

## The level of services provided to children with disabilities in kindergartens from the point of view of their mothers

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**Abstract:** The study aimed to identify the level of services provided to children with disabilities in kindergartens from the point of view of their mothers, and to achieve the objectives of this study, a descriptive and analytical approach was adopted, A tool, consisting of (30) items, has also been developed to identify the level of services provided to children with disabilities and the indications of its validity and reliability have been verified. The sample of the study included (370) mothers of disabled children in kindergartens in Cairo governorate. The researchers have reached many results, the most important of which were: The level of services provided to children with disabilities in kindergartens from the viewpoint of their mothers was (average), with a mean of (2.83), and a standard deviation (.473). The results also indicated that there were no statistically significant differences at the level of significance (0.05) about the level of services provided to children with disabilities in kindergarten according to the variables of the social status and educational qualification, while there were statistically significant differences at the level of significance (0.05) according to the age variable and that In the first axis: (rehabilitative services, and the general average), and the Statistical differences were in favor of mothers under the age of 25. The study recommended providing qualified people to work with children with disabilities in kindergartens, in addition to providing the necessary financial support to improve the services provided to these children.

**Keywords:** Children with Disabilities, Kindergarten.

## مستوى الخدمات المقدمة للأطفال ذوي الإعاقة في رياض الأطفال من وجهة نظر أمهاتهم

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الملخص: هدفت الدراسة إلى التعرف على مستوى الخدمات المقدمة للأطفال ذوي الإعاقة في رياض الأطفال من وجهة نظر أمهاتهم، ولتحقيق أهداف هذه الدراسة تم اعتماد المنهج الوصفي التحليلي، كما تم تطوير أداة للتعرف على مستوى الخدمات المقدمة للأطفال ذوي الإعاقة مكونة من (30) فقرة وقد تم التحقق من دلالات صدقها وثباتها. واشتملت عينة الدراسة على (370) أمماً من أمهات الأطفال

المعاقين برياض الأطفال المعاقين بمحافظة القاهرة، وقد توصل الباحثون إلى العديد من النتائج أهمها: أن مستوى الخدمات المقدمة للأطفال ذوي الإعاقة في رياض الأطفال من وجهة نظر أمهاتهم جاءت (متوسطة)، وبمتوسط حسابي قدرة (2.83)، وانحراف معياري (473). كما أشارت النتائج إلى عدم وجود فروق دالة إحصائية عند مستوى الدلالة (0.05) حول مستوى الخدمات المقدمة للأطفال ذوي الإعاقة في رياض الأطفال وفقاً لمتغيرات الحالة الاجتماعية والمؤهل الدراسي، في حين كان هنالك فروق ذات دلالة إحصائية عند مستوى الدلالة (0.05) وفقاً لمتغير العمر وذلك في (المحور الأول: الخدمات التأهيلية، والمتوسط العام)، وجاءت الفروق الإحصائية لصالح الأمهات اللواتي أعمارهم أقل من 25 سنة. وقد أوصت الدراسة بتوفير الكوادر المؤهلة للعمل مع الأطفال ذوي الإعاقة في رياض الأطفال بالإضافة إلى توفير الدعم المالي اللازم لتحسين الخدمات المقدمة لهؤلاء الأطفال.

الكلمات المفتاحية: الأطفال ذوي الإعاقة، رياض الأطفال.

