children with learning disorders cannot compete with their classmates, while there are others where they excel. Children's talents and educational chances do not support the assumption that a learning problem will result in no advancement in school (Sadock et al., 2007).

Causes of specific Learning Disorders

A child's capacity to succeed in school is harmed by learning difficulties. When this happens, there is a danger of low self-esteem, low self-confidence, a large sense of irritation, and poor peer connections. Learning issues are linked to a lack of focus, hyperactivity (ADHD), communication difficulties, and depression. Factors that influence in the development of learning disorder *Family history and genetics*. A child's risk of acquiring a learning issue is increased if there is a family history of learning difficulties.

Prenatal and neonatal risks. Poor uterine growth (severe intrauterine growth restriction), alcohol or drug use before pregnancy, premature delivery, and extremely low birthweight have all been linked to learning disorders.

Psychological trauma. A child's brain development might be affected by psychological trauma or abuse in early life, increasing the likelihood of learning disorders *Trauma to the body*. It's possible that head traumas or illnesses of the nerve system have a role in learning disorders.

Exposure to the environment. Learning disorders have been related to high amounts of pollutants such as lead. (Dunn et al, 2004).

Characteristics of Learning Disorders

There is a wide variety of signs and symptoms that have been linked to children who have learning difficulties. According to Keogh

(1971), the following are the ten characteristics that are mentioned most frequently:

- Children that have hyperactivity move around a lot, are unable to stay still for long periods of time, and act without giving much thought to what they are doing.
- Perceptual-motor deficits are difficulties in linking a visual or auditory information with a motor act. These deficiencies might manifest as difficulty in seeing, interpreting, and comprehending the world around them.
- Emotional lability refers to emotional outbursts that are perceived by onlookers to be illogical in light of the situation or the child's most recent experience. These swings in mood are almost always attributable to a particular event or circumstance. There are several potential causes, including having a challenging day at work, being anxious about one's money or a deadline, or simply not getting enough sleep the night before.
- Clumsiness or awkwardness can be described as a general lack of coordination. A kid who has a learning problem may have difficulty with activities such as cutting, buttoning clothing, tying shoelaces, copying from the chalkboard, and sorting items according to their shapes and sizes.
- Attention deficit disorder is characterized by either distractibility, in which a person pays attention to something that they shouldn't, or perseveration, in which a person focuses on something for an excessive period of time.
- The term "impulsivity" refers to behaviors that are carried out without prior planning or consideration.
- A disorder of memory or thinking characterized by difficulties recalling information that ought to have been learned as well as an inability to grasp concepts that are abstract. A kid who has a learning disability can have difficulties remembering the sounds, letters, or words that he or she has previously learned. Additionally, this disease has an effect on one's capacity for comprehension. The youngster can have the order of the sounds or letters in words mixed up; for instance, they might write "stop" when they meant to write "tops."
- A person who has a speech or hearing condition may have trouble understanding or remembering what was said, may have difficulty articulating words correctly, and may struggle to communicate their thoughts verbally while using the correct terminology.
- Symptoms of neurological impairment: A child who has a learning issue may exhibit symptoms of neurological impairment, such as a lack of fine motor coordination, poor balance, clumsiness, and poor speech, in addition to behavioral evidence of brain injury known as "soft signs."
- It is essential to keep in mind, however, that not every kid who has a learning condition will struggle with each and every one of the

problems described above. It is also not sufficient evidence to conclude that a kid has a learning disability just because they have one of these conditions. The majority of children who are treated in educational settings for learning impairments exhibit more than one of the characteristics listed below. Once the characteristics of LD have been recognized, teachers need to have a solid understanding of how LD may be categorized in order to correctly classify students and take remedial action (Keogh, 1971).

Process of Identification

Teachers need help understanding the causes behind each difficulty, as well as how they may classify and reorganize them (Samoel & Vegalager, 2003). Most learning abnormalities are not found until the third or fourth grade because teachers do not know enough about learning disorders (Lyon, 1996).

