Barriers to School Inclusion for Children with Attention Deficit Hyperactivity Disorder in Selected Mainstream Schools in Selected Areas of Dhaka District

By

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This thesis is submitted in total fulfilment of the requirements for the subject RESEARCH 2 & 3 and partial fulfilment of the requirements for the degree of

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Statement of Authorship

Except where it is made in the text of the thesis, this thesis contains no material published elsewhere or extracted in whole or in part from a thesis presented by me for any other degree or seminar. No other person's work has been used without due acknowledgement in the main text of the thesis. This thesis has not been submitted for the award of any other degree in any other tertiary institution. The ethical issue of the study has been strictly considered and protected. In case of dissemination of the findings of this project for future publication, the research supervisor will be highly concerned, and it will be duly acknowledged as an undergraduate thesis.

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Dedication

To the inspiring mothers who, in spite of the many barriers they face, never stop dreaming big for their children' futures. May Allah provide them a wealth of blessings, strength, and endless patience.

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List of Abbreviations

ADHD	Attention Deficit Hyperactivity Disorder
APA	American Psychiatric Association
BHPI	Bangladesh Health Professions Institute
CRP	Centre for the Rehabilitation of the Paralysed
CI	Confidence Interval
DV	Dependent Variable
IEP	Individualized Education Plans
IRB	Institutional Review Board
IV	Independent Variables
NHMRC	National Health and Medical Research Council
OT	Occupational Therapy
SD	Standard Deviation
SE	Standard Error
SPSS	Statistical Package for the Social Sciences
UNESCO	United Nations Educational, Scientific and Cultural Organization
WHO	World Health Organisation

Abstract

Background: Children with Attention Deficit Hyperactivity Disorder (ADHD) often experience barriers to full participation in mainstream schools due to physical, social, and attitudinal environmental factors.

Aim: The aim of this study is to identify and analyze the barriers to school inclusion for children with Attention Deficit Hyperactivity Disorder in mainstream schools in selected areas of Dhaka District.

Methods: This study used a cross-sectional, quantitative research design. teachers who worked in mainstream schools in Savar, Dhamrai, and Keraniganj provided the data. Specific inclusion and exclusion criteria were used to choose the participants. Data were collected through a structured face-to-face survey using a sociodemographic and an adapted Index for Inclusion questionnaire. Descriptive statistics and inferential statistical (Kruskal-Wallis H test, Mann-Whitney U test, and linear regression) were used to identify policy, cultural, and physical barriers.

Results: It shows that 51.6% of teachers reported good levels of inclusion. But some, barriers such as lack of ADHD specific training and insufficient school resources were identified. Higher inclusion levels were significantly associated with adequate school resources ($p = .001$), teacher confidence, and ADHD specific training ($p = .010$). School location and type also showed significant differences, with government schools and schools in Dhamrai and Keraniganj reporting higher inclusion than private schools in Savar ($p < .001$).

Conclusion: The study emphasizes the significance of focused strategies to improve inclusion for children with ADHD, including enhanced teacher training, improved resources, and reduction of environmental barriers.

Keywords: Attention Deficit Hyperactivity Disorder (ADHD), school inclusion, barriers, mainstream school

CHAPTER I: INTRODUCTION

1.1 Background

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental condition. It's marked by ongoing problems with inattention, hyperactivity, and impulsivity, and these problems make everyday life very difficult (American Psychiatric Association, 2013).ADHD often occur with other mental health conditions, including anxiety, depression, and learning disabilities, making academic and social participation more challenging (Kadesjö & Gillberg, 2001; Willcutt et al., 2012).

Worldwide, about 5-7% of children and teenagers are estimated to have ADHD (Polanczyk et al., 2007). In Bangladesh, epidemiological studies show a lower prevalence generally 1–3.1% among school-aged children. The prevalence of self-reported symptoms is higher among older adolescents and young adults (~37) (Islam et al., 2022). This could be because people in cities know more about ADHD, their lifestyles are different, and there's more pressure to do well in school (Islam et al., 2022; Mohammed et al., 2025).

In a 2024 cross-sectional study of urban Bangladeshi children aged 6–12 (Khulna and Jashore), it was observed that 43.7% of those with ADHD had at least one comorbidity, with socioeconomic status and parental education being significantly associated with these comorbidities (18.8% anxiety, 12.5% depression, and 6.3% learning disabilities) (Nazmin, 2024).

Children with ADHD face various school-based barriers in Bangladeshi mainstream schools that limit their ability to participate in classroom activities. The passive learning strategies that are emphasized in regular classroom setups are not helpful for children who have trouble maintaining their attention. As well, inflexible

classroom culture and physical classroom environments often fail to support different learning needs (Siddik & Kawai, 2020).

According to research, teachers often not know sufficiently about ADHD, which leads to negative behaviors that hamper inclusive education (Akdağ, 2023).Teachers' readiness to utilize inclusive methods is greatly impacted by these knowledge gaps as well as inadequate teacher preparation (Cueli et al., 2022).

External data shows how important teacher education is for successful inclusion: teachers who get specialized training are better able to make changes in the classroom that meet the needs of all students (Flavian & Uziely, 2022). Similar cross-sectional data from Egypt revealed that just 43% of teachers knew enough about ADHD, and 70% lacked formal training. teachers who had received training, however, shown significantly greater understanding and preparedness for implementing strategies (Mohammed et al., 2025).

The inclusion of children with ADHD is greatly influenced by the perceptions of the teachers. Many educators lack enough information on ADHD, which results in negative behavior that hinder inclusive education (Akdağ, 2023). Teachers' ability to accept inclusive practices and interventions that support children with ADHD is hampered by this knowledge gap (Cueli et al., 2022). According to studies, teacher education is essential for successful inclusion, and teachers with specialized training are better able to adapt classroom settings to meet all students' needs (Flavian & Uziely, 2022). Similar findings from Egypt showed that 70% of teachers lacked formal training and just 43% of teachers knew enough about ADHD. According to (Mohammed et al., 2025), teachers who had received training related to ADHD were much better able to put inclusion techniques into practice.

Socially, children with ADHD face rejection and bullying, exacerbated by a societal emphasis on academic achievement and a standardized examination system that favors memorization over attention support (Gardner & Gerdes, 2015; Normand et al., 2013). The current educational system's focus on challenging examinations and memorization-based learning creates an environment that is fundamentally inappropriate for students with attention deficit hyperactivity, which increases the inclusion gap.

To find out the physical, cultural, attitudinal, and policy-level barriers teachers report to the inclusion of children with ADHD in mainstream schools in certain Dhaka areas, this study uses a descriptive cross-sectional methodology. To improve inclusive education in Bangladesh, evidence-based strategies may be informed by evaluating the type and prevalence of school-based barriers in mainstream schools, especially based on data given by teachers. Only by doing such in-depth assessment can target interventions be developed to support meaningful inclusion and academic success for all students (Chowdhury et al., 2024; Flavian & Uziely, 2022; Humphrey, 2009).

1.2 Justification of the study

From my current understanding from literature analysis and contextual knowledge, no study has particularly addressed the learning environment barriers that prevent children with ADHD from being included in mainstream schools in selected Dhaka District regions (Amha & Azale, 2022; Wijerathna et al., 2023).The present research seeks to fill a major gap by investigating the ways in which institutional, attitudinal, and environmental barriers impact the inclusion of children with ADHD, since inclusive education is becoming more and more important in Bangladesh (Akdağ, 2023; Cueli et al., 2022; Toye et al., 2019).

Children with ADHD have particular difficulties in school, requiring specialized assistance and modifications to the surroundings. The worldwide research now in publication emphasizes how the design of the classroom, teaching strategies, attitudes of the teachers, peer connections, and sensory stimuli all have an important impact on the social inclusion and academic performance of children with ADHD (Satterfield, 1995). However, how these factors manifest in Bangladeshi mainstream classrooms, especially in Dhaka, remains underexplored.

The development of inclusive learning environments is made much easier by teachers. However, research finds that a large number of teachers have misunderstandings about ADHD and feel unprepared for handling these children' needs (Akdağ, 2023; Wijerathna et al., 2023). The participation of students with ADHD may be hampered by a lack of resources and training, which can result in negative attitudes, lower expectations, and poor management techniques (Amha & Azale, 2022; Cueli et al., 2022).

In Bangladesh, where inclusive education laws are still developing, administrative and cultural barriers at the school level could be considered major

barriers. These include little multidisciplinary cooperation, unclear policy implementation, and a lack of resources for support (Case-Smith et al., 2015; Wijerathna et al., 2023).

Developing inclusive practices and improving the academic and social outcome for children with ADHD require addressing these obstacles. The structural, cultural, and attitudinal problems at schools may be better understood by taking consideration the perspectives of teachers, who play an important part in implementation (Amha & Azale, 2022; Toye et al., 2019). Particular strategies can also be informed by exploring how these barriers vary according to sociodemographic factors such school type, teacher experience, and training background (Akdağ, 2023; Cueli et al., 2022).

Occupational therapists have an important role in promoting inclusion. They can collaborate with teachers and school administrators to implement sensory-friendly classroom designs, behavioral regulation strategies, and individualized accommodations that support student participation. They are important participants in inclusive education strategies as their participation extends to parental involvement and teacher training. This study is to identify and analyze the barriers to inclusion for children with ADHD in mainstream schools by focusing on specific locations of the Dhaka District. This will help to develop specific to the environment policies that improve inclusive education in Bangladesh (Case-Smith et al., 2015).

1.3 Operational Definition

1.3.1 Barrier

Barriers are defined as obstacles or factors in the environment, attitudes, or institutional practices that prevent someone from accessing, participating in, or performing in daily activities and education. (World Health Organization, 2001)

1.3.2 School Inclusion

School inclusion is an educational method which promotes equality and participation through ensuring students of all abilities including those with disabilities, learn together students with disabilities in regular classroom settings with proper support and accommodations. (Ainscow & Miles, 2008)

1.3.3 Attention Deficit Hyperactivity Disorder

ADHD is a neurodevelopmental condition characterized by persistent patterns of inattention, hyperactivity, and impulsivity that interfere with functioning or development, commonly diagnosed in childhood but often continuing into adulthood. (American Psychiatric Association, 2013).

1.3.4 Mainstream School

Mainstream schools are general education institutions where children with and without disabilities study together. These schools follow the national curriculum and aim to provide equal learning opportunities by supporting students with special educational needs within regular classroom settings (UNESCO, 2017).

1.4 Aim of the study

The aim of this study is to identify and analyze the barriers to school inclusion for children with Attention Deficit Hyperactivity Disorder in mainstream schools in selected areas of Dhaka District.

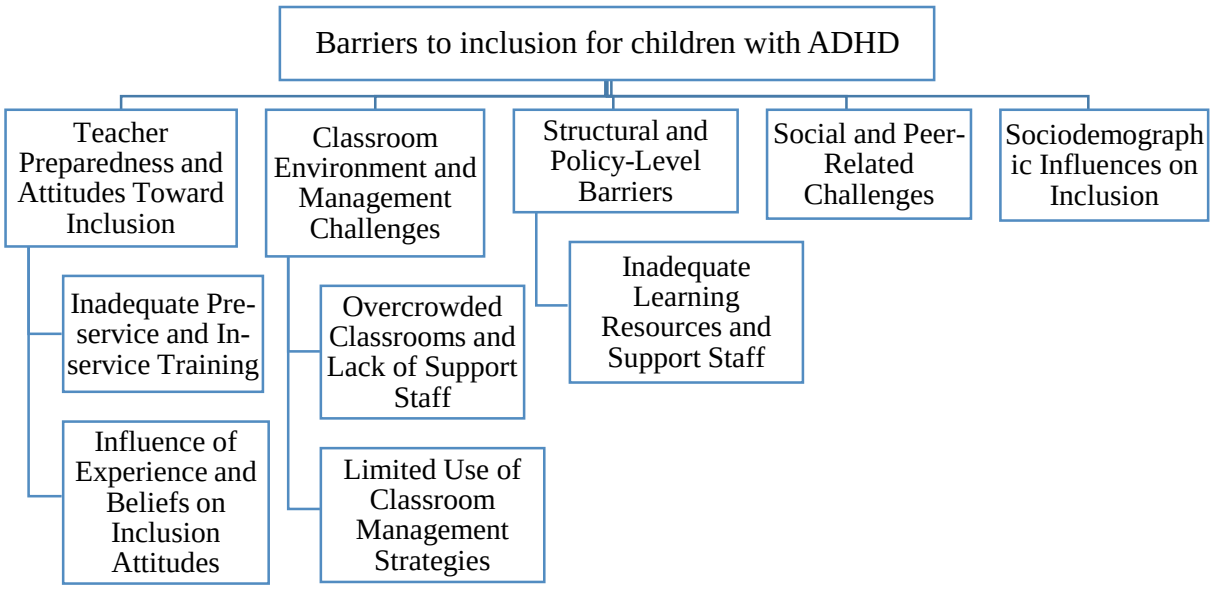
CHAPTER II: LITERATURE REVIEW

This chapter covers the barriers that children with Attention Deficit Hyperactivity Disorder (ADHD) face when trying to integrate into mainstream schools in particular Dhaka District areas. It discusses the various factors, including administrative, cultural, and physical barriers, that influence the participation of children with ADHD in educational settings. The chapter also includes school-level policy and administrative problems, as well as the attitudes and concerns of teachers and the relationship between these barriers and socioeconomic variables related to the integration of children with ADHD.

2.1 Overview of literature review finding

Figure 2.1

Overview of literature review findings



2.1 Teacher Preparedness and Attitudes Toward Inclusion

This section discusses how important teacher attitude and readiness are to integrating ADHD children into regular classrooms. It investigates the factors that affect teachers' preparedness to assist students with ADHD, including inadequate training and personal beliefs.

2.1.1 Inadequate Pre-service and In-service Training

Teachers in Bangladeshi mainstream schools sometimes don't have the training they need to integrate ADHD students successfully. Research findings have shown that insufficient pre-service and in-service training is a key barrier to the inclusion of ADHD students, as it limits teachers' knowledge of ADHD specific teaching strategies and classroom management techniques. Studies conducted by (Makondo et al., 2023) in Eswatini revealed that teachers faced similar challenges in managing classrooms due to a lack of specialized training for ADHD students. Also, (Kara et al., 2025) found that inadequate training made instructors feel unprepared and unsupported in handling ADHD behaviors in Bangladesh and other poor nations. According to (Flavian & Uziely, 2022), teachers who got specialized training were more likely to employ supportive tactics and promote a more inclusive classroom environment, underscoring the necessity for focused professional development in inclusive practices.

2.1.2 Influence of Experience and Beliefs on Inclusion Attitudes

Teacher attitudes toward the inclusion of ADHD children are also greatly influenced by their own beliefs about inclusion and their experiences with ADHD students. Teachers who had previously worked with ADHD children were more likely to have positive and understanding attitudes toward inclusion, according to studies conducted by (Amha & Azale, 2022). On the other hand, teachers with little to no experience with

ADHD frequently raised doubts about the potential of inclusion since they didn't know how to deal with the behavioral and academic difficulties linked to ADHD. This describes how teacher' attitudes of inclusiveness and readiness to change their teaching methods are greatly enhanced by first-hand experience with ADHD children (Flavian & Uziely, 2022).

2.2 Classroom Environment and Management Barriers

This section discusses the barriers to the successful integration of ADHD children in mainstream school settings that are caused by factors related to the classroom environment, such as crowded classrooms and a lack of support instructional staff.

2.2.1 Overcrowded Classrooms and Lack of Support Staff

One of the biggest barriers to ADHD children' participation in Bangladeshi classrooms is crowding. Due to high student-teacher ratios, teachers sometimes struggle to provide customized attention. According to (Kara et al., 2025), teachers in Eswatini found it challenging to use individualized teaching methods for students with ADHD due to crowded classrooms. This problem is made worse in Bangladesh, where teachers' ability to properly help ADHD children is further hampered by a shortage of classroom aides and special education specialists. Students with ADHD experience inadequate attention due to the lack of specialized support staff in many schools, which hinders their academic success (Farid & Mostari, 2019).

2.2.2 Limited Use of Classroom Management Strategies

Teachers may be aware of classroom management techniques to help children with ADHD, but they often fail to put them into practice. Teachers were aware of behavior control techniques for ADHD, but they lacked the time, resources, and training to use them regularly, according to research by (Szép et al., 2021).

According to (Kara et al., 2025), teachers found it difficult to put these ideas into practice while realizing their importance because of their heavy workloads and few resources. Also, (Moore et al., 2017) found that teachers, particularly in school systems with little resources like those in Bangladesh, reported feeling emotionally strained and unprepared to manage ADHD related behaviors in a supportive manner.

2.3 Structural and Policy-Level Barriers

This section addresses the main barriers to the inclusion of ADHD students at the structural and policy levels, including inadequate learning resources, lack of formal support systems, and challenges in policy implementation.

2.3.1 Inadequate Learning Resources and Support Staff

The absence of sufficient learning materials and qualified support staff is an important barrier to the inclusion of ADHD students. Individualized education plans (IEPs), adaptive learning resources, and access to special education teachers are all lacking in many Bangladeshi schools in order to address the requirements of children with ADHD(Sarker & Unzum, 2023). If an inclusive education strategy is not supported by the staff and resources required to carry it out, it is insufficient. According to (Kara et al., 2025), although inclusive education policies are in existence, their execution is hampered by a lack of funding and qualified staff. The inability of schools to successfully manage and integrate ADHD children into the classroom is greatly hampered by this resource gap.

2.4 Social and Peer-Related Challenges

In Bangladesh, children with ADHD often face difficulties in regular classes due to social stigma, misinformation, and peer rejection. According to studies conducted by (Chowdhury, 2024), students and teachers usually identify ADHD adolescents as

difficult or disruptive, which causes social exclusion and isolation in the classroom. Because of this stigma, children with ADHD are more hesitant to participate in class activities or build deep social relationships, which further impedes their academic and social development (Chaitee et al., 2020). As well, misunderstandings regarding ADHD among classmates and teachers worsen these difficulties, making it difficult for ADHD children to participate fully in class activities and erecting barriers to their academic achievement, according to (Kara et al., 2025).

2.5 Sociodemographic Influences on ADHD Inclusion

The participation of ADHD students is also significantly influenced by sociodemographic factors such as such as socioeconomic status, parental involvement, and teacher training. According to research by (Chowdhury et al., 2024), children from lower-income households have more difficulty getting support services, which might impede their ability to succeed academically and integrate into mainstream schooling. Although (Kara et al., 2025), stated the value of parental participation in helping ADHD students, they also pointed out that many parents are unaware about ADHD and the techniques required to help their children with it both at home and at school. The efficacy of inclusion initiatives for ADHD children is further hampered by this awareness gap between parents and schools.

2.6 Key Gaps of the Study

- Many studies on disability inclusion in Bangladesh focus on broad disability categories, with insufficient attention given to the specific barriers faced by ADHD students in mainstream schools (Farid & Mostari, 2019).

- Majority of the Bangladeshi studies discussed disability inclusion in general, with no in-depth focus on ADHD related regular classroom barriers (Chowdhury et al., 2024; Sarker & Unzum, 2023).
- Although some studies address education policy and models, none of evaluated the actual classroom implementation of inclusive practices for students with ADHD (Kara et al., 2025).

CHAPTER III: METHODS & MATERIALS

3.1 Study Question, Aim, Objective

3.1.1 Study question

What is the prevalence of barriers to school inclusion for children with ADHD as reported by teachers in selected mainstream schools in selected areas of Dhaka District?

3.1.2 Study Aim

The aim of this study is to identify and analyze the barriers to school inclusion for children with Attention Deficit Hyperactivity Disorder in mainstream schools in selected areas of Dhaka District.

3.1.3 Study Objectives

- To find out the physical & cultural barriers in the classroom to school inclusion for children with ADHD.
- To identify teacher's attitudes, and concerns to the school inclusion for children with ADHD.
- To find out school level policy & administrative barriers to school inclusion for children with ADHD.
- To identify the association between barriers in school inclusion and sociodemographic variables.

3.2 Study Design

3.2.1 Study Method

This study will follow a quantitative research design to systematically identify the barriers within the learning environment that obstruct the inclusion of children with ADHD in Bangladeshi inclusive schools. Quantitative research refers to the systematic

investigation of phenomena through the collection and analysis of numerical data. It aims to quantify variables and uncover patterns, relationships, or trends through statistical methods. This approach is commonly used to test hypotheses, identify correlations, and generalize results in larger populations. By analyzing numerical data, the study aims to identify patterns and relationships associated with these barriers and ensuring objective and replicable results (Creswell & Creswell, 2018).