## Introduction

The importance of kindergarten stems from the importance of dealing with children in the early years, and many psychological and educational studies in the field of childhood confirm that everything that an individual achieves in terms of learning begins in childhood, and that the future characteristics of the individual are determined in the first six years of his life (salam, 2015), Kindergarten represents the stage that takes care of the child between three or four and may extend to six or seven in educational and social institutions that aim to achieve the integrated and balanced growth of children in all physical, mental, psychological and social aspects. And kindergartens are institutions that offer programs planned to meet the Kinetic, social, mental and psychological needs of children, and the term kindergarten, in most countries of the world, is used to every educational institution that seeks to achieve balanced integrated growth for all children (Hariri, 2013). There is no doubt that children with disabilities and their families have special needs and basic requirements. Therefore, their access to basic programs and services must be supported, including child care and the provision of health, educational, rehabilitation and entertainment services. Comprehensive development methods for children with disabilities, related to appropriate support and care, include early detection of disability, planning for assessment and early intervention, service provision, monitoring and evaluation, and provision of transitional support services from kindergarten to primary education (World Health Organization, 2012). Changes in the knowledge and abilities of kindergarten children can be observed from one week to the next due to the nature of the developmental stage they are going through. Therefore, determining the disability of a kindergarten child includes a comparison between the child and his natural peers and observing changes in growth and development over time, and the caregiver also observes growth rates to identify aspects that indicate a disability or developmental delay in the kindergarten child (National Association of School Psychologists, 2010). Among the most important services provided to children with disabilities in the kindergarten stage is the attempt to instill many behaviors and habits that qualify them to deal with their peers and ordinary children, and contribute to encouraging them to control emotions, focus and attention properly. (Marzouq, 2012) Egypt has sought to give attention to children with disabilities in the kindergarten stage, either by providing special services for them or by integrating them with ordinary children, as (The official

website of the Ministry of Social Solidarity, 2020) indicates the establishment of kindergartens for children with disabilities and works on rehabilitation of them according to their abilities and providing social, medical and psychological services to provide them with many skills that enable them to invest the maximum of their abilities, and Several trends have emerged calling for the necessity of enrolling these children in kindergartens because of its importance at the level of early intervention and integration programs (Al-Naqeeb, 2012). The educational services provided to children with disabilities include all educational practices aimed at forming the personality of children and providing them with social knowledge and skills that qualify them for effective communication, and which protect them from educational and psychological problems that may arise later, to ensure effective inclusion in their communities (The official website of the Gulf Society for Disability, 2020); In Egypt, the educational services provided to disabled children include providing them with rehabilitative care in order to provide them with basic life skills that help them depend on themselves by engaging in economic activities to gain their livelihood (UNESCO Office in Cairo, 2010), And we must not forget the supportive services provided to them in kindergartens designed to enhance the participation of these children in various activities, daily routines and purposeful play in order to improve and facilitate access to the best opportunities for developing and improving performance. Children with disabilities need adjustments and changes in curricula and educational strategies that focus on the child, taking into account intensive feedback to be used in the continuous development and evaluation processes of all that is presented to these children in order to belong, grow, participate and learn in educational environments early (Lundqvist, 2015), In 1975, the General Law, which emphasized the necessity of educating all the disabled, was issued and this is known as the Inclusion Law, Which states that services are available for children with special needs from birth to school age. At present, early intervention services and programs have helped integrate children with disabilities into public schools. Educational practices and curricula are now designed to meet the individual, developmental and cultural needs of students (Al-Zureikat, 2012).

#### **Children with disabilities:**

Children with disabilities are children who deviate from the level of their physical, emotional or social characteristics from their peers of the same age (Al-Jawaldeh F. a.-Q., 2012), p. 38). Another author defined disability as "a state of mental, physical or emotional deviation that leads to the inability to meet the requirements that his normal role in life requires, as a result of injury or inability to perform physiological or psychological functions." (Suleiman, 2012, p. 197). This person is called disabled. (Taher , 2017, p. 7)". also defined disability as "the inability of the individual to acquire the full potential or accomplish tasks, or the normal functions, which leads to a decrease in his ability to perform his social role as a result of weakness or inappropriate training for this role." . It is normal for children with disabilities to have some characteristics that differ from those of normal children. The process of identifying these

characteristics is important because it helps in developing and designing curricula and programs necessary to prepare them for life early, noting that these characteristics may not apply to all children to the same degree, and here are Some of them:

- **Physical and kinetic characteristics:** Children with disabilities suffer from many problems that may put great obstacles in front of them to discover the environment and interact with it, and if the disabled is not provided with alternative communication strategies, the disability may lead to many problems in physical development in addition to imposing significant restrictions on Kinetic development. The Kinetic development of these children is delayed compared to normal children, and they do not enjoy physical fitness like other peers.
- **Social and emotional characteristics:** The social and psychological adjustment of children with disabilities is greatly affected, as the process of regular peer communication with a disabled child is often limited, and their communication is concentrated within the family. Therefore, disabled children face difficulties in forming friendships and effective relationships with others, Also, their opportunity to interact with their peers is limited due to what communication problems impose on them, which in turn leads to difficulties in social and psychological adjustment and often leads to problems in self-concept and self-esteem. (Al-Jazazi, 2011, p. 273),
- **Cognitive characteristics:** In general, there is a decline in the level of cognitive performance, especially for children with mental disabilities, and this appears through their performance on IQ scales, especially verbal ones, The cognitive performance problems of children with disabilities range from simple to moderate and severe depending on the type and degree of disability, and this is all reflected in the cognitive characteristics of the disabled child (Arabiyat, 2011, p. 181). As explained by (Alkhafaf, 2011, pp. 42-43) Some other characteristics of children with disabilities are:
  - **Physical characteristics:** Children with disabilities are less weight and smaller than normal children, and they are more susceptible to disease, They are less in their Kinetic, sensory and verbal level, and the general health status of the disabled is characterized by general weakness and may make them more vulnerable to fatigue.
  - **Social and emotional characteristics:** Children with disabilities face many social and emotional problems that relate to poor social resilience, and many problems may arise within this framework, such as withdrawal, aggression, disturbance of self-concept, excessive movement, and the inability to establish effective and continuous social relationships with others.

#### **Kindergarten:**

Many definitions of kindergarten appeared, and among these definitions was mentioned by (Bawazir & Qurban, 2011, p. 107) that it is "every educational and social institution concerned with caring for a child from the age of three or four until the age of six or when he joins a primary school, It aims to

achieve integrated and balanced growth for him in all its physical, mental, psychological, and social aspects, in addition to enhancing his various capabilities and talents through play and free activity". Both (Ghobari & Abu Shaira, 2015, p. 63) defined kindergartens as "educational and developmental institutions that have an important role in the upbringing of the child and giving him the art of life. As their role is an extension of the role of the family, the kindergarten provides the child with care in all its forms, fulfills the demands of his growth and satisfies his needs. ". The kindergarten is an active partner with the family in raising the child at this important age stage, as it provides children in general with the initial knowledge they need to join the community and prepare for the next school stages, and therefore more efforts have to be made with children with disabilities due to the deficiency in their abilities, this may make them unable to keep up with other children in learning and benefiting; The services provided by the kindergarten to the disabled child vary, perhaps the most prominent of which is the attempt to rehabilitate the child to deal with the external community (Al-Sulaimi Y. b., 2010).

**Services provided to kindergarten children with disabilities:** the kindergarten stage is important because it provides the child with the initial knowledge he needs to join the community and prepare for the next stages of study. This stage has to make more efforts with the disabled child, as (Al-Sulaimi Y. b., 2010, p. 2) indicates that the kindergarten stage plays an important role in the child's upbringing, and most of the educational systems around the world are interested in it as it is considered an active partner with the family in raising a child at that important age; The services provided by the kindergarten to the disabled child vary, perhaps the most prominent of which is the attempt to rehabilitate the child to deal with the external community, as (Marzouq S. A., 2012) points out that one of the most prominent services provided to children with special needs in the kindergarten stage is to provide the child with many behaviors and habits that qualify him to deal with his peers and ordinary children, and contribute to encouraging him to properly control emotions, focus and attention. Egypt was not far from this field, as Egypt sought to pay attention to the disabled kindergarten child, either by providing them with specialized services in their own kindergartens or by integrating them with normal children, where (The official website of the Ministry of Social Solidarity, 2020) states that Egypt has established kindergartens for disabled children, which work to rehabilitate children according to different categories, provide social, medical and psychological care services, and provide children with many skills that enable them to invest their remaining capacities for other educational stages. While (Al-Naqeeb, 2012) indicated that many trends have emerged calling for the integration of children with special needs in kindergartens because of their natural rights, and some non-governmental organizations have appeared in Egypt that are interested in early intervention programs for children with special needs and their integration with ordinary children. And providing awareness services for families and training the educational staff in cooperation with some institutions such as the Egyptian Council for Motherhood and Childhood and some Egyptian universities. The education philosophy of children with disabilities in kindergarten is based