Teachers criticize students as lazy, irresponsible, and lacking in motivation because they believe this problem is inevitable. Students with learning difficulties, such as laziness, irresponsibility, and a lack of enthusiasm, are more prone to have typical social and emotional issues and to be denied access to suitable educational opportunities (Klassen & Linch, 2004).

Screening by DSM-5

According to the Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5): (e.g., reads single words aloud incorrectly or slowly and hesitantly, frequently guesses words, has difficulty sounding out words).

- Lack of comprehension of the words that are uttered to you
- Inability to read and write in the English language such as omit, substitute the words
- I'm having a hard time getting anything down on paper such as punctuation errors or grammatical mistakes, written expression of ideas lacks clarity).
- Problems with math or an inability to perform fundamental arithmetic (e.g., has poor understanding of numbers, their magnitude, and relationships; counts on fingers to add single-digit numbers instead of recalling the math fact as peers do; gets lost in the midst of arithmetic computation and may switch procedures).
- Mathematical reasoning issues.

IDEA altered the standards when it came to identifying and categorizing children with certain learning problems. A child is only deemed to have a learning disorder under IDEA if he or she fails to meet the state's grade level criteria in one or more of the following areas:

- Listening comprehension is a skill that requires you to be able to understand what you are hearing.

- Nonverbal expressiveness and verbal expression are two types of expression.
- Basic reading skills linked to basic reading skills related to basic reading skills related to basic
- Calculation of numeric values
- Problems involving mathematic
- Fluency in reading (National Joint Committee on Learning Disabilities, 2015)

Specific Learning Disorder and Co morbidity

Sahoo et al., research suggests that (2015). The existence of delinquency and other behavioral and psychological disorders, such as anxiety disorder and depression, makes specific learning disorder a far more problematic condition to treat.

Learning Disorder Prevalence

School age children in the ratio of 5-10% are diverse in their culture and language have particular learning disorders in reading, writing, and mathematics. Among adults, the prevalence is unclear, although it looks to be around 4 percent. (APA,2013).

The prevalence of writing disorders is unknown, although it is believed that 4 percent of school students suffer from it. It appears to be more than three times frequent in boys than in girls (Sadock et al., 2007). According to Piaget's theory of development, a primary cause of issues in education is a student's inability to complete certain procedures. Because students need to acquire particular abilities and knowledge in specific disciplines (such as arithmetic, reading, and writing) before they can benefit from lessons.

Teenagers with learning disorders that drop out of schools likely more 1.5 times, and roughly 40% of them do. When it comes to job and social compatibility, adult students with learning impairments are at risk. Five percent of school-age children have learning problems (Sadock et al., 2007).

All public-school pupils make up 5% of the student population. This group of pupils receives excellent educational assistance in the United States. Children with outstanding health care have a high rated ratio of learning disorders (28%) than children with normal development (5.4%), according to recent epidemiological studies (Sadock & Sadock, 2009).

Approximately 4 % children in the United States have a reading disorder, according to the National Reading Panel. According to studies, this issue affects 2-8% of the population. Boys are more likely than females to suffer from learning difficulties due of

behavioral issues (Margalit, 1997). It is believed that only 1 percent of school children have an arithmetic skill issue. It is estimated that 1 in 5 children with a learning disorder has this exact issue. This condition is more frequent in girls (Sadock & Sadock, 2009).

As the prevalence of learning disorders spans from 3% to 12%, teachers with 15 to 20 students may have one, two, or even more pupils with learning challenges (Hallahan et al 2005). The prevalence of learning difficulties in the school community ranges from 2% to 20% to 40%. Elementary school students with learning disabilities are a typical occurrence. Children who struggle academically in elementary school should be identified by their teachers who are trained to use scientific criteria and the most effective methods for doing so (Solis et al 2011).

Professors must pay particular attention to students with learning disabilities so that they can develop the necessary skills and prepare for the next learning stages. A disturbance in cognitive functioning, such as comprehending, language usage, and memory, is the cause of a learning issue. When teaching, a teacher's knowledge of these disorders should be considered due to the disparity in cognitive abilities of pupils in the end, the optimal learning method should be chosen (Karthigeyan, 2019).