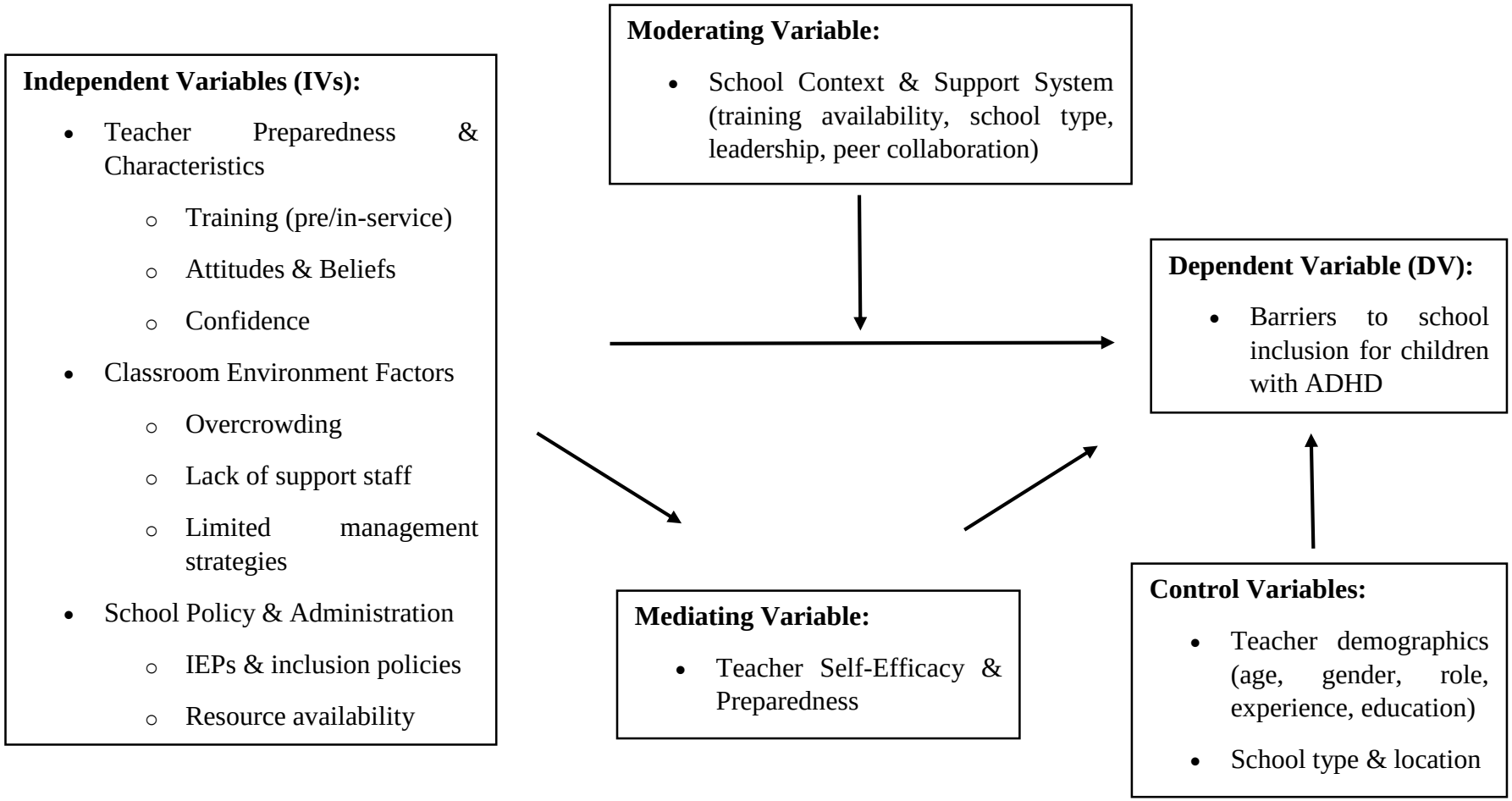
3.2.2 Study Approach

This study will follow descriptive cross-sectional approach, which offers a broad overview of the learning barriers faced by children with ADHD in schools without altering any variables (Saunders et al., 2019). This approach helps identify the specific barriers that present and assess their impact on school inclusion. Because cross-sectional studies gather data at one point in time, they offer a picture of current ADHD-related challenges in education (Bryman, 2016). This approach is quicker and less expensive than longitudinal studies, but it still provides useful information (Creswell & Creswell, 2018)

3.2.3 Conceptual Framework

Figure 3.2.3

Overview of conceptual framework



3.3 Study Setting and Period

3.3.1 Study Setting

The study will be conducted at selected mainstream schools in selected areas of Dhaka District, Bangladesh. In these schools, both neuro-typical and neuro-diverse students, including those with Attention Deficit Hyperactivity Disorder (ADHD), are enrolled in regular classroom environments. These schools follow mainstream education practices, and at least one teacher from the selected schools has received training in inclusive education.

3.3.2 Study Period

The study period was between June 2025 to December 2025 and the data collection period was between August 2025 to September 2025.

3.4 Study Participants

3.4.1 Study Population

The population of the study consists of teachers working in selected mainstream schools in selected areas of Dhaka District. These teachers are involved in classroom management and in creating learning environments for both neuro-typical students and students with Attention Deficit Hyperactivity Disorder (ADHD) within regular classroom settings. Participants will be selected from a mix of government, non-government, and private mainstream schools, where at least one teacher has received training in inclusive education.

3.4.2 Study sample

$$n = \frac{Z^2 \times pq}{d^2}$$

Here,

n = sample size

Z = 1.96 (95% confidence level)

p = 0.5 (50% The percentage of teachers who have worked with children with ADHD) (Though the prevalence of teachers who have worked with children with ADHD is unknown, so the prevalence p = 0.5 may be used as it yields the maximum possible sample size)

q = 1 - p = 0.5

d = 0.05 (5% margin of error). So,

$$n = \frac{(1.96)^2 \times (0.5)(0.5)}{(0.05)^2}$$

$$= 384$$

According to this equation the sample should be 384 teachers as participants. But after applying inclusion and exclusion criteria and limited time frame, the researcher took data from 219 participants.

3.4.3 Sampling techniques

The study was conducted by using convenience sampling technique. Convenience sampling is a non-probability sampling technique where participants are selected according to their accessibility and availability (Etikan et al., 2016). Teachers were selected for this study based on their accessibility and availability from mainstream schools in particular Dhaka District districts.

Teachers who manage classrooms for both neuro-typical and ADHD students were selected from government, non-government, and private schools. The inclusion and exclusion criteria made ensure that only teachers from schools having at least one inclusive education training and experience working with ADHD students were included.

3.4.4 Inclusion Criteria

- Teachers working in selected mainstream schools in the selected areas of Dhaka District.
- Schools where at least one teacher has received training in inclusive education.
- All teachers (trained or untrained) from those schools are eligible.

3.4.5 Exclusion Criteria

- Teachers from schools with no record of attending any inclusive education training.
- Teachers from special schools or schools outside selected areas.

3.5 Ethical Consideration

3.5.1 Ethical Clearance

Ethical approval was obtained from the Institutional Review Board (IRB) at the Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI). The IRB form number is CRP-BHPI/IRB/07/2025/1109 (see in details appendix-A). Permission was also obtained from several mainstream schools in selected areas (Savar, Dhamrai, Keraniganj) of Dhaka District to collect data. The study followed ethical guidelines set forth by the World Medical Association (World Medical Association, 2022).

3.5.2 Informed Consent

The student researcher shared an information sheet with participants in person, explaining the aim, objective, and purpose of the study. The participants showed their willingness to take part in the study and to have their data collected. Written consent was obtained through the signature on the consent form, and participants were fully informed about the study's procedures and confidentiality. Verbal consent was also obtained before the start of the survey, ensuring participants understood the study's requirements. (See Appendix B)

3.5.3 Participant Explanatory Statement

The Participant Information Sheet gives potential participants detailed information about the study so they can make an informed decision about taking part. It explains key details like the study's goals, how it will be done, any possible benefits or risks, and contact information if they have questions. (See Appendix B)

3.5.4 Consent Form

In this study, the researcher ensured that participation was entirely voluntary. Before conducting the face-to-face questionnaire survey, the researcher thoroughly explained the research, including the purpose and objectives of the study, and read the participant explanatory statement aloud to ensure that participants fully understood the study and had the opportunity to ask any questions. If participants agreed to take part, they were provided with a consent form to sign, indicating their written consent to participate in the study (NHMRC, 2023). (See Appendix B)

3.5.5 Withdrawal Form

Participants in this study had the right to choose whether or not to participate. They could withdraw from the study within two weeks of their interview. (See Appendix B)

3.5.6 Unequal Relationship

The student researcher maintained an equal and neutral relationship with all participants, ensuring that no power imbalances or biases influenced the study results.

3.5.7 Risk and Beneficence

According to the NHMRC (2023) guidelines, researchers are required to provide a detailed explanation of any possible hazards related to their study, whether they be environmental, social, psychological, or physical. The researcher made sure that there were no dangers related to involvement in this study, whether they were environmental, social, psychological, or physical. In compliance with ethical guidelines, this was explained to the participants as part of the informed consent procedure, ensuring that they were fully aware of the nature of the study and their voluntary involvement.

3.5.8 Power Relationships

The student researcher ensured that there were no unequal relationships among the participants and that the dynamics remained neutral and equitable throughout the study (NHMRC, 2023).

3.5.9 Confidentiality

The participants' information was kept strictly confidential. Their identities and names were clearly listed on the information sheet and were only disclosed to the study supervisor. Participants received ensures that any reports, publications, presentations, or other written or spoken materials would not reveal their identity. Also, all data was securely maintained in compliance with ethical research guidelines and tagged to guarantee anonymity (NHMRC, 2023).

3.6 Data Collection Process

3.6.1 Participant Recruitment Process

Figure 3.6.1

Overview of Participant Recruitment Process

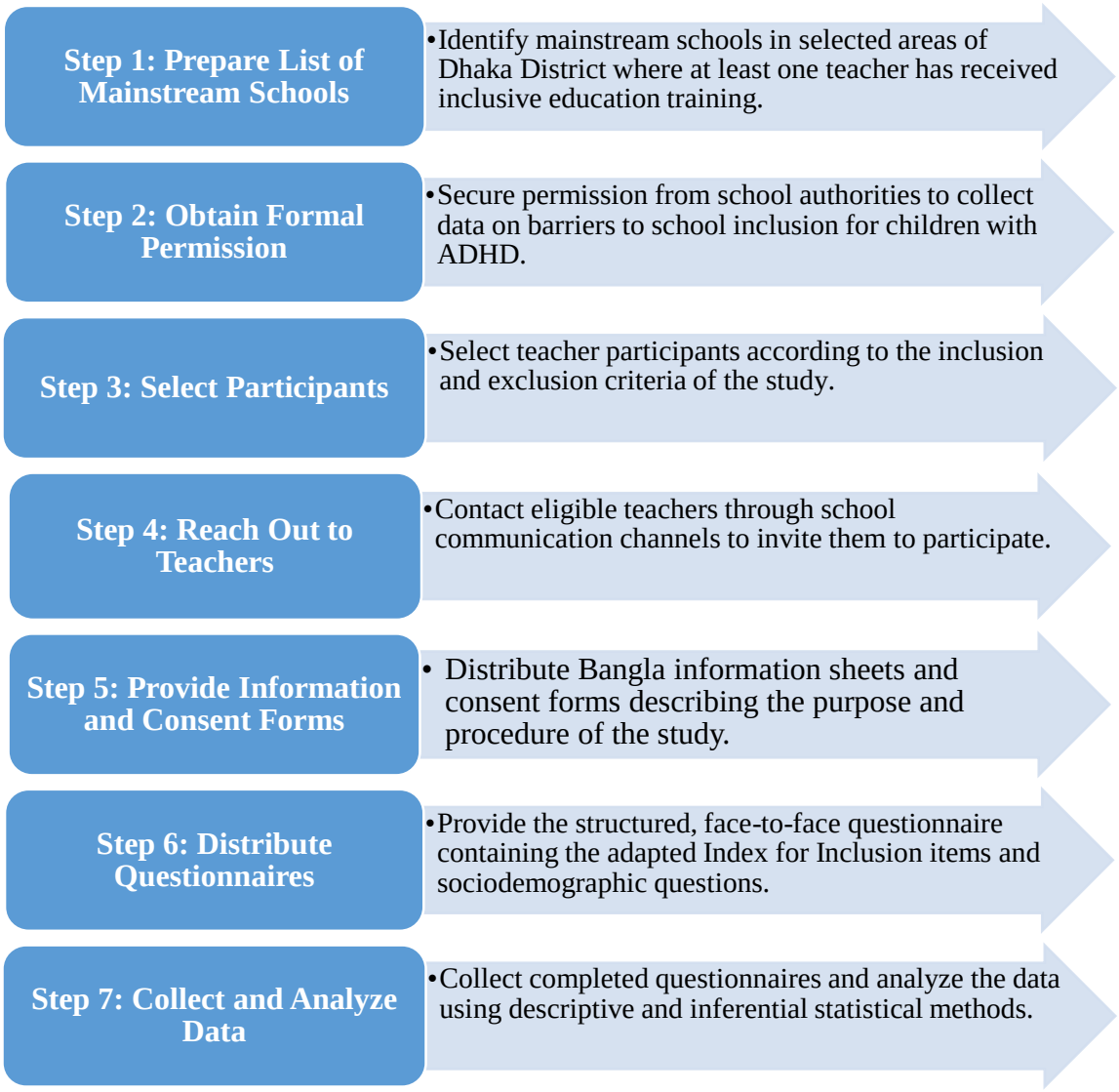


Figure 3.6.1 above explains the participants' recruitment process. The student researcher identified mainstream schools in selected areas of Dhaka District, where at least one teacher had received training in inclusive education. Permission was obtained from school authorities to collect data on barriers to school inclusion for children with ADHD. The researcher then created a list of potential participants, focusing on teachers

working in these schools. Participants were selected based on the inclusion and exclusion criteria outlined in Section 3.4.4 (Inclusion Criteria). Teachers who met the criteria for participation were contacted by school communication procedures and asked to take part in the study. Consent papers and information sheets explaining the goals and methods of the study were given out in Bangla. The structured, in-person surveys with the modified Index for Inclusion items and sociodemographic questions were given out after participants gave their assent. Completing the questionnaires was part of the data collecting process. Descriptive and inference statistics were then used to analyze the data.

3.6.2 Data Collection Method

The study's data was collected using a structured, face-to-face questionnaire survey which included an Adapted Index for Inclusion questionnaire and a sociodemographic form. The student researcher was physically present during the data collection process to conduct the survey and to provide clarification when respondents had difficulty understanding any question. The survey was conducted in person to minimize chances of misunderstandings or incomplete replies, improve data quality, and ensure the questions were received systematically. Also, this approach helped to ensure correct questionnaire completion and reduce answer bias (Creswell, 2018).

3.6.3 Data Collection Instrument

3.6.3.a) Socio-Demographic Variables

- Age
- Gender
- Role in School
- Years of Teaching Experience

- Educational Qualification
- School Type
- Location of the School
- Training on inclusive education
- Class currently teach

3.6.3.b) Measurement Variables of Data Collection Tool

This cross-sectional quantitative study uses an adapted version of the Index for Inclusion questionnaire to collect data on teachers' ratings of the barriers to include children with ADHD in the learning environment. 5-point Likert-scale (≥ 4.00: High Inclusion, 3.00 – 3.99: Average Inclusion, < 3.00: Low Inclusion) items form the instrument (Yasin et al., 2023) , which is arranged into many categories that represent major aspects of inclusive education and difficulties particular to ADHD. The measuring variables used in this study are these dimensions.

3.6.4 Field Test

The field test was conducted with three participants through a pilot survey. A pilot survey is a practice run that serves multiple purposes, such as improving the survey questions, assessing the clarity of the items, and gathering feedback on the survey design and delivery method (Griffee, 2005). Through the field test, several adjustments were made to the final version of the questionnaire, which helped enhance the quality of the data collection process.

3.7 Data Management and Analysis

- The data were analyzed using the latest software, Statistical Package for Social Science (SPSS).

- Descriptive statistics were used to analyze the data, including frequency distribution, mean, standard deviation, and percentages.
- An inferential statistical analysis was performed to explore associations between variables, using tests such as the Kruskal-Wallis, Mann-Whitney and Linear regression.
- Cross-tabulation was applied to examine the relationship between the barriers to school inclusion (dependent variable) and sociodemographic variables (independent variables). The statistically significant difference was set at a 95% confidence interval (CI).

3.8 Quality Control and Quality Assurance (Quantitative)

To ensure data quality and safety, the stages of data life cycle management were strictly followed (UK Data Service, 2023; International Council for Harmonisation, 2016). Data were collected through a structured, face-to-face survey. Before beginning the survey, the study's purpose and each question were clearly explained in Bangla to ensure participants understood them thoroughly. Participation was voluntary, and informed consent was obtained from each participant. With their permission, all survey responses were recorded to maintain accuracy and transparency (World Medical Association, 2024; World Health Organization, 2011).

The data collection and entry processes were unbiased and meticulously checked for accuracy (International Council for Harmonisation, 2016). After the surveys, responses were carefully reviewed before being entered into the system for analysis. The dataset was securely stored in the analysis software and backed up in a protected cloud storage system. Strong passwords and restricted access protocols were implemented to safeguard confidentiality (American Psychiatric Association, 2013).

No unauthorized access occurred, and the data were used exclusively for research purposes. There was no modification or exploitation of the data. All files were archived for future reference. The student researcher and supervisor agreed that the research data will be retained for five years before being permanently destroyed, in compliance with ethical and data safety standards (Economic and Social Research Council, 2015).

CHAPTER IV: RESULTS

This chapter presents the findings of the study. The study's findings are presented in tables and figures, focusing on the sociodemographic characteristics of teachers, their ratings of the physical and cultural classroom barriers, teacher attitudes and concerns, and school level policy and administrative barriers to school inclusion for children with Attention Deficit Hyperactivity Disorder (ADHD). This chapter also includes the analysis of the association between these barriers and selected sociodemographic variables in mainstream schools in selected areas of Dhaka District.

4.1 Socio-demographic Characteristics

Table 4.1

Distribution of sociodemographic characteristics of the respondents

Variable	Category	Frequency (n=219)	Percentage %
Age	21-31 Years	33	15.1
	32-42 Years	74	33.8
	43-53 Years	81	37.0
	54-64 Years	31	14.2
	Mean= 42.315 years, SD (±9.658), Minimum= 21 years, Maximum= 61 years		
Gender of Teacher	Male	113	51.6
	Female	106	48.4
Role in school	Class teacher	54	24.7
	Subject teacher	14	6.4
	Assistant teacher	136	62.1
	Head Teacher/ principal	12	5.5
	Other (Assistant Head Teacher, Shift in charge, Tread Instructor)	3	1.4

Teaching Experience	1-11 Years	80	36.5
	12-22 Years	61	27.9
	23-33 Years	68	31.1
	34-44 Years	10	4.6
	Mean= 16.728 years, SD (±10.20), Minimum= 1 years, Maximum=41 years		
Educational qualification	HSC	5	2.3
	Bachelor's	38	17.4
	Master's	90	41.1
	B.Ed	55	25.1
	M.Ed	17	7.8
	Others (Degree, Dip in Ed, Diploma in Agriculture, DLIS, Fajil, Kamil, L.L.B, C.Ed, BP.Ed, Diploma in Engineer, Tread Instructor)	14	6.4
Type of school	Government	73	33.3
	Private	36	16.4
	MPO	110	50.2
	Other	0	0.0
Location of the school	Savar	73	33.3
	Dhamrai	73	33.3
	Keraniganj	73	33.3
Awareness of School Participation in Inclusive Education Training	Yes	134	61.2
	No	54	24.7
	Not Sure	31	14.2
Teachers Participation in Inclusive Education Training	Yes	75	34.2
	No	144	65.8
Types of Inclusive Education Training Received		142	64.8
	ANDD	8	3.7
	Autism	2	0.9
	Balanced Diet	1	0.5
	Basic Training	1	0.5
	CDD, CMP, CVT	8	3.7
	CNAD for special	2	0.9

	Education		
	Curriculum	3	1.4
	Education for all	1	0.5
	Hygiene, Hygenic Food	2	0.9
	ICT	3	1.4
	Inclusive Day-long	2	0.9
	Inclusive Education	15	6.8
	Inhouse	1	0.5
	Leadership	1	0.5
	PBM	2	0.9
	Rumtu Rir	1	0.5
	SCP, SEND	4	1.8
	Speech impaired	1	0.5
	Sub cluster	14	6.4
	Teacher Training, Topic Based Training	2	0.9
	TQT	3	1.4
Training duration	0	142	64.8
	1-8	74	33.8
	9-16	3	1.4
	Mean=1.50 days, SD (±2.608), Minimum=0 days, Maximum=14 days		
ADHD Content Included in Inclusive Education Training	Yes	38	17.4
	No	163	74.4
	Not sure	18	8.2
Teachers Confidence in Teaching Students with ADHD	Not at all	3	1.4
	Slightly confident	15	6.8
	Moderately confident	84	38.4
	Confident	112	51.1
	Very confident	5	2.3
Availability of Support and Resources in School for Inclusive Education	Yes	85	38.8
	No	87	39.7
	Not sure	47	21.5

Table 4.1 presents an overview of the sociodemographic characteristics of the teachers who participated in the study. A total of 219 teachers from mainstream schools in

selected areas of Dhaka District were included. The mean age of the participants was 42.31 ± 9.66 years, with ages ranging from 21 to 61 years. Most of the teachers were between 43 and 53 years old (37.0), followed by those in the 32–42-year range (33.8).