on helping the child succeed in education, and it has a lasting significance and impact on human development forever. There is a long history and increasing interest in integrating them with their ordinary peers so that they receive education, care, and protection that is an inherent right, as well as It contributes to developing positive social relationships with their families, peers, teachers, and community. Both (Shaban & Al-Munir , 2012, pp. 32-33) identified some of the importance that the kindergarten stage includes for children with disabilities, as follows:

- Provide the opportunity for social interaction for people with disabilities with their ordinary peers.
- Increase the social acceptance of children with disabilities by their ordinary peers.
- Enabling children with disabilities to emulate and imitate the behavior of their ordinary peers.
- Increasing communication opportunities between children with disabilities and ordinary children.
- Helping children with disabilities interact with their ordinary peers at an early age.

As all of this contributes to improving the attitudes of ordinary children towards their peers with special needs, and enabling ordinary children to identify the strengths and weaknesses of their peers with disabilities, which leads to the reduction or elimination of any misconceptions or negative trends that they may have. The following is a review of the most important services that children with disabilities need in the kindergarten stage:

- **Rehabilitation services:** These services, like any other, require emotional support for the child by parents, which requires parents to search for appropriate support through health care providers and social workers, and entertain the child by participating in play and fun with family members and friends. And the importance of this type of services in the kindergarten stage, specifically, developing the capabilities of the disabled child to move properly and training him to use the necessary aids according to his disability, in addition to training the child on appropriate life skills and communicating with others, and so on trying to qualify this child to deal with the environment easily (Al-Jawaldeh F. , 2016). Parents contribute to collecting sufficient information about the special needs of children with disabilities and how to meet them through reading books on rehabilitation of the handicapped, and facilitating early detection and diagnosis of disability and developmental delay, in order to provide special programs early to avoid complicating the situation. Parents also collaborate with healthcare professionals, including individual child care, development, implementation and evaluation program, the participation of children with disabilities in treatment programs based on Learning by touch, seeing, listening and communicating, and assessing the child's progress through continuous recording of notes and obtaining answers to questions from specialists in the treatment and rehabilitation of a disabled child, as well as the necessity to interact with peers, cultural and social partnerships, school learning, and participation in sports activities and competitions (Damayanti, Pankaj, 2016, p. 412-414)

- **Educational services:** These are the services provided to children with disabilities, whether in inclusion schools or separate education, which includes kindergartens, primary schools, Preparatory schools, and higher schools for children with disabilities, Co-education, which includes the integration of children with disabilities with their ordinary peers, and the use of general curricula according to the needs of children with disabilities, and the regulations for the integration of children with disabilities indicate their right to receive education with their ordinary peers (Efendi, 2018). These services are mainly based on the academic skills of preschoolers, which include pronouncing, reading and writing letters, performing various simple mathematical operations, training the child in problem-solving method, memorizing songs, identifying the names of plants and other academic skills necessary for the child at this stage (Al-Jawaldeh & al-Qamish, , 2016)
- **Recreational services:** Participation in what kindergarten offers to children with disabilities in terms of sports, art, group or individual games, etc., All this provides children with disabilities with opportunities to form friendships, express themselves, develop self-concept, promote ambition, perceived physical competence and accept others, which increases social adjustment, life satisfaction, family support, and later community participation ( Handicap , International, 2011). The recreational services include a number of various activities, such as providing safely designed games and dolls, displaying targeted animation for the purposes of consolidating learning by modeling, carrying out group trips in the open air, in addition to teaching them the principles of drawing, singing, simple playing, etc., all of this help to enhance the special abilities of children with disabilities and enhancing the ability to creativity, self-expression and sense of safety in a pleasant recreational atmosphere in addition to enhancing the abilities of these children in endurance, flexibility, balance, agility and muscle strength (Murphy & Carbone, 2008)