Methodology

Research Design: In order to conduct this research, a quantitative approach was utilized as the type of research design. Quantitative research is a method of data collecting that is used to provide answers to queries on the present standing of the subject being studied.

Population: The purpose of this research study is to investigate the prevalence of particular learning impairments among children who are enrolled in elementary school, the population of this study consists of the children who are enrolled in elementary school in the province of Punjab. For the purpose of study and generalization, group of elements from which statistical sample is selected is termed as population (Siddique et al., 2021).

Sample: Multistage sampling method was utilized in the collection of the sample. The information was gathered from 1,500 students who were attending elementary schools in the state of Punjab with the assistance of their instructors (Siddique et al., 2021).

Instrument: The K-TEA-II was the instrument that was utilized to gather the data from the children in this study. For the purpose of determining the extent to which children are affected by a variety of learning impairments, the instrument was structured with six distinct sections. Expert validates the instrument with respect to content and constructs validity. Hair et al, (2010) defines the criteria to assess the internal consistency reliability as if the values will be 0.6 or lower the

poorer the internal consistency. As the checklist was comprised of six sections, so the Cronbach's alpha was calculated section wise. Section RC reliability is .86, MC is .78, WLC is.83, RFC alpha is.67, OFC Cronbach's alpha is.74 and OLC value is.87. The questions that are asked of youngsters vary depending on the segment. These six sections and the questions of each section are described in detail.

Reading Composite: Reading comprehension questions about the words "apple," "ball," "cat," "dog," "elephant," and "frog" were used to test children's initial reading skills.

Math omposite: Children's mathematical aptitude was tested by having them perform calculations such as adding and subtracting 11 and 15, multiplying and tabulating 6 and 6, counting from 1 to 100, and dividing 25 by 5.

Written Language Composite: Children's written language composites were evaluated by having them write answers to questions on how to spell common words and phrases, such as "apple," "elephant," "alphabet," "1 through 50," and "your name."

Reading Fluency Composite: I have __ Cats (1, 2, 3), My cat is __ (White, Brown, Black), Cat has a __ tail (Short, Large, No), Cat eyes are __ (Black, Brown, White), Cat likes __ (Milk, Butter, Biscuits), and I love to play with my___ Cats are examples of the types of questions used to evaluate children's reading fluency composites (Cat, Dog, Toys).

Oral Fluency Composite: I have a cat; my cat is white; my cat's tail is long; her eyes are brown; my cat enjoys milk; and I love to play with my cat; these are some of the question's children were asked to read as part of an oral fluency composite assessment.

Oral Language Composite: Questions such as "what is your name?" "what is your father's name?" "which alphabet comes after F?" "which alphabet comes before F?" "what is the Spelling of the word apple?" "tell me the story of Rabbit and Tortoise," "what is the name of our prophet," and "how many times did we offer prayer in a day" are examples of the types of questions that are asked during an evaluation of a child's ability to communicate verbally.

The Gathering and Examination of Data

The procedure of collecting data was finished so that the learning difficulties of the kids could be evaluated. A screening checklist was given out to the students so that their observations on their academic achievement in the class could be recorded. In order to get at the results, the data had to be organized and evaluated.

Table 1

Responses of the Students Kaufman Test of Educational Achievement (K-TEA-II)

Sr#	*Description*	*Correct (%)*	*Wrong (%)*	*Not Responded (%)*	*Score (%)*
1	Reading Composite	67.18	22.04	10.78	100
2	Math composite	76.24	14.78	8.98	100
3	Written Language Composite	59.92	30.60	9.48	100
4	Reading Fluency Composite	37.11	58.16	4.73	100
5	Oral Fluency Composite	37.04	46.63	16.32	100
6	Oral Language Composite	37.22	50.33	12.44	100
	Overall Achievement	44.96	31.79	8.96	86