Regarding gender, 113 teachers (51.6) were male and 106 (48.4) were female. In terms of role in the school, the majority were assistant teachers (62.1%, n = 136), followed by class teachers (24.7%, n = 54). A smaller proportion served as head teachers/principals (5.5%, n = 12) or subject teachers (6.4%, n = 14). The participants reported diverse teaching experience, with a mean of 16.73 ± 10.20 years (range: 1 to 41 years). Most had 1–11 years (36.5) or 23–33 years (31.1) of teaching experience.

Concerning educational qualifications, 41.1% (n = 90) held a Master's degree, while 25.1% (n = 55) had completed a B.Ed. Other qualifications included Bachelor's degrees (17.4), M.Ed (7.8), and various diplomas or professional certifications.
Schools represented in the study included Government (33.3), Private (16.4), and MPO institutions (50.2).
Participants were equally distributed in the three study locations: Savar (33.3), Dhamrai (33.3), and Keraniganj (33.3).

A majority (61.2%, n = 134) reported that their school had participated in training or workshops related to inclusive education, although 24.7% (n = 54) had not, and 14.2% (n = 31) were unsure. While 34.2% (n = 75) of teachers had personally received training in inclusive education, 65.8% (n = 144) had not. Among those trained, the mean training duration was 1.50 ± 2.61 days, with most reporting a duration between 1 and 8 days.

Only 17.4% (n = 38) indicated that ADHD was covered during their training, whereas 74.4% (n = 163) reported it was not. Regarding Teachers confidence in teaching students with ADHD, over half of the teachers (51.1%, n = 112) reported feeling confident, while 38.4% (n = 84) were moderately confident. Very few indicated being not at all confident (1.4%, n = 3).

Finally, 38.8% (n = 85) of teachers believed their school provided sufficient support or resources for students with ADHD, while 39.7% (n = 87) stated that resources were insufficient, and 21.5% (n = 47) were unsure.

4.2 Index for Inclusion

Table 4.2

Distribution of Adapted Index for Inclusion characteristics of the respondents

Variables	Frequency(n) & Percentage(%)					Mean
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
Everyone is made to feel welcome	2 (0.9)	6 (2.7)	7 (3.2)	125 (57.1)	79 (36.1)	4.25
Students help each other	1 (0.5)	8 (3.7)	5 (2.3)	142 (64.8)	63 (28.8)	4.18
Staff collaborate with each other.	2 (0.9)	7 (3.2)	7 (3.2)	137 (62.6)	66 (30.1)	4.18
Staff and students treat one another with respect.	3 (1.4)	15(6.8)	15 (6.8)	112 (51.1)	74 (33.8)	4.09
There is a partnership between staff and parents/carees.	1 (0.5)	13 (5.9)	22 (10.0)	135 (61.6)	48 (21.9)	3.99
Staff and governors work well together.	1 (0.5)	17(7.8)	23 (10.5)	139 (63.5)	39 (17.8)	3.90
All local communities are involved in the school.	3 (1.4)	11 (5.0)	9 (4.1)	112 (51.1)	84 (38.4)	4.20
There are high expectations for all students.	3 (1.4)	37 (16.9)	18 (8.2)	90 (41.1)	71 (32.4)	3.86

Staff, governors, students and parents/carees share a philosophy of inclusion.	3 (1.4)	25 (11.4)	33 (15.1)	112 (51.1)	46 (21.0)	3.79
Students are equally valued.	3 (1.4)	12 (5.5)	7 (3.2)	118 (53.9)	79 (36.1)	4.18
Staff and students treat one another as human beings as well as occupants of a ‘role’.	1 (0.5)	12 (5.5)	16 (7.3)	134 (61.2)	56 (25.6)	4.06
Staff seek to remove barriers to learning and participation in all aspects of the school.	2 (0.9)	12 (5.5)	14 (6.4)	134 (61.2)	57 (26.0)	4.06
The school strives to minimise all forms of discrimination.	3 (1.4)	5 (2.3)	13 (5.9)	111 (50.7)	87 (39.7)	4.025
Staff appointments and promotions are fair.	1 (0.5)	11 (5.0)	20 (9.1)	126 (57.5)	61 (27.9)	4.07
All new staff are helped to settle into the school.	2 (0.9)	12 (5.5)	23 (10.5)	137 (62.6)	45 (20.5)	3.96

The school seeks to admit all students from its locality.	3 (1.4)	13 (5.9)	14 (6.4)	135 (61.6)	54 (24.7)	4.02
The school makes its buildings physically accessible to all people.	7 (3.2)	70 (32.0)	11 (5.0)	90 (41.1)	41 (18.7)	3.40
All new students are helped to settle into the school	0 (0.0)	11 (5.0)	9 (4.1)	133 (60.7)	66 (30.1)	4.16
The school arranges teaching groups so that all students are valued.	2 (0.9)	20 (9.1)	16 (7.3)	118 (53.9)	63 (28.8)	4.00
All forms of support are coordinated.	3 (1.4)	13 (5.9)	14 (6.4)	137 (62.6)	52 (23.7)	4.01
Staff development activities help staff to respond to student diversity.	2 (0.9)	10 (4.6)	26 (11.9)	147 (67.1)	34 (15.5)	3.92
'Special educational needs' policies are inclusion policies.	4 (1.8)	22 (10.0)	36 (16.4)	127 (58.0)	30 (13.7)	3.72

The Special Educational Needs Code of Practice is used to reduce the barriers to learning and participation of all students.	5 (2.3)	67 (30.6)	49 (22.4)	78 (35.6)	20 (9.1)	3.19
Support for those learning English as an additional language is coordinated with learning support.	5 (2.3)	52 (23.7)	18 (8.2)	116 (53.0)	28 (12.8)	3.50
Pastoral and behaviorsupport policies are linked to curriculum development and learning support policies.	6 (2.7)	37 (16.9)	15 (6.8)	124 (56.6)	37 (16.9)	3.68
Pressures for disciplinary exclusion are decreased.	2 (0.9)	16 (7.3)	40 (18.3)	140 (63.9)	21 (9.6)	3.74
Barriers to attendance are reduced.	0 (0.0)	11 (5.0)	24 (11.0)	148 (67.6)	36 (16.4)	3.95
Bullying is minimised.	4 (1.8)	9 (4.1)	17 (7.8)	138 (63.0)	51 (23.3)	4.02

Teaching is planned with the learning of all students in mind.	3 (1.4)	22 (10.0)	12 (5.5)	98 (44.7)	84 (38.4)	4.09
Lessons encourage the participation of all students.	3 (1.4)	13 (5.9)	17 (7.8)	103 (47.0)	83 (37.9)	4.14
Lessons develop an understanding of difference.	1 (0.5)	18 (8.2)	33 (15.1)	129 (58.9)	38 (17.4)	3.84
Students are actively involved in their own learning.	5 (2.3)	23 (10.5)	20 (9.1)	128 (58.4)	43 (19.6)	3.83
Students learn collaboratively.	1 (0.5)	6 (2.7)	14 (6.4)	139 (63.5)	59 (26.9)	4.14
Assessment contributes to the achievements of all students.	3 (1.4)	5 (2.3)	4 (1.8)	131 (59.8)	76 (34.7)	4.24
Classroom discipline is based on mutual respect.	1 (0.5)	1 (0.5)	8 (3.7)	130 (59.4)	79 (36.1)	4.30
Teachers plan, teach and review in partnership.	1 (0.5)	7 (3.2)	9 (4.1)	129 (58.9)	73 (33.3)	4.21

Teaching assistants support the learning and participation of all students.	0 (0.0)	2 (0.9)	6 (2.7)	133 (60.7)	78 (35.6)	4.31
Homework contributes to the learning of all.	0 (0.0)	3 (1.4)	1 (0.5)	136 (62.1)	79 (36.1)	4.33
All students take part in activities outside the classroom.	2 (0.9)	71 (32.4)	25 (11.4)	80 (36.5)	41 (18.7)	3.40
Student difference is used as a resource for teaching and learning.	2 (0.9)	21 (9.6)	37 (16.9)	125 (57.1)	34 (15.5)	3.77
Staff expertise is fully utilised.	2 (0.9)	19 (8.7)	18 (8.2)	140 (63.9)	40 (18.3)	3.90
Staff develop resources to support learning and participation.	4 (1.8)	13 (5.9)	27 (12.3)	137 (62.6)	38 (17.4)	3.88
Community resources are known and drawn upon.	7 (3.2)	42 (19.2)	48 (21.9)	92 (42.0)	30 (13.7)	3.44
School resources are distributed fairly so that they support inclusion	3 (1.4)	35 (16.0)	14 (6.4)	101 (46.1)	66 (30.1)	3.88

Table 4.2 presents an overview of the responses to various inclusion-related statements, assessed using a 5-point Likert scale. A total of 219 teachers from mainstream schools in selected areas of Dhaka District participated in the study. Regarding school inclusivity, the majority of teachers strongly agreed or agreed with statements reflecting a positive inclusion environment. For instance, 57.1% of teachers agreed that everyone is made to feel welcome, while 36.1% strongly agreed, resulting in a mean score of 4.25 (SD = 0.725). Similarly, 64.8% agreed that students help each other, with a mean score of 4.18 (SD = 0.684). Teachers also reported positive collaboration between staff, with 62.6% agreeing that staff collaborate with each other, yielding a mean score of 4.18 (SD=0.717). The majority of teachers (61.6) agreed that there is a partnership between staff and parents/caregivers, with a mean score of 3.99 (SD=0.775).

On the other hand, while the majority of teachers believed that the school strives to minimize all forms of discrimination (39.7% strongly agreed), there was a noticeable difference in responses regarding school resources. Only 38.8% of teachers felt that their school provided sufficient support or resources for students with ADHD, resulting in a mean score of 3.88 (SD = 1.057). In terms of inclusive teaching practices, a large number of teachers (67.1) agreed that staff development activities help them respond to student diversity, with a mean score of 3.92 (SD = 0.731). However, 35.6% agreed that the school arranges teaching groups so that all students are valued, indicating some disparity in how inclusive practices are perceived in different school settings. Regarding barriers to inclusion, there was a strong agreement (63.9) that classroom discipline is based on mutual respect, with a mean score of 4.30 (SD=0.606), suggesting a positive teaching environment. However, community resources were less integrated into the schools, with only 42.0% of teachers agreeing that community resources are known and drawn upon, reflecting a lower mean score of 3.44 (SD= 1.049).

4.3 Overview of Inclusion level of mainstream schools

Figure 4.3

Level of Inclusion of mainstream school

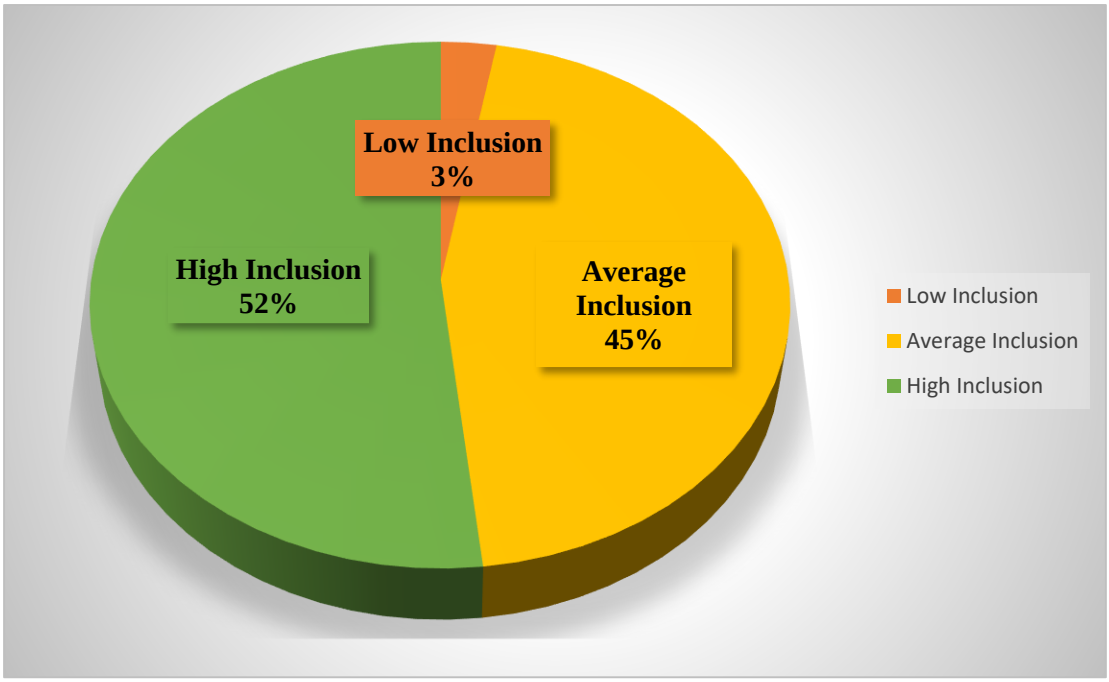


Figure 4.1 represents the distribution of inclusion levels among the participants. The inclusion levels were categorized into three groups: low inclusion, average inclusion, and high inclusion. The participants were distributed in all three categories. The mean inclusion level was not provided, but the data shows the following distribution: 3.2% of participants reported low inclusion, reflecting a smaller portion of teachers who perceived significant barriers to ADHD inclusion. 45.2% of participants reported average inclusion, indicating that a significant number of teachers felt moderately inclusive in their classrooms. 51.6% of participants reported high inclusion, suggesting that more than half of the teachers perceived their classrooms as being highly inclusive for ADHD students. This indicates that the majority of teachers in mainstream schools in Dhaka District believe their classrooms are at least average or highly inclusive for ADHD students, with a smaller proportion perceiving significant barriers to inclusion.

4.4 Tests of Data Normality

Table 4.4

Test of data normality

	Kolmogorov-Smirnov			Shapiro-Wilk		
	Statistic	**df**	**Sig.**	**Statistic**	**df**	**Sig.**
Total Score	.061	219	.046	.985	219	.019
	Skewness			**Kurtosis**		
	Statistic		**Std. Error**	**Statistic**		**Std. Error**
	-.395		.164	.607		.327

Table 4.4 represents the finding of the normality assessment for the Index for Inclusion total score. The Shapiro-Wilk and Kolmogorov-Smirnov tests were used for evaluating normality due to the sample size (n = 219) and the continuous characteristic of the dependent variable. A statistically significant deviation from normality was identified by applying the Kolmogorov-Smirnov test (D = 0.061, p =.046). The distribution of the Index for Inclusion total score did not appear to be normal, according to the Shapiro-Wilk test, which also produced a significant result (W = 0.985, p =.019).

Statistics for skewness and kurtosis were also used to analyze distribution characteristics. There was no significant deviation from symmetry or peakedness, as indicated by the skewness value of -0.395 and the kurtosis value of 0.607, both of which are within the acceptable range of ±2. Even the data were regarded as non-normally distributed due to the of the formal normality tests' statistically significant findings. As a result, for the next inferential analyses, non-parametric statistical tests were applied.

4.5 *Kruskal Walis H Test*

Table 4.5

Group differences analysis with Index for Inclusion scores (Kruskal Walis H Test)

Variable	Category	Frequency (n=219)	Inclusion Level			
			Mean Rank	H	df	*p* value
Age	21-31 Years	33	95.20	3.092	3	0.378
	32-42 Years	74	108.00			
	43-53 Years	81	113.60			
	54-64 Years	31	121.11			
Role in school	Class teacher	54	114.16	2.598	4	0.627
	Subject teacher	14	87.89			
	Assistant teacher	136	109.65			
	Head Teacher/ principal	12	123.79			
	Other (Assistent Head Teacher, Shift in charge, Tread Instructor)	3	99.17			
Teaching Experience	1-11 Years	80	108.51	6.108	3	0.106
	12-22 Years	61	95.96			
	23-33 Years	68	122.93			
	34-44 Years	10	119.65			
Educational qualification	HSC	5	147.20	3.039	4	0.551
	Bachelor's	38	100.16			
	Master's	90	101.52			
	B.Ed	55	104.61			
	M.Ed	17	98.97			
Type of school	Government	73	124.25	8.623	2	**0.013**
	Private	36	86.79			
	MPO	110	108.14			
Location of the school	Savar	73	86.34	15.627	2	**<0.001**
	Dhamrai	73	124.95			
	Keraniganj	73	118.71			
Awareness of School Participation in Inclusive Education Training	Yes	134	106.00	2.721	2	.257
	No	54	122.34			
	Not Sure	31	105.81			
Training duration	0	142	105.67	4.687	2	0.096
	1-8	74	120.42			
	9-16	3	58.00			
ADHD Content Included in Inclusive	Yes	38	136.33	9.294	2	**0.010**
	No	163	106.29			
	Not sure	18	88.00			

Education Training						
Teacher's Confidence in Teaching Students with ADHD	Not at all	3	101.33	16.767	4	0.002
	Slightly confident	15	101.73			
	Moderately confident	84	90.13			
	Confident	112	124.22			
	Very confident	5	155.20			
Availability of Support and Resources in School for Inclusive Education	Yes	85	129.88	13.783	2	**0.001**
	No	87	96.08			
	Not sure	47	99.82			

Table 4.5 presents the Kruskal-Wallis H test results, where the inclusion level is the dependent variable and various sociodemographic factors are the independent variables. The test showed that inclusion levels did not differ significantly by age ($H = 3.092$, $p = .378$), role in school ($H = 2.598$, $p = .627$), teaching experience ($H = 6.108$, $p = .106$), or educational qualification ($H = 3.039$, $p = .551$), indicating that these factors did not significantly influence the level of inclusion perceived by teachers.

However, the inclusion level did differ significantly by type of school ($H = 8.623$, $p = .013$), with teachers from government schools reporting higher inclusion levels compared to those in private and MPO schools. Moreover, school location had a significant effect ($H = 15.627$, $p < .001$), with teachers from different locations (Savar, Dhamrai, and Keraniganj) reporting varying levels of inclusion, suggesting that geographical factors may influence perceptions of inclusion.

The analysis also showed that whether ADHD was covered in training significantly influenced inclusion levels ($H = 9.294$, $p = .010$), with teachers who received ADHD specific training reporting higher inclusion levels. Similarly, teachers confidence in teaching students with ADHD had a significant impact on inclusion levels ($H = 16.767$, $p = .002$), with more confident teachers perceiving higher levels of

inclusion. Finally, school support/resources were significantly associated with inclusion levels (H = 13.783, p = .001), with teachers who reported better support and resources feeling more positive about inclusion in their classrooms.

4.6 *Mann-Whitney U Test*

Table 4.6

Group differences analysis with Index for Inclusion scores (Mann-Whitney U Test)

Variable	Category	Frequency (n=219)	Inclusion Level			
			Mean Rank	U	Z	*P* – value (2-tailed)
Gender	Male	113	104.19	5332.000	-1.402	.161
	Female	106	116.20			
Teacher received training on inclusive education	Yes	75	119.25	4706.000	-1.560	.119
	No	144	105.18			

Table 4.6 presents the Mann-Whitney U test results, where the Index for Inclusion score is the dependent variable, and various sociodemographic factors are the independent variables. The Mann-Whitney U test revealed that gender did not significantly influence the perceived level of inclusion (U = 5332.000, Z = -1.402, p = .161). This indicates that male and female teachers reported similar levels of inclusion in their classrooms, suggesting that gender does not act as a barrier to inclusive practices for children with ADHD.

Similarly, teacher training in inclusive education did not show a significant effect on the perceived level of inclusion (U = 4706.000, Z = -1.560, p = .119). Teachers who received training in inclusive education did not report significantly different levels of inclusion compared to those who had not received such training, indicating that other factors may contribute more significantly to perceptions of inclusion.

4.7 Linear regression analysis between type of school and inclusion level

Table 4.7

Linear regression assessing of the association between type of school and inclusion level

Predictor	**Inclusion Level**			
Type of School	**B Unstandardized Coefficient /CI**	**SE**	**Beta Standardized Coefficient**	***P* value**
Government	Reference			
Private	-.162 (-.258, -.066)	.049	-.246	.001
MPO	-.035 (-.083, .012)	.024	-.109	.142

Table 4.7 presents the results of a linear regression analysis assessing the association between Type of School and the inclusion level for children with ADHD in mainstream schools. The regression analysis revealed that private schools had a significantly lower inclusion level compared to government schools. Specifically, the unstandardized coefficient for private schools was -0.162 (95% CI: -0.258 to -0.066, p = .001), meaning that teachers in private schools reported lower levels of inclusion for ADHD students. The standardized coefficient (β = -0.246) indicates a moderate negative association. On the other hand, MPO schools did not show a statistically significant difference in inclusion levels (B = -0.035, 95% CI: -0.083 to 0.012, p = .142), suggesting that the type of school does not significantly influence inclusion for ADHD students in MPO schools.