#### **Problem of the study:**

Despite the increasing interest in individuals with disabilities in Egypt, the degree of concern for children with disabilities in particular still needs more attention and serious work. Therefore, if workers in the early special education sector assume their responsibilities towards children with disabilities in terms of providing appropriate services to them in Kindergarten, then we will have started solving some of their problems. And this will be by correcting the developmental deviations they have in the early stages of their development, according to what was indicated by "Luther Harmer" studies that were conducted on disabled children in their early years, where the results showed that the services provided to these children were clearly effective (Al Massri , 2014).and the current study came to reveal the level of these services in Egypt, seeking further development and improvement in the future.

### Questions of the study:

The study questions focus on answering the following main question: What is the level of services provided to children with disabilities in kindergartens from the viewpoint of their mothers? From it, the following questions are divided:

- 1- What is the level of rehabilitation services provided to children with disabilities in kindergartens from the viewpoint of their mothers?
- 2- What is the level of educational services provided to children with disabilities in kindergartens from the viewpoint of their mothers?
- 3- What is the level of recreational services provided to children with disabilities in kindergartens from their mothers' point of view?
- 4- Are there statistically significant differences in the level of services provided to children with disabilities in kindergartens from the point of view of their mothers due to the study variables (marital status - qualification - age)?

### Purpose of the study

The study aimed to identify the level of services provided to children with disabilities in kindergartens from the point of view of their mothers

### Significance of the study:

- This study reveals the level of services provided to children with disabilities in Egypt.
- This study deals with an important category in the Egyptian society, which is the category of children with disabilities and their mothers.
- This study establishes awareness among mothers of children with disabilities of the importance of obtaining educational, rehabilitation and recreational services in the kindergarten stage.
- This study seeks to draw the attention of the responsible authorities to provide appropriate educational, rehabilitation and recreational programs for children with disabilities in the kindergarten stage.

**Limitations of the study:** This study was limited to mothers of children with disabilities in the kindergarten stage, whose ages range from (3-6) years, and who are registered in kindergartens in Cairo Governorate in Egypt for the academic year 2019/2020., and it has not been implemented in all governorates of Egypt.

**The Limitations of the study are:** the nature of the research procedures in terms of designing the study tool and its validity and reliability. With the possibility of generalization only to groups similar to the research community, study procedures, and study methodology.



### Terms of the study:

- **Children with disabilities:** According to the official website of the Americans with Disabilities Act (ADA), the American with Disabilities Act defines people with a disability as "a group of people who have a physical or mental disability that significantly restricts their ability to conduct general life activities." This includes individuals who have previously registered the presence of disabilities, regardless of their current condition. "They can be defined procedurally as children who are in kindergartens and who are officially diagnosed by an official competent authority with a specific disability.
- **Kindergarten:** (Hussein, 2019, p. 7) defined the kindergarten stage as "the pre-school stage of education and is concerned with the education of children from four years old to six years old, in which it provides organized educational experiences for children, and undertakes their care and development in the physical, mental and psychological aspects, so that they can live. " Procedurally, it is defined as the educational stage that provides educational, rehabilitation and recreational services for children from 3 to 6 years old
- **Rehabilitation services:** (Samarrai, 2014, p.13) defined it as "a process in which the various psychological, medical, social, professional and educational services are integrated, whether in the field of diagnosis, treatment, training, or employment, and it must start early and from the time when the child's disability is discovered in order to develop his abilities and reach the maximum possible extent, to help the child adapt to his disability and his surroundings. Procedurally, it is defined as the degree to which the sample members obtain over the rehabilitative services dimension in the study tool.
- **Educational services:** Both (Saed & Shaalan , 2014, p. 319) defined it as "all the factors that prepare the individual and help him gain experience, and the educational stages are represented in kindergartens, primary, middle, secondary and preparatory schools." The educational services are defined procedurally by the degree to which the sample members obtain over the educational services dimension in the study tool
- **Recreational services:** (Saud , 2012, p. 4)Saud defined it as "a group of activities that are practiced by individuals and groups during their free time, according to special and pre-planned criteria, and that have primary psychological motives, namely satisfaction, pleasure and joy, resulting from the practice of this activity, In addition to the economic and social impacts resulting from it. The recreational services are defined procedurally by the degree to which the sample members obtain over the recreational services dimension in the study tool.