Table 2

Reading Composite

Sr. No	*Item*	Correct		Wrong		Not Responded		Total	
		f	%	*F*	%	*f*	%	*f*	%
1	R.C 1	800	(53.33)	440	(29.33)	260	(17.33)	1500	(100)
2	R. C 2	600	(40.00)	550	(36.67)	350	(23.33)	1500	(100)
3	R. C 3	1230	(82.00)	200	(13.33)	70	(4.67)	1500	(100)
4	R. C 4	1150	(76.67)	250	(16.67)	100	(6.67)	1500	(100)
5	R C 5	968	(64.53)	452	(30.13)	80	(5.33)	1500	(100)
6	R. C 6	1302	(86.80)	108	(7.20)	90	(6.00)	1500	(100)
7	R .C 7	1146	(76.40)	257	(17.13)	97	(6.47)	1500	(100)
8	R.C.8	968	(64.53)	452	(30.13)	80	(5.33)	1500	(100)
Total		8164	(544.27)	2709	(180.60)	1127	(75.13)	12000	(800)

Table 2 indicate that the participants which were 800 (53.3%), 600 (40%), 1230 (82%), 1150 (76.7%), 968 (64.6%), 1302 (86.9%), 1146 (76.4%), 968 (64.6%) responded correctly to the items R.C.1, R.C.2, R.C.3, R.C.4, R.C.5, R.C.6, R.C.7, and R.C.8 respectively.

Table 3

Math Composite

Sr. No	*Item*	*Correct*		*Wrong*		*Not Responded*		*Total*	
		f	*%*	*F*	*%*	*f*	*%*	*f*	*%*
1	M.C 1	1302	(86.80)	108	(7.20)	90	(6.00)	1500	(100)
2	M.C 2	1150	(76.67)	250	(16.67)	100	(6.67)	1500	(100)
3	M.C 3	1220	(81.33)	204	(13.60)	76	(5.07)	1500	(100)
4	M.C 4	980	(65.33)	189	(12.60)	331	(22.07)	1500	(100)
5	M.C 5	980	(65.33)	379	(25.27)	141	(9.40)	1500	(100)
6	M.C 6	1230	(82.00)	200	(13.33)	70	(4.67)	1500	(100)
Total		6862	(457.47)	330	(88.67)	808	(53.87)	9000	(600)

Table 3 indicate that the participants which were 1302 (86.9%), 1150 (76.7%), 1220 (81.3%), 980 (65.3%), 980 (65.3%), 1230 (82%) responded correctly to the items M.C.1, M.C.2, M.C.3, M.C.4, M.C.5, and M.C.6 respectively.

Table 4

Written Language Composite

Sr. No	*Item*	Correct		Wrong		Not Responded		Total	
		f	%	*F*	%	*f*	%	*f*	%
1	W.L 1	579	(38.60)	700	(46.67)	221	(14.73)	1500	(100)
2	W.L 2	850	(56.67)	462	(30.80)	188	(12.53)	1500	(100)
3	W.L 3	900	(60.00)	448	(29.87)	152	(10.13)	1500	(100)
4	W.L 4	890	(59.33)	400	(26.67)	210	(14.00)	1500	(100)
5	W.L 5	1165	(77.67)	266	(17.73)	69	(4.60)	1500	(100)
6	W.L 6	1009	(67.27)	478	(31.87)	13	(0.87)	1500	(100)
Total		5393	(359.53)	2754	(183.60)	853	(56.87)	9000	(600)

Table 4 indicate that the numbers of participants which were 579 (38.7%), 850 (56.7%), 900 (60%), 890 (59.3%), 1165 (77.7%), 1009 (67.2%) responded correctly to the items W.L.C.1, W.L.C..2, W.L.C.3, W.L.C.4, W.L.C.5, and W.L.C..6, respectively.