4.8 Linear regression analysis between location of school and inclusion level

Table 4.8

Linear regression assessing the association between location of school and inclusion level

Predictor	Inclusion Level			
Location of School	**B Unstandardized Coefficient /CI**	**SE**	**Beta Standardized Coefficient**	***P* value**
Savar	Reference			
Dhamrai	.157 (.080, .233)	.039	.303	.001
Keraniganj	.101 (.050, .152)	.026	.294	.001

Table 4.8 presents the results of a linear regression analysis assessing the association between Location of School and the inclusion level for children with ADHD in mainstream schools. Dhamrai and Keraniganj were associated with significantly higher inclusion levels compared to Savar. Specifically, Dhamrai (B = 0.157, 95% CI: 0.080 to 0.233, p = .001) and Keraniganj (B = 0.101, 95% CI: 0.050 to 0.152, p = .001) reported higher levels of inclusion. The standardized coefficients (β = 0.303 and β = 0.294, respectively) indicate that the inclusion levels in these locations were significantly better than in Savar.

4.9 Linear regression analysis between ADHD Content Included in Inclusive Education Training and inclusion level

Table 4.9

Linear regression assessing the association between ADHD Content Included in Inclusive Education Training and inclusion level

Predictor	Inclusion Level			
ADHD Content Included in Inclusive Education Training	**B Unstandardized Coefficient /CI**	**SE**	**Beta Standardized Coefficient**	***P* value**
Yes	Reference			
No	-.102 (-.188, -.017)	.043	-.183	.020
Not Sure	-.105 (-.196, -.015)	.046	-.178	.023

Table 4.9 presents the results of a linear regression analysis assessing the association between ADHD covered in the training and the inclusion level for children with ADHD in mainstream schools. Teachers who did not receive ADHD-specific training or were unsure about whether ADHD was covered in their training reported significantly lower inclusion levels compared to those who received ADHD specific training. Specifically, for teachers who did not receive ADHD training (B = -0.102, 95% CI: -0.188 to -0.017, p = .020) and for those who were unsure (B = -0.105, 95% CI: -0.196 to -0.015, p = .023), the standardized coefficients (β = -0.183 and β = -0.178) indicate that the absence of ADHD training is associated with lower perceived inclusion levels.

4.10 Linear regression analysis between teacher's confidence in teaching students with ADHD and inclusion level

Table 4.10

Linear regression assessing the association between teacher's confidence in teaching students with ADHD and inclusion level

Predictor	**Inclusion Level**			***P* value**
Teachers Confidence in Teaching Students with ADHD	**B Unstandardized Coefficient /CI**	**SE**	**Beta Standardized Coefficient**	
Not at all	Reference			
Slightly confident	.007 (-.288, .302)	.150	.007	.964
Moderately confident	-.024 (-.206, .159)	.093	-.070	.800
Confident	.050 (-.087, .187)	.069	.205	.471
Very confident	.069 (-.067, .206)	.069	.106	.317

Table 4.10 presents the results of a linear regression analysis assessing the association between teacher's confidence in teaching students with ADHD and the inclusion level for children with ADHD in mainstream schools. The analysis showed that teachers' confidence in teaching students with ADHD did not significantly affect the inclusion level. Teachers who were slightly confident (B = 0.007, 95% CI: -0.288 to 0.302,

p = .964), moderately confident (B = -0.024, 95% CI: -0.206 to 0.159, p = .800), confident (B = 0.050, 95% CI: -0.087 to 0.187, p = .471), or very confident (B = 0.069, 95% CI: -0.067 to 0.206, p = .317) did not report significant differences in inclusion levels, suggesting that confidence alone is not a strong predictor of inclusion levels for ADHD students.

4.11 Linear regression analysis between availability of support and resources in school for inclusive education and inclusion level

Table 4.11

Linear regression assessing the association availability of support and resources in school for inclusive education and inclusion level

Predictor	**Inclusion Level**			
Availability of Support and Resources in School for Inclusive Education	**B Unstandardized Coefficient /CI**	**SE**	**Beta Standardized Coefficient**	***P* value**
Yes	Reference			
No	-.126 (-.198, -.055)	.036	-.254	.001
Not sure	-.075 (-.132, -.018)	.029	-.190	.010

Table 4.11 presents the results of a linear regression analysis assessing the association between analysis between availability of support and resources in school for inclusive education and the inclusion level for children with ADHD in mainstream schools. The availability of sufficient school support and resources had a significant impact on the inclusion level. Teachers who reported that their schools did not provide sufficient support or resources had significantly lower inclusion levels (B = -0.126, 95% CI: -0.198 to -0.055, p = .001) compared to those who reported sufficient resources. The standardized coefficient (β = -0.254) indicates a moderate negative association, while teachers who were unsure about the availability of resources also reported lower inclusion levels (B = -0.075, 95% CI: -0.132 to -0.018, p = .010), with β = -0.190.

CHAPTER V: DISCUSSION

This study aims to identify and analyze the barriers to school inclusion for children with Attention Deficit Hyperactivity Disorder (ADHD) in mainstream schools throughout selected areas of Dhaka District. A standardized in-person questionnaire was used to assess 219 teachers who work in mainstream children's schools. An adapted version of the Index for Inclusion, which analyzed the findings of policy-related, cultural, and physical barriers to the inclusion of children with ADHD, was included of the questionnaire. A 5-point Likert scale, with scores ranging from high inclusion (≥ 4.00), average inclusion (3.00–3.99), and low inclusion (< 3.00), was utilized in the data collecting instrument to gauge inclusion levels. The study also incorporated a sociodemographic form to find out associations between barriers and sociodemographic variables. By analyzing these factors, the study aimed to provide a comprehensive understanding of the barriers that hinder the inclusion of children with ADHD in mainstream educational settings.

The first objective of the study was to identify the physical and cultural barriers in the classroom to school inclusion for children with ADHD. The study found that government and inclusive schools in Dhaka District generally offered more structured, student-friendly environments. A more inclusive environment for children with ADHD was made possible by these schools' better specialized support systems, which included reduced class sizes and qualified staff. However, mainstream schools often struggled with significant barriers, including a lack of specialized classroom arrangements, insufficient resources, and inadequate ADHD specific support, which contributed to both physical and cultural barriers to inclusion. The study found that these problems were made worse by the high student-teacher ratios in mainstream schools, which

prevented teachers from providing children with ADHD with the necessary one-on-one attention. Further, a large number of mainstream educational teachers lacked specialized training in managing ADHD, which hindered their capacity to employ successful tactics. These results align with other studies that show the importance of specialized resources and infrastructural constraints in influencing the inclusion of children with ADHD (Szép et al., 2021).

The second objective was to explore teachers' attitudes and concerns regarding the inclusion of children with ADHD in mainstream schools. The study revealed that teachers in special and inclusive schools generally exhibited a more positive attitude toward the inclusion of children with ADHD. These teachers were more likely to have received ADHD-specific training and to have developed classroom strategies that supported the needs of these children. On the other hand, due to a lack of resources, inadequate training, and excessive class sizes, instructors in normal schools voiced worries about their capacity to handle behaviors They frequently depended on trial-and-error techniques rather than scientifically proven methods and expressed feeling unprepared to handle the unique demands of children with ADHD. The findings of previous studies, which show the importance of qualified and specialized training for teachers in effectively managing ADHD behaviors in the classroom, align with this concern Also, the study found that teachers who had received training on ADHD were more confident of their capacity to incorporate these kids into regular classrooms, which lessened worries about behavioral issues (Lawson et al., 2022).

The third objective was to identify school-level policy and administrative barriers to the inclusion of children with ADHD. The study found that policies at both the school and administrative levels were not always aligned with the specific needs of children with ADHD. While some schools had inclusive education policies in place,

the implementation of these policies was often unequal. This was particularly true in mainstream schools, where there was often a lack of collaboration between teachers and administrators about ADHD inclusion initiatives, and regulations intended to benefit ADHD adolescents were not adequately implemented. The study also found that school administrators in mainstream schools lacked knowledge of inclusive practices, which resulted in a lack of resource allocation for ADHD-specific interventions. According to research that shows the gap in inclusive education policy implementation, these findings show the administrative difficulties schools have in developing and implementing successful inclusion policies for children with ADHD (Teacher & Saviour, 2025).

The fourth objective of the study was to find out the association between barriers to school inclusion and sociodemographic variables. The study revealed that teachers in Keraniganj schools reported higher levels of inclusion for children with ADHD compared to those in Savar & Dhamrai areas. The findings suggest that Keraniganj schools had better access to resources, including special education support, and were more likely to have teachers who had received training in inclusive education. On the other hand, teachers in Savar & Dhamrai schools often faced greater barriers to inclusion due to limited access to resources, larger class sizes, and a lack of specialized training. The study also found that teachers who had received ADHD-specific training were more likely to perceive fewer barriers to inclusion, especially when it came to successfully managing classroom behavior and applying interventions for ADHD children into practice. This research shows the necessity of specialized training and professional development programs to improve the inclusion of kids with ADHD, especially in places with limited resources (Szép et al., 2021). The study also analyzed at how teachers' perceptions on ADHD inclusion were affected by sociodemographic

variables including age, teaching experience, and school location (rural vs. urban). Teachers with more years of experience were to be more confident in their ability to control ADHD behaviors, but even they acknowledged that they needed more specific training. The training gap in regular schools can also be seen by the fact that younger teachers or those with less teaching experience reported more confusion about how to meet the requirements of children with ADHD.

An Occupational Therapist can support children with ADHD by enhancing the skills and abilities needed for everyday school life. Occupational therapists can enhance academic achievement, improve with social interactions, encourage play with peers, and support participation in school activities by encouraging their access to and involvement in all aspects of the classroom and school routines. These interventions are essential for children with ADHD to successfully overcome the barriers they face in mainstream schools, particularly in overcoming barriers related to communication, policy-related, cultural, and physical barriers. The study found that providing targeted support through Occupational Therapy can significantly improve the overall well-being and academic outcomes of children with ADHD, especially in schools with limited resources or specialized training (Clark & Polichino, 2020).

CHAPTER VI: CONCLUSION

6.1 Strength and Limitation

6.1.1 Strengths

The strengths of the study were:

- Data were collected from mainstream schools in Dhaka District, providing insights into the specific barriers children with ADHD face in these settings.
- This is the first study in Bangladesh to explore ADHD inclusion in mainstream schools, making a significant contribution to understanding these challenges in a local context.
- The quantitative, cross-sectional design provided structured, reliable data from 219 teachers using a standardized survey, which aligned with the study's objectives.
- The findings offer practical insights that can inform future research and guide policy changes and teacher training programs aimed at improving ADHD inclusion in mainstream schools.

6.1.2 Limitations

The limitations of the study included:

- The study focused only on mainstream schools in Dhaka District, which may not fully reflect the experiences of children with ADHD in other regions of Bangladesh.
- While the sample of 219 teachers is substantial, it remains relatively small compared to the overall teacher population in mainstream schools, potentially limiting the generalizability of the findings.

- Given the face-to-face survey method, there is a possibility of social desirability bias, where participants may tailor responses to align with perceived expectations.
- As a first-time researcher, the student researcher may have unintentionally introduced errors in data collection or analysis, potentially affecting the findings.

6.2 Practice Implication

6.2.1 Recommendation for Future Practice

- The findings of this study have significant implications for practice in education, occupational therapy, and policymaking. The results can contribute to improving the inclusion and participation of children with ADHD in mainstream school settings by addressing specific barriers identified in the study.
- The study can help occupational therapists develop tailored interventions that specifically address the barriers and challenges faced by children with ADHD in mainstream schools. These interventions can focus on improving participation in academic and social activities, promoting a more inclusive environment for children with ADHD.
- Insights from this research may guide policymakers in supporting the implementation of Individualized Education Plans (IEPs) in all mainstream schools. Policymakers can also focus on allocating resources to support inclusive education, ensuring that children with ADHD receive the appropriate accommodations and support services in mainstream settings.
- The findings can help school authorities focus on infrastructure improvements,

such as creating sensory-friendly classrooms and ensuring access to specialized support services like occupational therapy and ADHD-specific teaching strategies. These improvements will provide a more inclusive and supportive environment for children with ADHD.

- The findings of this study underscore the need for comprehensive teacher training programs that focus on ADHD specific strategies, providing teachers with such training can equip them with the necessary tools to better support ADHD inclusion in mainstream schools.

6.2.2 Recommendations for Future Research

- Future research might expand the analysis of environmental barriers and challenges by taking consideration of children with ADHD in different settings such as their homes and communities. These various points of view may contribute to a more comprehensive knowledge of the difficulties that kids with ADHD have outside of the classroom and offer suggestions for how assistance might be provided.
- To enhance the generalizability of the findings, future research should include larger and more diverse samples that represent various geographical locations and school types, such as rural and suburban areas, along with different mainstream schools. This would provide a more comprehensive picture of ADHD inclusion challenges in various contexts.
- Future study might combine qualitative findings with quantitative research methods. This combination may make it possible to monitor objective results like well-being indicators, social involvement, and academic achievement. This method could help determine the best ways to serve children with ADHD and offer a more comprehensive assessment of ADHD inclusion in regular schools.

6.3 Conclusion

The study provided a number of significant findings. Compared to special and inclusive schools, mainstream schools faced notable barriers when it came to integrating students with ADHD. While mainstream schools faced high student-teacher ratios, poor infrastructure, and a lack of instructional resources, inclusive schools offered more organized settings and greater resources. These factors were significant barriers to successfully integrating kids with ADHD into regular educational settings.

The study made the assumption that, in spite of these barriers, mainstream schools may improve learning outcomes and offer environments that are acceptable for the welfare of children with ADHD as long as they have access to the resources, support, and training they need. The study showed the importance of peer education programs, specific professional help, and more awareness among educators. By including these factors, normal schools may foster a more encouraging and welcoming atmosphere that supports the academic achievement and general wellbeing of kids with ADHD.

Findings indicate that in order to enhance learning outcomes while creating more inclusive settings for children with ADHD in mainstream schools, changes in teacher preparation, classroom resources, and ADHD-specific support are essential.

CHAPTER VII: LIST OF REFERENCE

Akdağ, B. (2023). Exploring Teachers' Knowledge and Attitudes Toward Attention Deficit Hyperactivity Disorder and Its Treatment in a District of Turkey. *Cureus*. https://doi.org/10.7759/cureus.45342

American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders. In *American Psychiatric Association*. American Psychiatric Association. https://doi.org/10.1176/appi.books.9780890425596

Ainscow, M., and Booth, T. (2011). The Index for Inclusion (3rd). Bristol: Centre for Studies on Inclusive Education.

Ainscow, M., & Miles, S. (2008). Making education for all inclusive: Where next? Prospects, 38(1), 15–34. https://doi.org/10.1007/s11125-008-9055-0

Amha, H., & Azale, T. (2022). Attitudes of Primary School Teachers and Its Associated Factors Toward Students With Attention Deficit Hyperactivity Disorder in Debre Markos and Dejen Towns, Northwest Ethiopia. *Frontiers in Pediatrics*, *10*(May), 1–8. https://doi.org/10.3389/fped.2022.805440

Booth, T., and Ainscow, M. (2002). Index for inclusion: developing learning and participation in schools. Available at: http://www.eenet.org.uk/resources/docs/Index%20English.pdf

Bryman, A. (2016). *Social research methods* (5th ed.). Oxford University Press.

Glossary of Education Reform. (2013). Learning environment. Great Schools Partnership. https://www.edglossary.org/learning-environment/

Case-Smith, J., Weaver, L. L., & Fristad, M. A. (2015). A systematic review of sensory processing interventions for children with autism spectrum disorders. *Autism 19*(2), 133–148. https://doi.org/10.1177/1362361313517762

Chaitee, N. N., Mallick, B., Arefin, M. S., & Popy, F. B. (2020). Exploring Inclusion in Secondary Schools: A Study on Dhaka City. *International Journal for Educational and Vocational Studies*, *2*(12), 961–968. https://doi.org/10.29103/ijevs.v2i12.3008

Chowdhury, S. A. (2024). Developing a Sustainable Education Protocol for Children with Attention Deficit Hyperactivity Disorder (adhd) in the Context of Developing Country. *Journal of Science of Learning and Innovations*, *1*, 1–17. https://doi.org/10.1163/29497736-bja00005

Chowdhury, S. A., Islam, M. A., Nishat, M. T. A., Nadiv, M. A., & Ormi, N. J. (2024). Navigating inclusion: understanding social perception, educational opportunity, and challenges for neurodiverse students in Bangladeshi formal education. *Frontiers in Education*, *9*(December). https://doi.org/10.3389/feduc.2024.1452296

Clark, G. F., & Polichino, J. (2020). *School occupational therapy: Staying focused on participation and educational performance*. *Journal of Occupational Therapy, Schools, & Early Intervention*, *13*(1), 19–26. https://doi.org/10.1080/19411243.2020.1751650.

Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed.). Sage publications.

Cueli, M., Areces, D., Rodríguez, C., Cabaleiro, P., & González-Castro, P. (2022). Differences between Spanish students' and teaching professionals' knowledge of and attitudes toward ADHD—Does knowledge influence attitude? *Psychology in the Schools*, *59*(2), 242–259. https://doi.org/10.1002/pits.22605

Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics*,

5(1), 1–4. https://doi.org/10.11648/j.ajtas.20160501.11

Economic and Social Research Council. (2015). ESRC research data policy. Economic and Social Research Council.

Farid, S., & Mostari, M. (2019). Inclusive Approach to Education for Children With Disabilities. *International Journal of Teacher Education and Professional Development*, *3*(1), 121–139. https://doi.org/10.4018/ijtepd.2020010108

Flavian, H., & Uziely, E. (2022). Determinants of teachers' attitudes toward inclusion of pupils with attention deficit hyperactivity disorder: The role of teacher education. *Frontiers in Education*, *7*(September), 1–9. https://doi.org/10.3389/feduc.2022.941699

Gardner, D. M., & Gerdes, A. C. (2015). A Review of Peer Relationships and Friendships in Youth With ADHD. *Journal of Attention Disorders*, *19*(10), 844–855. https://doi.org/10.1177/1087054713501552

Griffee, D. T. (2005). *Research Tips: Interview Data Collection*. https://www.researchgate.net/publication/234757803_Research_Tips_Interview_Data_Collection

Humphrey, N. (2009). FOCUS ON PRACTICE: Including students with attention-deficit/hyperactivity disorder in mainstream schools. *British Journal of Special Education*, *36*(1), 19–25. https://doi.org/10.1111/j.1467-8578.2008.00415.x

International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use. (2016). *Integrated addendum to ICH E6(R1): Guideline for good clinical practice E6(R2).*

Islam, Z., Rahman, M., Olive, A. H., & Hasan, M. (2022). Prevalence rate of attention deficit hyperactivity disorder (ADHD) and computer vision syndrome (CVS) symptoms predisposition among digital device users of Bangladesh. *Middle East*

Current Psychiatry, *29*(1), 6. https://doi.org/10.1186/s43045-022-00176-2

Kadesjö, B., & Gillberg, C. (2001). The Comorbidity of ADHD in the General Population of Swedish School-age Children. *Journal of Child Psychology and Psychiatry*, *42*(4), 487–492. https://doi.org/10.1111/1469-7610.00742

Kara, K., Kara, O. K., Kose, B., Do, M., Cetin, S. Y., Sahin, S., & Anaby, D. (2025). *barriers of children with and without attention deficit hyperactivity disorder*. 1–7. https://doi.org/10.1136/bmjpo-2024-002917

Lawson, G. M., Sarno, J., David, O., Samantha, S. M., Steven, T., Amy, R., & Power, T. J. (2022). Barriers and Facilitators to Teachers ' Use of Behavioral Classroom Interventions. *School Mental Health*, *14*(4), 844–862. https://doi.org/10.1007/s12310-022-09524-3

Makondo, D., Khumalo, D. N., & Varaidzai Makondo, P. (2023). Challenges faced by primary school teachers in including learners with attention deficit hyperactive disorder in the mainstream classrooms in the Hhohho Region, Eswatini. *Journal of Research & Method in Education*, *13*(4), 20–36. https://doi.org/10.9790/7388-1304042036

Mohammed, M. A. E. H., Haggag, W. E. A., AbdElhady, M. E., & Hendi, A. E. (2025). Assessment of primary school teachers' knowledge and attitudes toward ADHD and teacher-related correlates in Suez City, Egypt: a cross-sectional study. *Middle East Current Psychiatry*, *32*(1). https://doi.org/10.1186/s43045-025-00539-5

Moore, D. A., Russell, A. E., Arnell, S., & Ford, T. J. (2017). Educators' experiences of managing students with ADHD: a qualitative study. *Child: Care, Health and Development*, *43*(4), 489–498. https://doi.org/10.1111/cch.12448

Nazmin, F. (2024). Exploring the Prevalence and Social Determinants of ADHD and Comorbidities Among Urban School Aged Children in Bangladesh. *Asia Pacific*

Journal of Medical Innovations, *1*(2), 61–67. https://doi.org/10.70818/apjmi.2024.v01i02.010

NHMRC. (2023). National Statement on Ethical Conduct in Human Research 2023. https://www.nhmrc.gov.au/about-us/publications/national-statement-ethical conduct human research 2023#block-views-block-file-attachments-content block-1

Normand, S., Schneider, B. H., Lee, M. D., Maisonneuve, M. F., Chupetlovska-Anastasova, A., Kuehn, S. M., & Robaey, P. (2013). Continuities and changes in the friendships of children with and without ADHD: A longitudinal, observational study. *Journal of Abnormal Child Psychology*, *41*(7), 1161–1175. https://doi.org/10.1007/s10802-013-9753-9

Polanczyk, G., de Lima, M. S., Horta, B. L., Biederman, J., & Rohde, L. A. (2007). The Worldwide Prevalence of ADHD: A Systematic Review and Metaregression Analysis. *American Journal of Psychiatry*, *164*(6), 942–948. https://doi.org/10.1176/ajp.2007.164.6.942

Sarker, A., & Unzum, T. (2023). Addressing Barriers to Inclusion: Challenges and Recommendations for Inclusive Primary Education in Bangladesh. *Journal of Education Review Provision*, *3*(2), 66–78. https://doi.org/10.55885/jerp.v3i2.294

Satterfield, J. H. (1995). ADHD in the Schools: Assessment and Intervention Strategies. In *Journal of the American Academy of Child & Adolescent Psychiatry* (Vol. 34, Issue 6). https://doi.org/10.1097/00004583-199506000-00027

Siddik, A. B., & Kawai, N. (2020). Government primary school teacher training needs in Bangladesh. *International Journal of Whole Schooling*, *16*(2), 35–69. https://files.eric.ed.gov/fulltext/EJ1268928.pdf

Szép, A., Dantchev, S., Zemp, M., Schwinger, M., Chavanon, M. L., & Christiansen,

H. (2021). Facilitators and barriers of teachers' use of effective classroom management strategies for students with adhd: A model analysis based on teachers' perspectives. *Sustainability (Switzerland)*, *13*(22). https://doi.org/10.3390/su132212843

Teacher, A. A. A., & Saviour, O. (2025). *Research in Management and Humanities Inclusive teaching for ADHD : Challenges and strategies in mainstream schools*. *4*(2), 1634–1649.

Toye, M. K., Wilson, C., & Wardle, G. A. (2019). Education professionals' attitudes towards the inclusion of children with <scp>ADHD</scp> : the role of knowledge and stigma. *Journal of Research in Special Educational Needs*, *19*(3), 184–196. https://doi.org/10.1111/1471-3802.12441

UK Data Service. (2023). *UK data service research data management guidance*. UK Data Service.

UNESCO. (2017). *A guide for ensuring inclusion and equity in education*. United Nations Educational, Scientific and Cultural Organization. Retrieved from https://unesdoc.unesco.org/ark:/48223/pf0000248254

Wijerathna, N., Wijerathne, C., Wijeratne, H., Wijesiri, C., Wijerathna, R., Wijerathna, W., Warnasekara, J., Agampodi, T., & Rajapakse, S. (2023). Knowledge and attitudes on attention deficit hyperactivity disorder (ADHD) among school teachers in Anuradhapura district, Sri Lanka: a descriptive cross-sectional study. *BMJ Open*, *13*(11), e080039. https://doi.org/10.1136/bmjopen-2023-080039

Willcutt, E. G., Nigg, J. T., Pennington, B. F., Solanto, M. V., Rohde, L. A., Tannock, R., Loo, S. K., Carlson, C. L., McBurnett, K., & Lahey, B. B. (2012). Validity of DSM-IV attention deficit/hyperactivity disorder symptom dimensions and subtypes. *Journal of Abnormal Psychology*, *121*(4), 991–1010.

https://doi.org/10.1037/a0027347

World Health Organization. (2001). International classification of functioning, disability and health (ICF). https://www.who.int/classifications/icf/en/

World Medical Association. (2024). WMA Declaration of Helsinki - Ethical Principles for Medical Research Involving Human Participants. https://www.wma.net/policies-post/wma declaration-of-helsinki /

World Health Organization. (2011). *Standards and operational guidance for ethics review of health-related research with human participants*. World Health Organization.

Yasin, M. H. M., Susilawati, S. Y., Tahar, M. M., & Jamaludin, K. A. (2023). An analysis of inclusive education practices in East Java Indonesian preschools. *Frontiers in Psychology*, *14*(February), 1–6. https://doi.org/10.3389/fpsyg.2023.1064870

APPENDICES

Appendix A: Approval / Permission Letter

Ethical Approval Letter from IRB

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)

Ref: CRP-BHPI/IRB/07/2025/1109 Date: 21.07.2025

To
Sumaiya Akter
4th Year, B.Sc. in Occupational Therapy
Session: 2020-21, Student ID: 122200452
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Subject: Approval of the thesis proposal **Barriers to School Inclusion for Children with Attention Deficit Hyperactivity Disorder in Mainstream Schools across Selected Areas of Dhaka District** by ethics committee.

Dear Sumaiya Akter,
Congratulations.
The Institutional Review Board (IRB) of BHPI has reviewed and discussed your application to conduct the above mentioned dissertation, with yourself, as the principal investigator and Prof. Sk. Moniruzzaman, Professor & Head Department of Occupational Therapy at Bangladesh Health Professions Institute (BHPI), CRP as thesis supervisor. The Following documents have been reviewed and approved:

SL No.	Name of the Documents
1	Research Proposal
2	Adapted version of Index for Inclusion Questionnaire (English & Bangla)
3	Information sheet & consent form

The purpose of this study is to determine to identify and analyze the barriers to school inclusion for children with Attention Deficit Hyperactivity Disorder (ADHD) in mainstream schools across selected areas of Dhaka District. The study involves use of an adapted version of the Index for Inclusion questionnaire to identify and analyze the barriers to school inclusion for children with Attention Deficit Hyperactivity Disorder (ADHD) in mainstream schools that may take 25 to 30 minutes to fill in the questionnaire and there is no likelihood of any harm to the participants. There is no benefit to the participants. The members of the Ethics committee have approved the study to be conducted in the presented form at the meeting held at 8:30 AM on, 17 June, 2025 at BHPI (50th IRB Meeting).

The institutional Ethics committee expects to be informed about the progress of the study, any changes occurring in the course of the study, any revision in the protocol and patient information or informed consent and ask to be provided a copy of the final report. This Ethics committee is working accordance to Nuremberg Code 1947, World Medical Association Declaration of Helsinki, 1964 - 2013 and other applicable regulation.

Best regards,

Muhammad Millat Hossain
Associate Professor, Project and Course Coordinator, MRS
Member Secretary, Institutional Review Board (IRB)
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

সিআরপি-চাপাইন, সাভার, ঢাকা-১৩৪৩, বাংলাদেশ। ফোন: +৮৮ ০২ ২২৪৪৪৫৪৬৪-৫, +৮৮ ০২ ২২৪৪৪১৪০৪, মোবাইল: +৮৮ ০১৭৩০ ০৫৯৬৪৭
CRP-Chapain, Savar, Dhaka-1343, Bangladesh. Tel: +88 02 224445464-5, +88 02 224441404, Mobile: +88 01730059647
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Permission Letter for Data Collection

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)
CRP, Chapain, Savar, Dhaka-1343 Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Date: 19/08/2025

To
Principal,
Chapain New Model High School
Chapain, CRP, Savar, Dhaka-1343, Bangladesh

Subject: Regarding permission for data collection for undergraduate research.

Dear Sir,

With due respect I would like to draw your kind attention that I am a student of the 4th Year B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI), which is an academic institute of the Centre for the Rehabilitation of the Paralysed (CRP), affiliated to the Faculty of Medicine, University of Dhaka. According to my course curriculum, I have to conduct research, and my research title is **"Barriers to School Inclusion for Children with Attention Deficit Hyperactivity Disorder in Mainstream Schools across Selected Areas of Dhaka District"** with myself as the principal investigator and Prof. Sk. Moniruzzaman as my thesis supervisor & Md Azim Hossain as my thesis co-supervisor. The purpose of my study is to identify and analyze the barriers to school inclusion for children with Attention Deficit Hyperactivity Disorder in mainstream schools across selected areas of Dhaka District. I have obtained ethical clearance from the BHPI Institutional Review Board (IRB) (reference number: CRP-BHPI/IRB/07/2025/1109). I kindly request you provide me with permission to collect data from teachers of your institute. I assure you that the collected information will be used solely for academic purposes, and confidentiality will be maintained in accordance with ethical guidelines. Your permission and support would be invaluable to facilitate the successful completion of my research.

So, I therefore, pray and hope that you would be kind enough to grant me permission to collect data for my study and oblige thereby.

Sincerely yours,

Sumaiya Akter
Sumaiya Akter
4th Year, B.Sc. in Occupational Therapy
Session: 2020-21, Student ID: **122200452**
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Recommendation from the Head of the Department:

Prof. Sk. Moniruzzaman
Professor & Head
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
CRP, Savar, Dhaka-1343
Attachments: A Copy of IRB Approval Letter.

21.08.2025
Md. Abdur Rahim
M.A.M.Ed (First Class)
Index No-1008333
Headmaster/Secretary
Chapain New Model High School
Savar, Dhaka.

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)
CRP, Chapain, Savar, Dhaka-1343 Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Date: 19/08/2025

To
Principal,
Radio Colony Model School & College
Radio Colony, Savar, Dhaka-1343, Bangladesh

Subject: Regarding permission for data collection for undergraduate research.

Dear Sir/Madam,

With due respect I would like to draw your kind attention that I am a student of the 4th Year B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI), which is an academic institute of the Centre for the Rehabilitation of the Paralysed (CRP), affiliated to the Faculty of Medicine, University of Dhaka. According to my course curriculum, I have to conduct research, and my research title is **"Barriers to School Inclusion for Children with Attention Deficit Hyperactivity Disorder in Mainstream Schools across Selected Areas of Dhaka District"** with myself as the principal investigator and Prof. Sk. Moniruzzaman as my thesis supervisor & Md Azim Hossain as my thesis co-supervisor. The purpose of my study is to identify and analyze the barriers to school inclusion for children with Attention Deficit Hyperactivity Disorder in mainstream schools across selected areas of Dhaka District. I have obtained ethical clearance from the BHPI Institutional Review Board (IRB) (reference number: CRP-BHPI/IRB/07/2025/1109). I kindly request you provide me with permission to collect data from teachers of your institute. I assure you that the collected information will be used solely for academic purposes, and confidentiality will be maintained in accordance with ethical guidelines. Your permission and support would be invaluable to facilitate the successful completion of my research.

So, I therefore, pray and hope that you would be kind enough to grant me permission to collect data for my study and oblige thereby.

Sincerely yours,

Sumaiya Akter
Sumaiya Akter
4th Year, B.Sc. in Occupational Therapy
Session: 2020-21, Student ID: **122200452**
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Recommendation from the Head of the Department:

Prof. Sk. Moniruzzaman
Professor & Head
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
CRP, Savar, Dhaka-1343

Attachments: A Copy of IRB Approval Letter.

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)
CRP, Chapain, Savar, Dhaka-1343 Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Date: 08/09/2025

To
Principal,
Radiant School
East-Vagolpur, Savar, Dhaka-1340, Bangladesh

Subject: Regarding permission for data collection for undergraduate research.

Dear Sir,

With due respect I would like to draw your kind attention that I am a student of the 4th Year B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI), which is an academic institute of the Centre for the Rehabilitation of the Paralysed (CRP), affiliated to the Faculty of Medicine, University of Dhaka. According to my course curriculum, I have to conduct research, and my research title is **"Barriers to School Inclusion for Children with Attention Deficit Hyperactivity Disorder in Mainstream Schools across Selected Areas of Dhaka District"** with myself as the principal investigator and Prof. Sk. Moniruzzaman as my thesis supervisor & Md Azim Hossain as my thesis co-supervisor. The purpose of my study is to identify and analyze the barriers to school inclusion for children with Attention Deficit Hyperactivity Disorder in mainstream schools across selected areas of Dhaka District. I have obtained ethical clearance from the BHPI Institutional Review Board (IRB) (reference number: CRP-BHPI/IRB/07/2025/1109). I kindly request you provide me with permission to collect data from teachers of your institute. I assure you that the collected information will be used solely for academic purposes, and confidentiality will be maintained in accordance with ethical guidelines. Your permission and support would be invaluable to facilitate the successful completion of my research.

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Sincerely yours,

Sumaiya Akter

Sumaiya Akter
4th Year, B.Sc. in Occupational Therapy
Session: 2020-21, Student ID: **122200452**
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Recommendation from the Head of the Department:

Prof. Sk. Moniruzzaman
Professor & Head
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
CRP, Savar, Dhaka-1343

Attachments: A Copy of IRB Approval Letter.

ABUL KASHEM MOHAMMAD HASAN
PRINCIPAL
NEW RADIANT SCHOOL
EAST: VAGALPUR, SAVAR, DHAKA

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)
CRP, Chapain, Savar, Dhaka-1343 Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Date: 08/09/2025

To
Principal,
Savar Model Government Primary School
Savar Bazar Road, Savar, Dhaka-1340, Bangladesh

Subject: Regarding permission for data collection for undergraduate research.

Dear Sir/Madam,

With due respect I would like to draw your kind attention that I am a student of the 4th Year B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI), which is an academic institute of the Centre for the Rehabilitation of the Paralysed (CRP), affiliated to the Faculty of Medicine, University of Dhaka. According to my course curriculum, I have to conduct research, and my research title is **"Barriers to School Inclusion for Children with Attention Deficit Hyperactivity Disorder in Mainstream Schools across Selected Areas of Dhaka District"** with myself as the principal investigator and Prof. Sk. Moniruzzaman as my thesis supervisor & Md Azim Hossain as my thesis co-supervisor. The purpose of my study is to identify and analyze the barriers to school inclusion for children with Attention Deficit Hyperactivity Disorder in mainstream schools across selected areas of Dhaka District. I have obtained ethical clearance from the BHPI Institutional Review Board (IRB) (reference number: CRP-BHPI/IRB/07/2025/1109). I kindly request you provide me with permission to collect data from teachers of your institute. I assure you that the collected information will be used solely for academic purposes, and confidentiality will be maintained in accordance with ethical guidelines. Your permission and support would be invaluable to facilitate the successful completion of my research.

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Sumaiya Akter
Sumaiya Akter
4th Year, B.Sc. in Occupational Therapy
Session: 2020-21, Student ID: **122200452**
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Recommendation from the Head of the Department:

Prof. Sk. Moniruzzaman
Professor & Head
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
CRP, Savar, Dhaka-1343

Attachments: A Copy of IRB Approval Letter.

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)
CRP, Chapain, Savar, Dhaka-1343 Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Date: 08/09/2025

To
Principal,
Anis Memorial Cambridge High School
South-Gazirchat, Ashulia, Savar, Dhaka, Bangladesh

Subject: Regarding permission for data collection for undergraduate research.

Dear Sir,

With due respect I would like to draw your kind attention that I am a student of the 4th Year B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI), which is an academic institute of the Centre for the Rehabilitation of the Paralysed (CRP), affiliated to the Faculty of Medicine, University of Dhaka. According to my course curriculum, I have to conduct research, and my research title is **"Barriers to School Inclusion for Children with Attention Deficit Hyperactivity Disorder in Mainstream Schools across Selected Areas of Dhaka District"** with myself as the principal investigator and Prof. Sk. Moniruzzaman as my thesis supervisor & Md Azim Hossain as my thesis co-supervisor. The purpose of my study is to identify and analyze the barriers to school inclusion for children with Attention Deficit Hyperactivity Disorder in mainstream schools across selected areas of Dhaka District. I have obtained ethical clearance from the BHPI Institutional Review Board (IRB) (reference number: CRP-BHPI/IRB/07/2025/1109). I kindly request you provide me with permission to collect data from teachers of your institute. I assure you that the collected information will be used solely for academic purposes, and confidentiality will be maintained in accordance with ethical guidelines. Your permission and support would be invaluable to facilitate the successful completion of my research.

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Sincerely yours,

Sumaiya Akter
Sumaiya Akter
4th Year, B.Sc. in Occupational Therapy
Session: 2020-21, Student ID: **122200452**
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

14.09.25
মোহাম্মদ জিয়াউর রহমান
প্রধান শিক্ষক
আনিস মেমোরিয়াল ক্যামব্রিজ হাই স্কুল
দক্ষিণ গাজীরচট, আশুলিয়া, ঢাকা।

Recommendation from the Head of the Department:

Prof. Sk. Moniruzzaman
Professor & Head
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
CRP, Savar, Dhaka-1343
Attachments: A Copy of IRB Approval Letter.

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)
CRP, Chapain, Savar, Dhaka-1343 Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Date: 12/08/2025

To
Principal,
Savar Girls' High School
Savar, Dhaka-1340, Bangladesh

Subject: Regarding permission for data collection for undergraduate research.

Dear Sir/Madam,

With due respect I would like to draw your kind attention that I am a student of the 4th Year B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI), which is an academic institute of the Centre for the Rehabilitation of the Paralysed (CRP), affiliated to the Faculty of Medicine, University of Dhaka. According to my course curriculum, I have to conduct research, and my research title is **"Barriers to School Inclusion for Children with Attention Deficit Hyperactivity Disorder in Mainstream Schools across Selected Areas of Dhaka District"** with myself as the principal investigator and Prof. Sk. Moniruzzaman as my thesis supervisor & Md Azim Hossain as my thesis co-supervisor. The purpose of my study is to identify and analyze the barriers to school inclusion for children with Attention Deficit Hyperactivity Disorder in mainstream schools across selected areas of Dhaka District. I have obtained ethical clearance from the BHPI Institutional Review Board (IRB) (reference number: CRP-BHPI/IRB/07/2025/1109). I kindly request you provide me with permission to collect data from teachers of your institute. I assure you that the collected information will be used solely for academic purposes, and confidentiality will be maintained in accordance with ethical guidelines. Your permission and support would be invaluable to facilitate the successful completion of my research.

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Sincerely yours,

Sumaiya Akter
Sumaiya Akter
4th Year, B.Sc. in Occupational Therapy
Session: 2020-21, Student ID: **122200452**
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Recommendation from the Head of the Department:

Prof. Sk. Moniruzzaman
Professor & Head
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
CRP, Savar, Dhaka-1343

Attachments: A Copy of IRB Approval Letter.

14.8.25
S.M Rafiquzzaman
BA, B.Ed
Headmaster
Index No 329863
Savar Girls High School
Savar, Dhaka 1340

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)
CRP, Chapain, Savar, Dhaka-1343 Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Date: 19/08/2025

To
Principal,
Ati Panchdona High School
Ati, Keraniganj, Dhaka, Bangladesh

Subject: Regarding permission for data collection for undergraduate research.

Dear Sir/Madam,

With due respect I would like to draw your kind attention that I am a student of the 4th Year B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI), which is an academic institute of the Centre for the Rehabilitation of the Paralysed (CRP), affiliated to the Faculty of Medicine, University of Dhaka. According to my course curriculum, I have to conduct research, and my research title is **"Barriers to School Inclusion for Children with Attention Deficit Hyperactivity Disorder in Mainstream Schools across Selected Areas of Dhaka District"** with myself as the principal investigator and Prof. Sk. Moniruzzaman as my thesis supervisor & Md Azim Hossain as my thesis co-supervisor. The purpose of my study is to identify and analyze the barriers to school inclusion for children with Attention Deficit Hyperactivity Disorder in mainstream schools across selected areas of Dhaka District. I have obtained ethical clearance from the BHPI Institutional Review Board (IRB) (reference number: CRP-BHPI/IRB/07/2025/1109). I kindly request you provide me with permission to collect data from teachers of your institute. I assure you that the collected information will be used solely for academic purposes, and confidentiality will be maintained in accordance with ethical guidelines. Your permission and support would be invaluable to facilitate the successful completion of my research.

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Sumaiya Akter

Sumaiya Akter
4th Year, B.Sc. in Occupational Therapy
Session: 2020-21, Student ID: **122200452**
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

24.08.25
মুহাম্মদ মুশফিকুর রহমান খান
প্রধান শিক্ষক (ভিক্ষোত্ত)/সম্পাদক
ইনডেক্স নম্বর : D ১০১৬৮০০
আটি পাঁচদোনা উচ্চ বিদ্যালয়
আটি, কেরাণীগঞ্জ, ঢাকা১৩১২

Recommendation from the Head of the Department:

Prof. Sk. Moniruzzaman
Professor & Head
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
CRP, Savar, Dhaka-1343

Attachments: A Copy of IRB Approval Letter.