Table 5

Reading Fluency Composite

Sr.No	*Item*	Correct		Wrong		Not Responded		Total	
		F	%	*f*	%	*f*	%	*f*	%
1	R.F.C 1	670	(44.67)	750	(50.00)	80	(5.33)	1500	(100)
2	R.F.C 2	457	(30.47)	942	(62.80)	101	(6.73)	1500	(100)
3	R.F.C 3	240	(16.00)	1215	(81.00)	45	(3.00)	1500	(100)
4	R.F.C 4	560	(37.33)	880	(58.67)	60	(4.00)	1500	(100)
5	R.F.C 5	323	(21.53)	1132	(75.47)	45	(3.00)	1500	(100)
6	R.F.C 6	1090	(72.67)	315	(21.00)	95	(6.33)	1500	(100)
	Total	3340	(222.67)	5234	(348.93)	426	(28.40)	9000	(600)

Table 5 indicate that the participants which were 670 (44.7%), 457 (30.4%), 240 (16%), 560 (37.3%), 323 (21.6%), 1090 (72.7%) responded correctly to the items R.F.C1, R.F.C.2, R.F.C.3, R.F.C.4, R.F.C.5, R.F.C.6 respectively.

Table 6

Oral Fluency Composite

Sr. No	*Item*	Correct		Wrong		Not Responded		Total	
		f	%	*F*	%	*f*	%	*f*	%
1	O.F.C 1	232	(15.47)	1143	(76.20)	125	(8.33)	1500	(100)
2	O.F.C 2	678	(45.20)	590	(39.33)	232	(15.47)	1500	(100)
3	O.F.C 3	754	(50.27)	554	(36.93)	192	(12.80)	1500	(100)
4	O.F.C 4	500	(33.33)	790	(52.67)	210	(14.00)	1500	(100)
5	O.F.C 5	670	(44.67)	460	(30.67)	370	(24.67)	1500	(100)
6	O.F.C 6	500	(33.33)	660	(44.00)	340	(22.67)	1500	(100)
Total		3334	(222.27)	4197	(279.80)	1469	(97.93)	9000	(600)

Table 6 indicate that the participants which were 232 (15.4%), 678 (45.2%), 754 (50.2%), 500 (33.3%), 670 (44.7%), 500 (33.3%) responded correctly to the items O.F.C.1, O.F.C.2, O.F.C.3, O.F.C.4, O.F.C.5, and O.F.C.6 respectively.

Table 7

Oral Language Composite

Sr. No	*Item*	Correct		Wrong		Not Responded		Total	
		f	%	*f*	%	*f*	%	*f*	%
1	O.L.C 1	600	(40.00)	790	(52.67)	110	(7.33)	1500	(100)
2	O.L.C 2	590	(39.33)	700	(46.67)	210	(14.00)	1500	(100)
3	O.L.C 3	650	(43.33)	720	(48.00)	130	(8.67)	1500	(100)
4	O.L.C 4	370	(24.67)	940	(62.67)	190	(12.67)	1500	(100)
5	O.L.C 4	590	(39.33)	610	(40.67)	300	(20.00)	1500	(100)
6	O.L.C 5	550	(36.67)	770	(51.33)	180	(12.00)	1500	(100)
Total		3350	(223.33)	4530	(302.00)	1120	(74.67)	9000	(600)

Table 7 indicate that the participants which were 600 (40%), 590 (39.3%), 650 (43.3%), 370 (24.7%), 590 (39.3%), 550 (36.7%) responded correctly to the items O.L.C.1, O.LC.2, O.L.C.3, O.L.C 4, O.L.C 5, and O.L.C. 6 respectively.

Table 8

Comparison of Specific Learning Disorder on the basis of Kaufman Test of Educational Achievement (K-TEA-II) among Gender.

Gender	*N*	*Mean*	*Df*	*T*	*Sig.*
Male	653	6.54	5172.406	-2.938	.060
Female	847	6.03	2114		

*P > .05 Level of Significance

Table 8 indicate no significant difference in the Comparison of Specific Learning Disorder based on the Kaufman Test of Educational Achievement (K-TEA-II) among Gender.

Table 9

Comparison of Specific Learning Disorder based on Kaufman Test of Educational Achievement (K-TEA-II) among Living Area

Living Area	*N*	*Mean*	*df*	*T*	*Sig.*
Rural	743	7.01	3104	-3.401	.005
Urban	757	6.69	2086		

*P < .05 Level of Significance

Table 9 indicate a significant difference in the Comparison of Specific Learning Disorder based on the Kaufman Test of Educational Achievement (K-TEA-II) among Living areas.