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)
CRP, Chapain, Savar, Dhaka-1343 Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Date: 19/08/2025

To
Principal,
Pachdana Government Primary School
Ati, Keraniganj, Dhaka, Bangladesh

Subject: Regarding permission for data collection for undergraduate research.

Dear Sir/Madam,

With due respect I would like to draw your kind attention that I am a student of the 4th Year B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI), which is an academic institute of the Centre for the Rehabilitation of the Paralysed (CRP), affiliated to the Faculty of Medicine, University of Dhaka. According to my course curriculum, I have to conduct research, and my research title is **"Barriers to School Inclusion for Children with Attention Deficit Hyperactivity Disorder in Mainstream Schools across Selected Areas of Dhaka District"** with myself as the principal investigator and Prof. Sk. Moniruzzaman as my thesis supervisor & Md Azim Hossain as my thesis co-supervisor. The purpose of my study is to identify and analyze the barriers to school inclusion for children with Attention Deficit Hyperactivity Disorder in mainstream schools across selected areas of Dhaka District. I have obtained ethical clearance from the BHPI Institutional Review Board (IRB) (reference number: CRP-BHPI/IRB/07/2025/1109). I kindly request you provide me with permission to collect data from teachers of your institute. I assure you that the collected information will be used solely for academic purposes, and confidentiality will be maintained in accordance with ethical guidelines. Your permission and support would be invaluable to facilitate the successful completion of my research.

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Sumaiya Akter

Sumaiya Akter
4th Year, B.Sc. in Occupational Therapy
Session: 2020-21, Student ID: **122200452**
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Recommendation from the Head of the Department:

Prof. Sk. Moniruzzaman
Professor & Head
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
CRP, Savar, Dhaka-1343
Attachments: A Copy of IRB Approval Letter.

২৪/০৮/২০২৫ ইং
আতিয়া আক্তার
প্রধান শিক্ষক
পাঁচদানা সরঃ প্রাঃ বিদ্যালয়
কেরাণীগঞ্জ, ঢাকা।

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)
CRP, Chapain, Savar, Dhaka-1343 Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Date: 25/08/2025

To
Principal,
Nayabazar High School
Ati, Keraniganj, Dhaka-1312, Bangladesh

Subject: Regarding permission for data collection for undergraduate research.

Dear Sir,

With due respect I would like to draw your kind attention that I am a student of the 4th Year B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI), which is an academic institute of the Centre for the Rehabilitation of the Paralysed (CRP), affiliated to the Faculty of Medicine, University of Dhaka. According to my course curriculum, I have to conduct research, and my research title is **"Barriers to School Inclusion for Children with Attention Deficit Hyperactivity Disorder in Mainstream Schools across Selected Areas of Dhaka District"** with myself as the principal investigator and Prof. Sk. Moniruzzaman as my thesis supervisor & Md Azim Hossain as my thesis co-supervisor. The purpose of my study is to identify and analyze the barriers to school inclusion for children with Attention Deficit Hyperactivity Disorder in mainstream schools across selected areas of Dhaka District. I have obtained ethical clearance from the BHPI Institutional Review Board (IRB) (reference number: CRP-BHPI/IRB/07/2025/1109). I kindly request you provide me with permission to collect data from teachers of your institute. I assure you that the collected information will be used solely for academic purposes, and confidentiality will be maintained in accordance with ethical guidelines. Your permission and support would be invaluable to facilitate the successful completion of my research.

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4th Year, B.Sc. in Occupational Therapy
Session: 2020-21, Student ID: **122200452**
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Recommendation from the Head of the Department:

Prof. Sk. Moniruzzaman
Professor & Head
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
CRP, Savar, Dhaka-1343

২৫/৮/২৫

মোঃ খলিলুর রহমান
এমএসসি (গণিত) এমএড
ইনডেম্ন নং-ডি ৪৮৩৪১৩
প্রধান শিক্ষক (ভারপ্রাপ্ত)
নয়াবাজার উচ্চ বিদ্যালয়
আটি, কেরাণীগঞ্জ, ঢাকা-১৩১২

Attachments: A Copy of IRB Approval Letter.

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)
CRP, Chapain, Savar, Dhaka-1343 Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Date: 25/08/2025

To
Principal,
Nayabazar Government Primary School
Ati, Keraniganj, Dhaka-1312, Bangladesh

Subject: Regarding permission for data collection for undergraduate research.

Dear Madam,

With due respect I would like to draw your kind attention that I am a student of the 4th Year B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI), which is an academic institute of the Centre for the Rehabilitation of the Paralysed (CRP), affiliated to the Faculty of Medicine, University of Dhaka. According to my course curriculum, I have to conduct research, and my research title is **"Barriers to School Inclusion for Children with Attention Deficit Hyperactivity Disorder in Mainstream Schools across Selected Areas of Dhaka District"** with myself as the principal investigator and Prof. Sk. Moniruzzaman as my thesis supervisor & Md Azim Hossain as my thesis co-supervisor. The purpose of my study is to identify and analyze the barriers to school inclusion for children with Attention Deficit Hyperactivity Disorder in mainstream schools across selected areas of Dhaka District. I have obtained ethical clearance from the BHPI Institutional Review Board (IRB) (reference number: CRP-BHPI/IRB/07/2025/1109). I kindly request you provide me with permission to collect data from teachers of your institute. I assure you that the collected information will be used solely for academic purposes, and confidentiality will be maintained in accordance with ethical guidelines. Your permission and support would be invaluable to facilitate the successful completion of my research.

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4th Year, B.Sc. in Occupational Therapy
Session: 2020-21, Student ID: **122200452**
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Recommendation from the Head of the Department:

Prof. Sk. Moniruzzaman
Professor & Head
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
CRP, Savar, Dhaka-1343

নিলুফা ইয়াসমিন 26/08/25
নিলুফা ইয়াসমিন
প্রধান শিক্ষক
নয়াবাজার সরকারি প্রাথমিক বিদ্যালয়
কেরাণীগঞ্জ, ঢাকা।

Attachments: A Copy of IRB Approval Letter.

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)
CRP, Chapain, Savar, Dhaka-1343 Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Date: 08/09/2025

To
Principal,
Joynagar Government Primary School
Keraniganj, Dhaka-1312, Bangladesh

Subject: Regarding permission for data collection for undergraduate research.

Dear Sir/Madam,

With due respect I would like to draw your kind attention that I am a student of the 4th Year B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI), which is an academic institute of the Centre for the Rehabilitation of the Paralysed (CRP), affiliated to the Faculty of Medicine, University of Dhaka. According to my course curriculum, I have to conduct research, and my research title is **"Barriers to School Inclusion for Children with Attention Deficit Hyperactivity Disorder in Mainstream Schools across Selected Areas of Dhaka District"** with myself as the principal investigator and Prof. Sk. Moniruzzaman as my thesis supervisor & Md Azim Hossain as my thesis co-supervisor. The purpose of my study is to identify and analyze the barriers to school inclusion for children with Attention Deficit Hyperactivity Disorder in mainstream schools across selected areas of Dhaka District. I have obtained ethical clearance from the BHPI Institutional Review Board (IRB) (reference number: CRP-BHPI/IRB/07/2025/1109). I kindly request you provide me with permission to collect data from teachers of your institute. I assure you that the collected information will be used solely for academic purposes, and confidentiality will be maintained in accordance with ethical guidelines. Your permission and support would be invaluable to facilitate the successful completion of my research.

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4th Year, B.Sc. in Occupational Therapy
Session: 2020-21, Student ID: **122200452**
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Recommendation from the Head of the Department:

Prof. Sk. Moniruzzaman
Professor & Head
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
CRP, Savar, Dhaka-1343

২৮/০৯/২০২৫
পূর্ণিমা রানী পাল
প্রধান শিক্ষিকা
নং জয়নগর সরকারি প্রাথমিক বিদ্যালয়
কেরানীগঞ্জ, ঢাকা।

Attachments: A Copy of IRB Approval Letter.

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)
CRP, Chapain, Savar, Dhaka-1343 Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Date: 12/08/2025

To
Principal,
Dhamrai Hardinge Govt High School & College
Dhamrai, Dhaka, Bangladesh

Subject: Regarding permission for data collection for undergraduate research.

Dear Sir/Madam,

With due respect I would like to draw your kind attention that I am a student of the 4th Year B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI), which is an academic institute of the Centre for the Rehabilitation of the Paralysed (CRP), affiliated to the Faculty of Medicine, University of Dhaka. According to my course curriculum, I have to conduct research, and my research title is **"Barriers to School Inclusion for Children with Attention Deficit Hyperactivity Disorder in Mainstream Schools across Selected Areas of Dhaka District"** with myself as the principal investigator and Prof. Sk. Moniruzzaman as my thesis supervisor & Md Azim Hossain as my thesis co-supervisor. The purpose of my study is to identify and analyze the barriers to school inclusion for children with Attention Deficit Hyperactivity Disorder in mainstream schools across selected areas of Dhaka District. I have obtained ethical clearance from the BHPI Institutional Review Board (IRB) (reference number: CRP-BHPI/IRB/07/2025/1109). I kindly request you provide me with permission to collect data from teachers of your institute. I assure you that the collected information will be used solely for academic purposes, and confidentiality will be maintained in accordance with ethical guidelines. Your permission and support would be invaluable to facilitate the successful completion of my research.

So, I therefore, pray and hope that you would be kind enough to grant me permission to collect data for my study and oblige thereby.

Sincerely yours,

Sumaiya Akter
Sumaiya Akter
4th Year, B.Sc. in Occupational Therapy
Session: 2020-21, Student ID: **122200452**
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Recommendation from the Head of the Department:

Prof. Sk. Moniruzzaman
Professor & Head
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
CRP, Savar, Dhaka-1343

Attachments: A Copy of IRB Approval Letter.

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)
CRP, Chapain, Savar, Dhaka-1343 Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Date: 14/09/2025

To
Principal,
Kumrail Government Primary School
Dhamrai, Dhaka, Bangladesh

Subject: Regarding permission for data collection for undergraduate research.

Dear Sir/Madam,

With due respect I would like to draw your kind attention that I am a student of the 4th Year B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI), which is an academic institute of the Centre for the Rehabilitation of the Paralysed (CRP), affiliated to the Faculty of Medicine, University of Dhaka. According to my course curriculum, I have to conduct research, and my research title is **"Barriers to School Inclusion for Children with Attention Deficit Hyperactivity Disorder in Mainstream Schools across Selected Areas of Dhaka District"** with myself as the principal investigator and Prof. Sk. Moniruzzaman as my thesis supervisor & Md Azim Hossain as my thesis co-supervisor. The purpose of my study is to identify and analyze the barriers to school inclusion for children with Attention Deficit Hyperactivity Disorder in mainstream schools across selected areas of Dhaka District. I have obtained ethical clearance from the BHPI Institutional Review Board (IRB) (reference number: CRP-BHPI/IRB/07/2025/1109). I kindly request you provide me with permission to collect data from teachers of your institute. I assure you that the collected information will be used solely for academic purposes, and confidentiality will be maintained in accordance with ethical guidelines. Your permission and support would be invaluable to facilitate the successful completion of my research.

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4th Year, B.Sc. in Occupational Therapy
Session: 2020-21, Student ID: **122200452**
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Recommendation from the Head of the Department:

Prof. Sk. Moniruzzaman
Professor & Head
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
CRP, Savar, Dhaka-1343

Attachments: A Copy of IRB Approval Letter.

২৬/০৯/২৫
মোঃ ইব্রাহীম খলিল
প্রধান শিক্ষক
কুমড়াইল সরকারি প্রাঃ বিদ্যালয়
ধামরাই, ঢাকা।

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)
CRP, Chapain, Savar, Dhaka-1343 Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Date: 08/09/2025

To
Principal,
Afaz Uddin School & College
Sarifbag, Dhamrai, Dhaka, Bangladesh

Subject: Regarding permission for data collection for undergraduate research.

Dear Sir,

With due respect I would like to draw your kind attention that I am a student of the 4th Year B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI), which is an academic institute of the Centre for the Rehabilitation of the Paralysed (CRP), affiliated to the Faculty of Medicine, University of Dhaka. According to my course curriculum, I have to conduct research, and my research title is **"Barriers to School Inclusion for Children with Attention Deficit Hyperactivity Disorder in Mainstream Schools across Selected Areas of Dhaka District"** with myself as the principal investigator and Prof. Sk. Moniruzzaman as my thesis supervisor & Md Azim Hossain as my thesis co-supervisor. The purpose of my study is to identify and analyze the barriers to school inclusion for children with Attention Deficit Hyperactivity Disorder in mainstream schools across selected areas of Dhaka District. I have obtained ethical clearance from the BHPI Institutional Review Board (IRB) (reference number: CRP-BHPI/IRB/07/2025/1109). I kindly request you provide me with permission to collect data from teachers of your institute. I assure you that the collected information will be used solely for academic purposes, and confidentiality will be maintained in accordance with ethical guidelines. Your permission and support would be invaluable to facilitate the successful completion of my research.

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Sumaiya Akter
4th Year, B.Sc. in Occupational Therapy
Session: 2020-21, Student ID: **122200452**
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Recommendation from the Head of the Department:

Prof. Sk. Moniruzzaman
Professor & Head
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
CRP, Savar, Dhaka-1343

16.09.2025
আশরাফ হোসেন
প্রধান শিক্ষক
আফাজ উদ্দিন উচ্চ বিদ্যালয়
শরীফবাগ, ধামরাই, ঢাকা।

Attachments: A Copy of IRB Approval Letter.

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)
CRP, Chapain, Savar, Dhaka-1343 Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Date: 14/09/2025

To
Principal,
Islampur Government Primary School
Dhamrai, Dhaka, Bangladesh

Subject: Regarding permission for data collection for undergraduate research.

Dear Sir/Madam,

With due respect I would like to draw your kind attention that I am a student of the 4th Year B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI), which is an academic institute of the Centre for the Rehabilitation of the Paralysed (CRP), affiliated to the Faculty of Medicine, University of Dhaka. According to my course curriculum, I have to conduct research, and my research title is **"Barriers to School Inclusion for Children with Attention Deficit Hyperactivity Disorder in Mainstream Schools across Selected Areas of Dhaka District"** with myself as the principal investigator and Prof. Sk. Moniruzzaman as my thesis supervisor & Md Azim Hossain as my thesis co-supervisor. The purpose of my study is to identify and analyze the barriers to school inclusion for children with Attention Deficit Hyperactivity Disorder in mainstream schools across selected areas of Dhaka District. I have obtained ethical clearance from the BHPI Institutional Review Board (IRB) (reference number: CRP-BHPI/IRB/07/2025/1109). I kindly request you provide me with permission to collect data from teachers of your institute. I assure you that the collected information will be used solely for academic purposes, and confidentiality will be maintained in accordance with ethical guidelines. Your permission and support would be invaluable to facilitate the successful completion of my research.

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Sumaiya Akter
Sumaiya Akter
4th Year, B.Sc. in Occupational Therapy
Session: 2020-21, Student ID: **122200452**
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Recommendation from the Head of the Department:

Prof. Sk. Moniruzzaman
Professor & Head
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
CRP, Savar, Dhaka-1343

Attachments: A Copy of IRB Approval Letter.

25.09.25
রেবেকা সুলতানা
প্রধান শিক্ষক
ইসলামপুর সরকারি প্রাথমিক
ধামরাই, ঢাকা।

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)
CRP, Chapain, Savar, Dhaka-1343 Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Date: 19/08/2025

To
Principal,
Kushura Abbas Ali High School
Kushura, Dhamrai, Dhaka, Bangladesh

Subject: Regarding permission for data collection for undergraduate research.

Dear Sir/Madam,

With due respect I would like to draw your kind attention that I am a student of the 4th Year B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI), which is an academic institute of the Centre for the Rehabilitation of the Paralysed (CRP), affiliated to the Faculty of Medicine, University of Dhaka. According to my course curriculum, I have to conduct research, and my research title is **"Barriers to School Inclusion for Children with Attention Deficit Hyperactivity Disorder in Mainstream Schools across Selected Areas of Dhaka District"** with myself as the principal investigator and Prof. Sk. Moniruzzaman as my thesis supervisor & Md Azim Hossain as my thesis co-supervisor. The purpose of my study is to identify and analyze the barriers to school inclusion for children with Attention Deficit Hyperactivity Disorder in mainstream schools across selected areas of Dhaka District. I have obtained ethical clearance from the BHPI Institutional Review Board (IRB) (reference number: CRP-BHPI/IRB/07/2025/1109). I kindly request you provide me with permission to collect data from teachers of your institute. I assure you that the collected information will be used solely for academic purposes, and confidentiality will be maintained in accordance with ethical guidelines. Your permission and support would be invaluable to facilitate the successful completion of my research.

So, I therefore, pray and hope that you would be kind enough to grant me permission to collect data for my study and oblige thereby.

Sincerely yours,

Sumaiya Akter

Sumaiya Akter
4th Year, B.Sc. in Occupational Therapy
Session: 2020-21, Student ID: **122200452**
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Recommendation from the Head of the Department:

Prof. Sk. Moniruzzaman
Professor & Head
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
CRP, Savar, Dhaka-1343

Attachments: A Copy of IRB Approval Letter.

07/08/25

MOHAMMAD AMINUR RAHMAN
HEAD MASTER
KUSHURA ABBAS ALI HIGH SCHOOL
DHAMRAI, DHAKA, INDEX NO. 476442

Appendix B: Information Sheet & Consent Form (English and Bangla Version)

Participation Explanation Sheet (English Version)

Bangladesh Health Professions Institute (BHPI)

Department of Occupational Therapy

CRP-Chapain, Savar, Dhaka-1343, Telephone: 02-7745464-5. 7741404. Fax: 0774506

Participant Explanatory Statement

Research Title: "Barriers to School Inclusion for Children with ADHD in Selected Mainstream Schools in Selected Areas of Dhaka District"

Student Researcher: Sumaiya Akter

4th year, B.Sc. in Occupational Therapy, Session: 2020-2021, Bangladesh Health Professions Institute (BHPI). CRP, Savar, Dhaka-1343

Supervisor: Prof. Sk. Moniruzzaman,

Professor & Head, Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI), CRP, Savar, Dhaka-1343

Co-Supervisor: Md. Azim Hossain

Lecturer, Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI) CRP, Savar, Dhaka-1343

Research place: Bangladesh Health Professions Institute (BHPI) CRP, Savar, Dhaka-1343

This information sheet is for you to keep.

What is the purpose of this research?

The purpose of this study is to identify and analyze the barriers to school inclusion of children with Attention-Deficit/Hyperactivity Disorder (ADHD) in mainstream schools located in the Dhaka and Savar regions. Based on teachers' responses to standardized questionnaires, the study aims to identify and analyze the various types and severity of barriers that preventing children with ADHD from attending regular schools. The findings aim to support the development of inclusive policies and teaching practices and to promote awareness and improved support for children with ADHD in regular classroom settings.

What does the research involve?

Before choosing to participate in this study, please carefully read the associated information. If you have any questions or need further clarification about any part of the research, you are welcome to contact the student researcher using the phone number or email address provided above. You have been invited to take part in a survey-based study that is being conducted out by a student in the Bangladesh Health Professions Institute (BHPI), CRP's occupational therapy department.

Participation requires completing a structured questionnaire that takes about 25 to 30 minutes. The survey will be conducted in person at your school or another agreed location at a convenient time. As a participant, you will share your views on factors affecting the inclusion of children with ADHD in mainstream classrooms. The questionnaire includes questions related to:

- Physical, cultural, policy, and administrative barriers
- Teaching adaptations for students with ADHD
- Your attitude and concerns regarding inclusive education

- Your background and teaching experience (sociodemographic data)

Why were you chosen for this research?

You have been invited to participate in this study because you are a teacher working in a mainstream school with experience or knowledge relevant to children with ADHD.

Source of funding

The research has been conducted on a self-funded basis.

Consenting to participate in the project and withdrawing from the research

If you consent to take part in this study, you will be required to sign a permission form and provide it to the researcher when you are interviewed. Your participation in this study is entirely voluntary, and you are not required to do so. If you decide to take part, you can stop at any time until the results are examined. If you want to withdraw or decline to answer any questions, there won't be any negative effects.

Possible benefits and risks to participants

Benefits:

- Your involvement will contribute to the understanding and improvement of inclusion practices for children with ADHD in Bangladesh.

Risks:

- The study is considered to be low risk. However, discussing the difficulties of teaching children with ADHD might make some people feel uncomfortable.
- You will be informed that participation is totally voluntary and that you are free to leave at any moment if it makes you uncomfortable.

Confidentiality

Your information will be kept private and available only to the student researchers who are conducting this study. There won't be any public papers that contain your name. Your name will be anonymous using a symbol when the inquiries are over, and that code will be used for any data analysis.

Storage of data

The collected data will be kept in a secured cloud storage system and on a password-protected computer that only the researchers may access. Hard copies of the data will be safely kept at the CRP Savar, Dhaka, Bangladesh Health Professions Institute (BHPI). Data will be kept for five years after the study is over, after which it will be safely destroyed according with institutional policies.

Results

The data collected through the questionnaires will be compiled and statistically analyzed to find common patterns and barriers associated to the inclusion of ADHD students in mainstream schools. The findings may be shared via reports, presentations at conferences, or scholarly publications. Participants can get a summary of the findings by getting in contact with the student researcher.

Complaints

If you have any concerns or complaints about the research, you can contact supervisor.

Prof. Sk. Moniruzzaman

Professor & Head

Department of Occupational Therapy

Bangladesh Health Professions Institute (BHPI), CRP

Cell: +8801716358212

Email: skmonirot@gmail.com

Co-supervisor,

Md. Azim Hossain

Lecturer

Department of Occupational Therapy

Bangladesh Health Professions Institute (BHPI)

CRP, Savar, Dhaka-1343

Cell: +8801521215034

Email: azim.bhpi_21@yahoo.com

Thank You,

Sumaiya Akter

CONSENT FORM (English version)

Bangladesh Health Professions Institute (BHPI)

Department of Occupational Therapy

CRP-Chapain, Savar, Dhaka-1343, Telephone: 02-7745464-5. 7741404. Fax: 0774506

Consent Form

This research is a part of the Occupational Therapy course. The name of the student researcher is Sumaiya Akter, a 4th-year student of B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI), CRP, Savar. The title of the study is: **"Barriers to School Inclusion for Children with ADHD in Selected Mainstream Schools in Selected Areas of Dhaka District."**

I am informed about the purpose and objective of this study, which is to analyze, from the perspectives of teachers, the barriers that children with ADHD experience in regular classroom environments. I am understanding the following:

- My participation in this research is completely voluntary. I may withdraw from the study at any time without facing consequences.
- My decision to participate or withdraw will not affect my job status, role, or professional relationship with any institution.
- All information I provide will be kept strictly confidential and will only be used for academic research purposes.
- My name and any other identifying information will not be published or disclosed in any way. Only the researcher will have access to the data for the purpose of analysis and reporting.
- I am free to consult with the researcher or the research supervisor if I have any questions about the study.

With my understanding, I consent to take part in the study and contribute data based on my knowledge and experience.

Name of Participant: _____

Phone Number: _____

Signature of Participant / Thumbprint: _____

Signature of Researcher: _____

Date: _____

Withdrawal FORM (English Version)

Research Title: "Barriers to School Inclusion for Children with Attention Deficit Hyperactivity Disorder in Selected Mainstream Schools in Selected Areas of Dhaka District"

Student Investigator: Sumaiya Akter

I, _____(the participant), wish to WITHDRAW my consent to the use of data arising from my participation. Data arising from my participation must NOT be used in this research project as described in the Information and Consent Form. I understand that data arising from my participation will be destroyed provided this request is received within four weeks of the completion of my participation in this project. I understand that this notification will be retained together with my consent form as evidence of the withdrawal of my consent to use the data I have provided specifically for this research project.

Name of Participant: _____

Signature of Participant / Thumbprint: _____

Date: _____

Participation Explanation Sheet (Bangla Version)

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)

অকুপেশনাল থেরাপি বিভাগ

সিআরপি-চাপাইন, সাভার, ঢাকা-১৩৪৩ টেলিফোন:০২-৭৭৪৫৪৬৪-৫,৭৭৪১৪০৪, ফ্যাক্স:০৭৭৪৫০৬

অংশগ্রহণকারীর জন্য ব্যাখ্যামূলক বিবৃতি

গবেষণার বিষয়: "ঢাকা জেলার নির্বাচিত এলাকার নির্বাচিত সাধারণ স্কুলগুলোতে ADHD (Attention Deficit Hyperactivity Disorder) শিশুদের স্কুল অন্তর্ভুক্তিতে বাধাসমূহ"

গবেষক: সুমাইয়া আক্তার, ৪র্থ বর্ষ, বি.এসসি ইন অকুপেশনাল থেরাপি,সেশন:২০২০-২০২১,বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই),সিআরপি, সাভার, ঢাকা-১৩৪৩

প্রধান তত্ত্বাবধায়ক: অধ্যাপক এস কে. মনিরুজ্জামান

অধ্যাপক ও বিভাগীয় প্রধান, অকুপেশনাল থেরাপি বিভাগ, বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই), সিআরপি, সাভার, ঢাকা-১৩৪৩

সহ-তত্ত্বাবধায়ক: মোঃ আজিম হোসেন

লেকচারার, অকুপেশনাল থেরাপি বিভাগ, বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই), সিআরপি, সাভার, ঢাকা-১৩৪৩

গবেষণার স্থান:

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই), সিআরপি, সাভার, ঢাকা-১৩৪৩

এই তথ্যপত্রটি আপনার কাছে রাখার জন্য,দয়া করে এটি সংরক্ষণ করুন।

এই গবেষণার উদ্দেশ্য কী?

এই গবেষণার উদ্দেশ্য হলো ঢাকা জেলার নির্বাচিত এলাকার নির্বাচিত সাধারণ স্কুলগুলোতে ADHD (Attention Deficit Hyperactivity Disorder) শিশুদের অন্তর্ভুক্তিতে (স্কুল ইনক্লুশনে) যেসব বাধাসমূহ রয়েছে, তা শনাক্ত করা এবং বিশ্লেষণ করা।শিক্ষকদের দ্বারা পূরণকৃত মানসম্পন্ন প্রশ্নমালার ভিত্তিতে, এই গবেষণাটি বিভিন্ন ধরনের ও মাত্রার প্রতিবন্ধকতাগুলো চিহ্নিত ও বিশ্লেষণ করা হবে, যা ADHD-যুক্ত শিশুদের সাধারণ স্কুলে অংশগ্রহণে বাধা সৃষ্টি করছে। এই গবেষণার ফলাফল ADHD-যুক্ত শিশুদের জন্য অন্তর্ভুক্তিমূলক নীতি ও পাঠদানের পদ্ধতি উন্নয়নে সহায়তা করবে এবং সাধারণ শ্রেণিকক্ষে এ ধরনের শিশুদের জন্য সচেতনতা বৃদ্ধি ও উন্নত সহায়তা প্রদানে ভূমিকা রাখবে।

এই গবেষণায় কী করা হবে?

এই গবেষণায় অংশগ্রহণের সিদ্ধান্ত নেওয়ার আগে অনুগ্রহ করে সংযুক্ত তথ্যসমূহ মনোযোগ সহকারে পড়ুন।

যদি গবেষণার কোনো অংশ সম্পর্কে আপনার কোনো প্রশ্ন থাকে বা আরও ব্যাখ্যার প্রয়োজন হয়, তাহলে উপরে দেওয়া ফোন নম্বর বা ইমেইল ঠিকানায় শিক্ষার্থী গবেষকের সঙ্গে যোগাযোগ করতে পারেন। আপনাকে একটি জরিপভিত্তিক গবেষণায় অংশগ্রহণের জন্য আমন্ত্রণ জানানো হয়েছে, যা বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই), সিআরপি'র অকুপেশনাল থেরাপি বিভাগের একজন শিক্ষার্থী পরিচালনা করছেন।

এই গবেষণায় অংশগ্রহণের জন্য আপনাকে একটি কাঠামোবদ্ধ প্রশ্নপত্র পূরণ করতে হবে, যা সম্পূর্ণ করতে আনুমানিক ২৫ থেকে ৩০ মিনিট সময় লাগবে। এই জরিপটি আপনার বিদ্যালয়ে বা সম্মত অন্য যেকোনো স্থানে, সুবিধাজনক সময়ে সরাসরি পরিচালিত হবে।

একজন অংশগ্রহণকারী হিসেবে, আপনি ADHD শিশুদের সাধারণ শ্রেণিকক্ষে অন্তর্ভুক্তিতে প্রভাব ফেলা বিষয়গুলো সম্পর্কে আপনার মতামত জানাবেন।

এই প্রশ্নপত্রে নিচের বিষয়ে প্রশ্ন থাকবে:

- শারীরিক, সাংস্কৃতিক, নীতিগত এবং প্রশাসনিক প্রতিবন্ধকতা
- ADHD শিক্ষার্থীদের জন্য পাঠদান পদ্ধতির পরিবর্তন/মানিয়ে নেওয়ার ব্যবস্থা
- অন্তর্ভুক্তিমূলক শিক্ষার বিষয়ে আপনার দৃষ্টিভঙ্গি এবং উদ্বেগ
- আপনার পটভূমি ও শিক্ষকতার অভিজ্ঞতা (সামাজিক-গোষ্ঠীগত তথ্য)

আপনাকে কেন এই গবেষণার জন্য নির্বাচন করা হয়েছে?

আপনাকে এই গবেষণায় অংশগ্রহণের জন্য আমন্ত্রণ জানানো হয়েছে কারণ আপনি একটি সাধারণ (mainstream) স্কুলে শিক্ষক হিসেবে কর্মরত রয়েছে।

অর্থায়ন:

এই গবেষণাটি নিজ খরচে পরিচালিত হচ্ছে।

অনুমতি ও অংশগ্রহণ প্রত্যাহার:

যদি আপনি এই গবেষণায় অংশগ্রহণে সম্মতি দেন, তাহলে আপনাকে একটি অনুমতি ফর্মে স্বাক্ষর করতে হবে এবং তা সাক্ষাৎকারের সময় গবেষকের কাছে জমা দিতে হবে। আপনার এই গবেষণায় অংশগ্রহণ সম্পূর্ণ স্বেচ্ছামূলক, এবং এটি করা আপনার জন্য বাধ্যতামূলক নয়। যদি আপনি অংশগ্রহণ করতে সম্মত না হন, তাহলে আপনি যেকোনো সময়, ফলাফল বিশ্লেষণের আগে, গবেষণা থেকে সরে আসতে পারবেন। আপনি যদি সরে যেতে চান বা কোনো প্রশ্নের উত্তর না দিতে চান, তাহলে এর জন্য আপনার কোনো নেতিবাচক প্রভাব পড়বে না।

সম্ভাব্য সুবিধা ও ঝুঁকি:

সুবিধা:

আপনার অংশগ্রহণ ADHD শিশুদের অন্তর্ভুক্তি উন্নয়নে অবদান রাখবে।

ঝুঁকি:

- এই গবেষণায় ঝুঁকি খুবই কম। তবে ADHD শিশুদের পড়ানো সংক্রান্ত বিষয় আলোচনা করলে কেউ কেউ অস্বস্তি অনুভব করতে পারেন।
- অংশগ্রহণ সম্পূর্ণ স্বেচ্ছামূলক এবং যদি আপনি অস্বস্তি বোধ করেন, তাহলে আপনি যেকোনো সময় অংশগ্রহণ প্রত্যাহার করতে পারবেন।

গোপনীয়তা:

আপনার তথ্য গোপন রাখা হবে এবং কেবলমাত্র এই গবেষণার সঙ্গে যুক্ত শিক্ষার্থী গবেষক তা দেখতে পারবেন।কোনো প্রকাশিত লেখায় আপনার নাম উল্লেখ করা হবে না। প্রশ্নপত্র পূরণ শেষ হলে আপনার নামের পরিবর্তে একটি প্রতীক ব্যবহার করা হবে এবং যেকোনো তথ্য বিশ্লেষণে সেই কোড/প্রতীক ব্যবহার করা হবে।

তথ্য সংরক্ষণ:

সংগ্রহিত তথ্য একটি নিরাপদ ক্লাউড স্টোরেজ সিস্টেমে এবং পাসওয়ার্ড-সুরক্ষিত কম্পিউটারে সংরক্ষণ করা হবে, যা কেবল গবেষকেরা ব্যবহার করতে পারবেন। তথ্যের মুদ্রিত কপি (hard copy) সিআরপি সাভার, ঢাকা, বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)-এ নিরাপদে সংরক্ষণ করা হবে। গবেষণা শেষ হওয়ার পর এই তথ্য পাঁচ বছর পর্যন্ত সংরক্ষণ করা হবে, এরপর প্রতিষ্ঠানের নীতিমালার অনুযায়ী নিরাপদভাবে ধ্বংস করে ফেলা হবে।

অভিযোগ:

গবেষণা নিয়ে কোনো অভিযোগ থাকলে আপনি নিম্নোক্ত ব্যক্তিদের সঙ্গে যোগাযোগ করতে পারেন:

প্রধান তত্ত্বাবধায়ক:

অধ্যাপক এস কে. মনিরুজ্জামান

অধ্যাপক ও বিভাগীয় প্রধান

অকুপেশনাল থেরাপি বিভাগ, বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (BHPI), সিআরপি

মোবাইল:+৮৮০১৭১৬৩৫৮২১২

ইমেইল: skmonirot@gmail.com

সহ-তত্ত্বাবধায়ক:

মোঃ আজিম হোসেন

লেকচারার

অকুপেশনাল থেরাপি বিভাগ, বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (BHPI), সিআরপি

মোবাইল: +৮৮০১৫২১২১৫০৩৪

ইমেইল: azim.bhpi_21@yahoo.com

ধন্যবাদান্তে,

সুমাইয়া আক্তার

Consent Form (Bangla Version)

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)

অকুপেশনাল থেরাপি বিভাগ

সিআরপি-চাপাইন, সাভার, ঢাকা-১৩৪৩ টেলিফোন:০২-৭৭৪৫৪৬৪-৫,৭৭৪১৪০৪, ফ্যাক্স:০৭৭৪৫০৬

সম্মতি পত্র

এই গবেষণাটি অকুপেশনাল থেরাপি কোর্সের একটি অংশ। গবেষণায় নিয়োজিত শিক্ষার্থী হচ্ছেন **সুমাইয়া আক্তার**, যিনি বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই), সিআরপি, সাভার-এ অকুপেশনাল থেরাপি বিষয়ে ৪র্থ বর্ষের শিক্ষার্থী। **গবেষণার বিষয়: "ঢাকা জেলার নির্বাচিত এলাকার নির্বাচিত সাধারণ স্কুলগুলোতে Attention Deficit Hyperactivity Disorder শিশুদের স্কুল অন্তর্ভুক্তিতে বাধাসমূহ"**. আমি এই গবেষণার উদ্দেশ্য ও লক্ষ্য সম্পর্কে জানি, যার লক্ষ্য হলো শিক্ষকদের দৃষ্টিভঙ্গির ভিত্তিতে ADHD শিশুদের সাধারণ শ্রেণিকক্ষে যেসব প্রতিবন্ধকতা থাকে তা বিশ্লেষণ করা। আমি নিম্নলিখিত বিষয়গুলো বুঝতে পারছি:

- এই গবেষণায় আমার অংশগ্রহণ সম্পূর্ণ স্বেচ্ছামূলক। আমি যেকোনো সময় গবেষণা থেকে সরে যেতে পারি, এতে আমার কোনো ক্ষতি হবে না।
- গবেষণায় অংশগ্রহণ বা তা থেকে সরে যাওয়ার সিদ্ধান্তের কারণে আমার চাকরির অবস্থা, দায়িত্ব বা কোনো প্রতিষ্ঠানের সাথে পেশাগত সম্পর্কের উপর কোনো প্রভাব পড়বে না।
- আমি যে সকল তথ্য প্রদান করব তা সম্পূর্ণ গোপন রাখা হবে এবং শুধুমাত্র একাডেমিক গবেষণার উদ্দেশ্যে ব্যবহার করা হবে।
- আমার নাম এবং অন্য যেকোনো সনাক্তকারী তথ্য কোথাও প্রকাশ করা হবে না। শুধুমাত্র গবেষক তথ্য বিশ্লেষণ ও প্রতিবেদন তৈরির উদ্দেশ্যে এই তথ্য দেখতে পারবেন ও ব্যবহার করতে পারবেন।
- গবেষণা সম্পর্কিত যেকোনো প্রশ্নের জন্য আমি গবেষক বা গবেষণার তত্ত্বাবধায়কের সঙ্গে যোগাযোগ করতে পারবো।

এই বিষয়গুলো বোঝার পর, আমি এই গবেষণায় অংশগ্রহণ করতে সম্মতি দিচ্ছি এবং আমার জ্ঞান ও অভিজ্ঞতার ভিত্তিতে তথ্য প্রদানে রাজি আছি।

অংশগ্রহণকারীর নাম: _____

ফোন নম্বর: _____

অংশগ্রহণকারীর স্বাক্ষর / আঙুলের ছাপ: _____

গবেষকের স্বাক্ষর: _____ **তারিখ:** _____

Withdrawal FORM (Bangla Version)

প্রত্যাহার পত্র

গবেষণার বিষয়: "ঢাকা জেলার নির্বাচিত এলাকার নির্বাচিত সাধারণ স্কুলগুলোতে ADHD (Attention Deficit Hyperactivity Disorder) শিশুদের স্কুল অন্তর্ভুক্তিতে বাধাসমূহ"

শিক্ষার্থী গবেষক: সুমাইয়া আক্তার

আমি, _____

(অংশগ্রহণকারী), আমার অংশগ্রহণ থেকে প্রাপ্ত তথ্য ব্যবহার করার সম্মতি প্রত্যাহার করতে চাই। আমার অংশগ্রহণ থেকে প্রাপ্ত কোনো তথ্য এই গবেষণা প্রকল্পে ব্যবহার করা যাবে না, যেটি তথ্য ও সম্মতি ফর্মে বর্ণিত হয়েছে। আমি বুঝতে পারছি যে, আমার অংশগ্রহণ থেকে প্রাপ্ত তথ্য ধ্বংস করে ফেলা হবে, যদি এই অনুরোধ আমার অংশগ্রহণ শেষ হওয়ার চার সপ্তাহের মধ্যে গ্রহণ করা হয়।আমি আরও বুঝতে পারছি যে, এই বিজ্ঞপ্তিটি আমার সম্মতি ফর্মের সাথে সংরক্ষণ করা হবে, যেন প্রমাণ থাকে যে আমি এই গবেষণা প্রকল্পে আমার প্রদত্ত তথ্য ব্যবহারের সম্মতি বাতিল করেছি।

অংশগ্রহণকারীর নাম: _____

অংশগ্রহণকারীর স্বাক্ষর / আঙুলের ছাপ: _____

ফোন নম্বর: _____

তারিখ: _____

Appendix C: Questionnaire (English Version)

Socio-Demographic Variables

1. **Age:** ☐ Years
2. **Gender:** ☐ Male ☐ Female ☐ Other
3. **Role in School**

   ☐ Class Teacher ☐ Subject Teacher ☐ Assistant Teacher

   ☐ Head Teacher/ Principal ☐ Other _____
4. **Years of Teaching Experience:** ☐ Years
5. **Educational Qualification**

   ☐ HSC ☐ Bachelor's ☐ Master's ☐ B.Ed ☐ M.Ed
6. **Type of School**

   ☐ Government ☐ Private ☐ MPO ☐ Other _____
7. **What class do you currently teach?** ☐ Class-
8. **Location of the School**

   ☐ Savar ☐ Dhamrai ☐ Keraniganj
9. **Has your school ever participated in any training or workshop related to inclusive education (e.g., through government, NGO, or institutional programs)?**

   ☐ Yes ☐ No ☐ Not sure
10. **Have you ever received any training on inclusive education?** ☐ Yes ☐ No

    If yes, please mention the type of training: _____& duration of training: _____

    Was ADHD covered in the training? ☐ Yes ☐ No ☐ Not sure
11. **How Confident Do You Feel Teaching Students with ADHD?**

    ☐ Not at all ☐ Slightly confident ☐ Moderately confident ☐ Confident ☐ Very confident
12. **Does Your School Provide Sufficient Support/Resources for Inclusive Education?**

    ☐ Yes ☐ No ☐ Not sure

Index for Inclusion

Please tick the group(s) below indicating your involvement with the school:

▢ Teacher

▢ Teaching assistant

▢ Other member of staff

▢ Student

▢ Parent/Career

▢ Governor

▢ Other (specify): .....