Findings and Conclusion

Data Analysis indicates that the numbers of students, which were 800,600, 1230, 1150, 968, 1302, 1146, and 968 responded correctly to the items RC-1, RC -2, RC -3, RC -4, RC -5, RC -6, RC -7, and OL-8 respectively responses on *Kaufman Test of Educational Achievement (K-TEA-II)*. The number of students, 1302,1150, 1220, 980, 980, and 1230 responded correctly to the items MC-1, MC -2, MC -3, MC -4, MC -5, and MC -6 respectively responses on *Kaufman Test of Educational Achievement (K-TEA-II)*. The number of students, 579, 850, 900, 890, 1165, and1009, responded correctly to the items WLC-1, WLC-2, WLC-3, WLC-4, WLC-5, and WLC-6 respectively responses on *Kaufman Test of Educational Achievement (K-TEA-II)*. The number of students, 670, 457, 240, 560, 323, and 1090, responded correctly to RFC-1, RFC-2, RFC-3, RFC-4 RFC-5, and RFC-6 respectively responses on *Kaufman Test of Educational Achievement (K-TEA-II)*. The number of students, 232, 678, 754, 500, 670, and 500, responded correctly to OFC-1, OFC -2, OFC -3, OFC -4, OFC -5, and OFC -6 293 respectively responses on *Kaufman Test of Educational Achievement (K-TEA-II)*. The numbers of students, 600, 590, 650,370, 590, and 550, responded correctly to the items OLC-1, OLC -2, OLC -3, OLC -4, OLC -5, and OLC -6 respectively responses on *Kaufman Test of Educational Achievement (K-TEA-II)*.

A lack of suitable curriculum may be the reason why some children in school experience learning difficulties that are inconsistent with their developmental stages. According to the phases of development described by psychologists and researchers, it must be improved. Inadequate teaching and educational procedures may be to blame for students' difficulties in the areas of speech and writing, reading, and mathematics. Many factors contribute to this, the most important of which is a breakdown in the central system. The teacher's knowledge of the subject matter is the most important part of the education, which is often lacking in most schools. Female primary school teachers are more likely than male teachers to have a poor grasp of kids' comprehension of specific learning difficulties.

Discussion and Recommendations

According to the findings of the Kaufman Test of Educational Achievement (K-TEA) II, there is no discernible difference between the sexes in terms of the presence or severity of some learning impairments. Comparisons of some learning disorders using the

Kaufman Test of Educational Achievement II (K-TEA-II) have shown that results from various locations might be very different from one another. The purpose of this experimental study was for the researchers to test the efficacy of the Kaufman Test of Educational Achievement (K-TEA-II) and ensure the internal consistency of the screening checklist for pupils with certain learning disorders in various aspects of life such as difficulty in reading, writing, and learning. In addition, the researchers wanted to ensure the internal consistency of the screening checklist for students with certain learning disorders. A group of acknowledged authorities in the field at hand got together to share their observations. The K-TEA-II was applied in the data analysis process in order to define the reliability of the screening checklist for students in the classroom who may have Certain Learning Disorders. – (De La Paz & Wissinger, 2017). The following suggestions were proposed in light of the data and inferences drawn from the research:

1. As a direct result of the findings of this study, students in secondary and upper secondary schools are being encouraged to conduct more research at the macro level.
2. In order to determine the unique learning obstacles faced by children, teachers should employ the diagnostic tool that has been given.
3. Educational policies and procedures that promote the integration of children with certain learning disorders into mainstream schools should be assured to exist in order to facilitate the inclusion of these students. It's possible that the admission and management regulations, as well as the curriculum, infrastructure, and evaluation and assessment procedures, need to be updated.
4. In order to be in a position to provide the necessary help, extraordinary support services will need to be established.
5. The higher authorities should conduct in-service training for the school administrators and teachers in order to raise awareness.
6. The establishment of advocacy and awareness programs is an absolute necessity if one wants to see a rise in the number of parents and other family members who have children with certain learning difficulties.

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