Please check the box that best expresses your opinion!	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
Dimension A1: Creating inclusive cultures					
A.1.1 Everyone is made to feel welcome.	☐	☐	☐	☐	☐
A.1.2 Students help each other.	☐	☐	☐	☐	☐
A.1.3 Staff collaborate with each other.	☐	☐	☐	☐	☐
A.1.4 Staff and students treat one another with respect.	☐	☐	☐	☐	☐
A.1.5 There is a partnership between staff and parents/careers.	☐	☐	☐	☐	☐
A.1.6 Staff and governors work well together.	☐	☐	☐	☐	☐
A.1.7 All local communities are involved in the school.	☐	☐	☐	☐	☐
A.2 Anchor inclusive values					
A.2.1 There are high expectations for all students.	☐	☐	☐	☐	☐
A.2.2 Staff, governors, students and parents/careers share a philosophy of inclusion.	☐	☐	☐	☐	☐

A.2.3 Students are equally valued.	☐	☐	☐	☐	☐
A.2.4 Staff and students treat one another as human beings as well as occupants of a 'role'.	☐	☐	☐	☐	☐
A.2.5 Staff seek to remove barriers to learning and participation in all aspects of the school.	☐	☐	☐	☐	☐
A.2.6 The school strives to minimise all forms of discrimination.	☐	☐	☐	☐	☐
Dimension B1: Producing inclusive policies					
B.1.1 Staff appointments and promotions are fair.	☐	☐	☐	☐	☐
B.1.2 All new staff are helped to settle into the school.	☐	☐	☐	☐	☐
B.1.3 The school seeks to admit all students from its locality.	☐	☐	☐	☐	☐
B.1.4 The school makes its buildings physically accessible to all people.	☐	☐	☐	☐	☐
B.1.5 All new students are helped to settle into the school	☐	☐	☐	☐	☐
B.1.6 The school arranges teaching groups so that all students are valued.	☐	☐	☐	☐	☐
B.2 Organize support for diversity					
B.2.1 All forms of support are coordinated.	☐	☐	☐	☐	☐
B.2.2 Staff development activities help staff to respond to student diversity.	☐	☐	☐	☐	☐
B.2.3 'Special educational needs' policies are inclusion policies.	☐	☐	☐	☐	☐

B.2.4 The Special Educational Needs Code of Practice is used to reduce the barriers to learning and participation of all students.	☐	☐	☐	☐	☐
B.2.5 Support for those learning English as an additional language is coordinated with learning support.	☐	☐	☐	☐	☐
B.2.6 Pastoral and behaviour support policies are linked to curriculum development and learning support policies.	☐	☐	☐	☐	☐
B.2.7 Pressures for disciplinary exclusion are decreased.	☐	☐	☐	☐	☐
B.2.8 Barriers to attendance are reduced.	☐	☐	☐	☐	☐
B.2.9 Bullying is minimised.	☐	☐	☐	☐	☐
Dimension C1: Evolving inclusive practices					
C.1.1 Teaching is planned with the learning of all students in mind.	☐	☐	☐	☐	☐
C.1.2 Lessons encourage the participation of all students.	☐	☐	☐	☐	☐
C.1.3 Lessons develop an understanding of difference.	☐	☐	☐	☐	☐
C.1.4 Students are actively involved in their own learning.	☐	☐	☐	☐	☐
C.1.5 Students learn collaboratively.	☐	☐	☐	☐	☐
C.1.6 Assessment contributes to the achievements of all students.	☐	☐	☐	☐	☐
C.1.7 Classroom discipline is based on mutual respect.	☐	☐	☐	☐	☐
C.1.8 Teachers plan, teach and review in partnership.	☐	☐	☐	☐	☐

C.1.9 Teaching assistants support the learning and participation of all students.	☐	☐	☐	☐	☐
C.1.10 Homework contributes to the learning of all.	☐	☐	☐	☐	☐
C.1.11 All students take part in activities outside the classroom.	☐	☐	☐	☐	☐
C.2 Mobilize resources					
C.2.1 Student difference is used as a resource for teaching and learning.	☐	☐	☐	☐	☐
C.2.2 Staff expertise is fully utilised.	☐	☐	☐	☐	☐
C.2.3 Staff develop resources to support learning and participation.	☐	☐	☐	☐	☐
C.2.4 Community resources are known and drawn upon.	☐	☐	☐	☐	☐
C.2.5 School resources are distributed fairly so that they support inclusion	☐	☐	☐	☐	☐

Questionnaire (Bangla Version)

সমাজ-জনসংখ্যাগত প্রশ্নাবলী

১. বয়স: বছর

২. লিঙ্গ: ☐ পুরুষ ☐ নারী ☐ অন্যান্য

৩. স্কুলে আপনার দায়িত্ব:

☐ শ্রেণি শিক্ষক ☐ বিষয় শিক্ষক ☐ সহকারী শিক্ষক ☐ প্রধান শিক্ষক / প্রিন্সিপাল ☐ অন্যান্য_____

৪. শিক্ষকতার অভিজ্ঞতা: বছর

৫. শিক্ষাগত যোগ্যতা:

☐ এইচএসসি ☐ স্নাতক ☐ মাস্টার্স ☐ বিএড ☐ এমএড ☐ অন্যান্য _____

৬. স্কুলের ধরন:

☐ সরকারী ☐ বেসরকারী ☐ এমপিও ☐ অন্যান্য _____

৭. বর্তমানে আপনি কোন শ্রেণি পড়ান? ☐ শ্রেণি –

৮. স্কুলের অবস্থান:

☐ সাভার ☐ ধামরাই ☐ কেরানীগঞ্জ

৯. আপনি কি জানেন আপনার স্কুল অন্তর্ভুক্তিমূলক শিক্ষা বিষয়ক কোনো প্রশিক্ষণ বা কর্মশালায় অংশগ্রহণ করেছে?

☐ হ্যাঁ ☐ না ☐ নিশ্চিত না

১০. আপনি কি কখনও অন্তর্ভুক্তিমূলক শিক্ষা বিষয়ক কোনো প্রশিক্ষণ গ্রহণ করেছেন? ☐ হ্যাঁ ☐ না

যদি হ্যাঁ হয়, প্রশিক্ষণের ধরণ লিখুন: _____ **এবং প্রশিক্ষণের সময়কাল:** _____

প্রশিক্ষণে ADHD বিষয়টি অন্তর্ভুক্ত ছিল কি? ☐ হ্যাঁ ☐ না ☐ নিশ্চিত না

১১. আপনি ADHD-যুক্ত শিক্ষার্থীদের পড়াতে কতটা আত্মবিশ্বাসী মনে করেন?

☐ একেবারেই না ☐ সামান্য আত্মবিশ্বাসী ☐ মোটামুটি আত্মবিশ্বাসী ☐ আত্মবিশ্বাসী ☐ খুব আত্মবিশ্বাসী

১২. আপনার স্কুল কি অন্তর্ভুক্তিমূলক শিক্ষার জন্য যথেষ্ট সহায়তা/সম্পদ রয়েছে?

☐ হ্যাঁ ☐ না ☐ নিশ্চিত না

ইনক্লুশন সূচক প্রশ্নাবলি

অনুগ্রহ করে নিচের বক্সে টিক চিহ্ন দিন, আপনি কোন গ্রুপের সাথে স্কুলে জড়িত তা নির্দেশ করার জন্য:

▢ শিক্ষক
▢ সহকারী শিক্ষক
▢ অন্যান্য স্টাফ সদস্য
▢ শিক্ষার্থী
▢ অভিভাবক/সন্তান লালনপালনকারী
▢ পরিচালনা পর্ষদের সদস্য
▢ অন্যান্য (উল্লেখ করুন): .....

অনুগ্রহ করে সেই বাক্সে টিক দিন যা আপনার মতামত সবচেয়ে ভালোভাবে প্রকাশ করে:	**একেবারেই একমত নই(১)**	**একমত নই(২)**	**মতামত নেই(৩)**	**একমত (৪)**	**পুরোপুরি একমত(৫)**
মাত্রা A: অন্তর্ভুক্তিমূলক সংস্কৃতি তৈরি করা					
A.1.1 সবাইকে স্বাগত জানানো হয়।	☐	☐	☐	☐	☐
A.1.2 শিক্ষার্থীরা একে অপরকে সাহায্য করে।	☐	☐	☐	☐	☐
A.1.3 কর্মীরা একে অপরের সাথে সহযোগিতা করে।	☐	☐	☐	☐	☐
A.1.4 কর্মী এবং শিক্ষার্থীরা একে অপরের সাথে সম্মানের সাথে আচরণ করে।	☐	☐	☐	☐	☐
A.1.5 কর্মী এবং অভিভাবকদের মধ্যে একটি অংশীদারিত্ব রয়েছে।	☐	☐	☐	☐	☐
A.1.6 কর্মী ও গভর্নররা একসাথে ভালোভাবে কাজ করেন।	☐	☐	☐	☐	☐

অনুগ্রহ করে সেই বাক্সে টিক দিন যা আপনার মতামত সবচেয়ে ভালোভাবে প্রকাশ করে:	**একেবারেই একমত নই(১)**	**একমত নই(২)**	**মতামত নেই(৩)**	**একমত (৪)**	**পুরোপুরি একমত(৫)**
A.1.7 স্থানীয় সকল সম্প্রদায় বিদ্যালয়ে সম্পৃক্ত থাকে।	☐	☐	☐	☐	☐
A.2 অন্তর্ভুক্তিমূলক মূল্যবোধের প্রতি লক্ষ্য রাখা হয়					
A.2.1 সকল শিক্ষার্থীর জন্য উচ্চ প্রত্যাশা রয়েছে।	☐	☐	☐	☐	☐
A.2.2 কর্মী, গভর্নর, শিক্ষার্থী এবং অভিভাকদের মধ্যে অন্তর্ভুক্তির একটি দর্শন রয়েছে।	☐	☐	☐	☐	☐
A.2.3 শিক্ষার্থীদের সমানভাবে মূল্য দেওয়া হয়।	☐	☐	☐	☐	☐
A.2.4 কর্মী এবং শিক্ষার্থীরা একে অপরকে মানুষ হিসেবে একই সাথে একটি 'ভূমিকা'র অধিকারী হিসেবে বিবেচনা করে।	☐	☐	☐	☐	☐
A.2.5 কর্মীরা স্কুলের সকল দিকের শিক্ষা এবং অংশগ্রহণের ক্ষেত্রে বাধা দূর করতে চায়।	☐	☐	☐	☐	☐
A.2.6 স্কুল সকল ধরণের বৈষম্য কমিয়ে আনার চেষ্টা করে।	☐	☐	☐	☐	☐
মাত্রা B: অন্তর্ভুক্তিমূলক নীতিমালা প্রণয়ন					
B.1.1 কর্মী নিয়োগ এবং পদোন্নতি ন্যায্য।	☐	☐	☐	☐	☐

অনুগ্রহ করে সেই বাক্সে টিক দিন যা আপনার মতামত সবচেয়ে ভালোভাবে প্রকাশ করে:	**একেবারেই একমত নই(১)**	**একমত নই(২)**	**মতামত নেই(৩)**	**একমত (৪)**	**পুরোপুরি একমত(৫)**
B.1.2 সকল নতুন কর্মীদের স্কুলে স্থায়ী হতে সাহায্য করা হয়।	☐	☐	☐	☐	☐
B.1.3 বিদ্যালয় তার এলাকার সকল শিক্ষার্থীকে ভর্তি করতে চায়।	☐	☐	☐	☐	☐
B.1.4 বিদ্যালয়ের ভবন সমূহ সকলের জন্য শারীরিকভাবে প্রবেশযোগ্য করে তোলা হয়েছে	☐	☐	☐	☐	☐
B.1.5 সকল নতুন শিক্ষার্থীকে স্কুলে স্থায়ী হতে সাহায্য করা হয়	☐	☐	☐	☐	☐
B.1.6 বিদ্যালয়টি এমনভাবে শিক্ষাদান গোষ্ঠী তৈরি করে যাতে সকল শিক্ষার্থীকে মূল্য দেওয়া হয়।	☐	☐	☐	☐	☐
B.2 বৈচিত্র্যের জন্য সহায়তা সংগঠিত করা হয়					
B.2.1 সকল ধরণের সহায়তা সমন্বিত করা হয়।	☐	☐	☐	☐	☐
B.2.2 কর্মী উন্নয়ন কার্যক্রম কর্মীদের সহায়তা করে শিক্ষার্থীর বৈচিত্র্যের প্রতি সাড়া দিতে।	☐	☐	☐	☐	☐
B.2.3 'বিশেষ শিক্ষাগত চাহিদা' নীতিগুলো হল অন্তর্ভুক্তি নীতি।	☐	☐	☐	☐	☐
B.2.4 সকল শিক্ষার্থীর শেখার এবং অংশগ্রহণের বাধা কমাতে বিশেষ শিক্ষাগত চাহিদা অনুশীলন কোড ব্যবহার করা হয়।	☐	☐	☐	☐	☐

অনুগ্রহ করে সেই বাক্সে টিক দিন যা আপনার মতামত সবচেয়ে ভালোভাবে প্রকাশ করে:	**একেবারেই একমত নই(১)**	**একমত নই(২)**	**মতামত নেই(৩)**	**একমত (৪)**	**পুরোপুরি একমত(৫)**
B.2.5 ইংরেজিকে অতিরিক্ত ভাষা হিসেবে শেখা শিক্ষার্থীদের জন্য যে সহায়তা দেওয়া হয়, তা স্কুলের সাধারণ শিক্ষা সহায়তা নীতিমালার সঙ্গে সমন্বিত থাকে	☐	☐	☐	☐	☐
B.2.6 শিক্ষার্থীদের মানসিক ও আচরণগত সহায়তার নীতিগুলো পাঠক্রম এবং শেখার সহায়তার সঙ্গে মিল রেখে তৈরি করা হয়	☐	☐	☐	☐	☐
B.2.7 শৃঙ্খলাজনিত বহির্ভূতকরণের চাপ হ্রাস করা হয়েছে।	☐	☐	☐	☐	☐
B.2.8 উপস্থিতির বাধাগুলো কমানো হয়েছে	☐	☐	☐	☐	☐
B.2.9 বুলিং বা হয়রানি কমানো হয়েছে।	☐	☐	☐	☐	☐
মাত্রা C: অন্তর্ভুক্তিমূলক অনুশীলনের বিকাশ					
C.1.1 সকল শিক্ষার্থীর শেখার কথা মাথায় রেখে শিক্ষাদান পরিকল্পনা করা হয়।	☐	☐	☐	☐	☐
C.1.2 পাঠগুলো সকল শিক্ষার্থীর অংশগ্রহণকে উৎসাহিত করে।	☐	☐	☐	☐	☐
C.1.3 পাঠগুলো পার্থক্যের বোধগম্যতা বিকাশ করে।	☐	☐	☐	☐	☐

অনুগ্রহ করে সেই বাক্সে টিক দিন যা আপনার মতামত সবচেয়ে ভালোভাবে প্রকাশ করে:	**একেবারেই একমত নই(১)**	**একমত নই(২)**	**মতামত নেই(৩)**	**একমত (৪)**	**পুরোপুরি একমত(৫)**
C.1.4 শিক্ষার্থীরা তাদের নিজস্ব শেখার সাথে সক্রিয়ভাবে জড়িত থাকে।	☐	☐	☐	☐	☐
C.1.5 শিক্ষার্থীরা একে অপরের সাথে সহযোগিতার মাধ্যমে শেখে।	☐	☐	☐	☐	☐
C.1.6 মূল্যায়ন সকল শিক্ষার্থীর সাফল্যে অবদান রাখে।	☐	☐	☐	☐	☐
C.1.7 শ্রেণীকক্ষের শৃঙ্খলা পারস্পরিক শ্রদ্ধার উপর ভিত্তি করে গড়ে উঠে।	☐	☐	☐	☐	☐
C.1.8 শিক্ষকরা মিলেমিশে পাঠ পরিকল্পনা, শিক্ষাদান এবং পর্যালোচনা করেন।	☐	☐	☐	☐	☐
C.1.9 শিক্ষক সহকারীরা সকল শিক্ষার্থীর শেখা এবং অংশগ্রহণকে সমর্থন করেন।	☐	☐	☐	☐	☐
C.1.10 হোমওয়ার্ক সকলের শেখার ক্ষেত্রে অবদান রাখে।	☐	☐	☐	☐	☐
C.1.11 সকল শিক্ষার্থী শ্রেণীকক্ষের বাইরের কার্যকলাপে অংশগ্রহণ করে।	☐	☐	☐	☐	☐
C.2 সম্পদ সংগ্রহ করুন					
C.2.1 শিক্ষার্থীদের পার্থক্যকে শিক্ষা ও শেখার একটি সম্পদ হিসেবে ব্যবহার করা হয়।	☐	☐	☐	☐	☐

অনুগ্রহ করে সেই বাক্সে টিক দিন যা আপনার মতামত সবচেয়ে ভালোভাবে প্রকাশ করে:	**একেবারেই একমত নই(১)**	**একমত নই(২)**	**মতামত নেই(৩)**	**একমত (৪)**	**পুরোপুরি একমত(৫)**
C.2.2 কর্মীদের দক্ষতা সম্পূর্ণরূপে ব্যবহৃত হয়।	☐	☐	☐	☐	☐
C.2.3 কর্মীরা শেখা এবং অংশগ্রহণে সহায়তা করার জন্য সম্পদ তৈরি করেন	☐	☐	☐	☐	☐
C.2.4 স্থানীয় সম্প্রদায়ের সম্পদগুলি চিহ্নিত করে তা কার্যকরভাবে ব্যবহার করা হয়।	☐	☐	☐	☐	☐
C.2.5 স্কুলের সম্পদগুলি সুষ্ঠুভাবে বিতরণ করা হয় যাতে তা অন্তর্ভুক্তিকে সমর্থন করে	☐	☐	☐	☐	☐

Appendix D: Supervision Contact Schedule

Bangladesh Health Professions Institute
Department of Occupational Therapy
4th Year B. Sc in Occupational Therapy
OT 401 Research Project

Thesis Supervisor- Student Contact; face to face or electronic and guidance record

Title of thesis: Barriers to School Inclusion for Children with ADHD in Mainstream Schools across Selected Areas of Dhaka District.

Name of student: Sumaiya Akter

Name and designation of thesis supervisor: Prof. SK. Moniruzzaman, Professor and Head Department of Occupational Therapy, BHPI, CRP, Savar, Dhaka.
Co-Supervisor: Md. Azim Hossain, Lecturer, Department of Occupational Therapy, BHPI, CRP.

Appointment No	Date	Place	Topic of discussion	Duration (Minutes/ Hours)	Comments of student	Student's signature	Thesis supervisor signature
1	28/05/25	BHPI office building	Title discussion	30 min	Need to more study different literature	Sumaiya	A. Mou
2	29/05/25	BHPI Library building	Title & Proposal discussion	1h, 40 min	Got clear idea about aim, objective	Sumaiya	A. Mou
3	01/06/25	BHPI Library	Proposal & scale discussion	1h, 15 min	Gained clear knowledge for writing	Sumaiya	A. Mou

4	04/06/25	BHPI office Building	scale discussion	1h,15 min	Got valuable feedback	Sumaiya	S.
5	14/06/25	BHPI Library Building	Title and scale discussion	1 hour 15 min	Final feedback before IRB Presentation Submission	Sumaiya	S.
6	16/06/25	BHPI Library Building	IRB Presentation discussion	1 hour 35 minutes	Got an clear idea about correction	Sumaiya	S.
7	18/06/25	BHPI office Building	Review and feedback discussion of IRB	2 hours 30 minutes	Got valuable feedback about writing	Sumaiya	S.
8	24/06/25	BHPI Library	sociodemographic and questionnaire discussion	1 hour 30 minutes	Helpful discussion for data collection initiation	Sumaiya	Su
9	13/07/25	BHPI Library	Appendixs feedback and discussion	1 hour 30 minutes	Effective discussion	Sumaiya	Su
10	23/07/25	BHPI Library	feedback on Introduction	1 hour 30 minutes	Got clear idea to write well	Sumaiya	S.
11	14/08/25	BHPI Library	Feedbacks on Literature Review	3 hours	Got clear knowledge about literature writing	Sumaiya	[illegible]
12	19/08/25	BHPI Library	Overall data collection status and feedbacks Literature Review	2 hours 30 minute	Helpful feedbacks for effective data collection	Sumaiya	[illegible]
13	25/08/25	BHPI office Building	Field test discussion and conceptual frameworks discussion	30 minutes	Effective and learning discussion	Sumaiya	[illegible]
14	26/08/25	BHPI Library	conceptual frame works discussion and Mathodology feedback	1 hour 30 minutes	Got clear idea on Conceptual framework writing	Sumaiya	[illegible]

15	30/08/25	BHPI office Building	Conceptual framework, field test feedback	2hour 30minute	Valuable and effective feedback	Sumaiya	
16	15/10/25	BHPI Library	Discussion on data analysis	3hours 30 minutes	Got Proper insight about analysis method	Sumaiya	
17	05/11/25	BHPI Library	Discussion on non-Parametric test	2 hours 30minutes	Got clear idea of data test	Sumaiya	
18	12/12/25	BHPI Library	Feedback on result	3hours 30minutes	Gained insight about Proper result writing	Sumaiya	
19	29/12/25	BHPI Library	Feedback on 1st draft	3hours 30minute	Need to correcet some section	Sumaiya	
20	09/02/26	BHPI Library	Correction and discussion of overall writing & result	3hours 30minute	Helpful feedback to correct thesis for submission	Sumaiya	

Note:

1. Appointment number will cover at least a total of 40 hours; applicable only for face to face contact with the supervisors.
2. Students will require submitting this completed record during submission your final thesis.