### Previous studies:

A number of studies have been conducted in the Arab region on the topic of services provided to people with disabilities, but what distinguishes the current study is that it focused specifically on the kindergarten stage and on the level of rehabilitation, educational and recreational services provided to children with disabilities in Egypt from the point of view of the mothers of these children.

### Arab Studies:

- 1- (Al-Bustami, Fatiha, & Qaryouti, 2017) conducted a study aimed at identifying the extent of the satisfaction of parents of children with autism disorder with the level of services provided to their children, and to reveal the presence of statistically significant differences between the level of satisfaction attributed to the study variables, The sample included (300) parents, A scale of the level of satisfaction of parents of children with disabilities about the services provided to their children and their evaluation of their effectiveness was applied, the scale consisted of (34) items, and it was applied through the Ministry of Social Affairs to all centers and institutions in cooperation with the Emirates Autism Society, Zayed Higher Organization and Sharjah City for Humanitarian Services. The researchers found many results, the most important of which is that the level of satisfaction of parents of children with autism spectrum disorder with the level of services provided to their children is positive, which means that there is high general satisfaction.
- 2- (Al-Shayji, 2017) conducted a study aimed at revealing of the reality of the service facilities provided to children inside the kindergarten in the city of Riyadh, and identifying the existence of parks and playgrounds for children from the point of view of mothers who registered their children in the kindergarten, The study population consisted of all mothers of children enrolled in 133 governmental kindergartens for the pre-school stage in Riyadh, and the study sample included (180) mothers, and the researcher used the descriptive survey approach as the method of the study, and she used the questionnaire as a study tool. The researcher has reached many results, the most important of which is that it was found that there are no service facilities for children, and if these facilities exist, they are not suitable for children or they belong to adults, in addition to the weakness in the level of community partnership to provide these services. The results also indicated that the existence of parks and playgrounds from the point of view of mothers whose children are enrolled in kindergarten is acceptable. The study came out with many recommendations, the most important of which is the need to unify efforts and adopt community partnerships to provide service facilities for children, and to raise public awareness about the services provided to children and their importance in the Kingdom.
- 3- (Al makaneen & Smadi , 2016) conducted a study aimed at identifying the degree of commitment of special education programs in early childhood in Jordan in the evaluation indicators, and to reveal the

presence of significant differences in the degree of commitment of special education programs in early childhood in the dimensions of the global qualitative indicators due to the variables of the study, The study sample included (30) special education programs, and by using the qualitative indicators scale for early childhood special education programs as a tool for the study, to collect data on early childhood special education programs in Jordan, the two researchers developed a scale for evaluating these programs based mainly on the measures and tools used In developed countries, and the researchers reached many results, the most important of which is that the degree of commitment of special education programs in early childhood in Jordan in relation to the evaluation dimension was high, and the degree of commitment of special education programs in early childhood in Jordan in the other eight dimensions and the overall score was average.

- 4- Al-Sari' (2014) conducted a study aimed at identifying the level of educational programs and services provided to children with mental disabilities in special education institutions and centers in Jordan in light of Jordanian standards. The sample of the study included (160) institutions and centers in the three regions of the Kingdom of Jordan (center, north, south) for the year (2010), and the two tools of special accreditation standards for institutions and programs of mental disability were used and the tool consisted of eight dimensions and (89) main indicators and criteria for special accreditation Institutions and programs of autism disorder and the tool consisted of eight dimensions and (110) main indicators, The dimensions of the study tool were represented in the services and programs, the educational environment, evaluation, management and staff, vision, thought and mission, participation, support and empowerment of the family, integration and transitional services, and self-evaluation. The study indicated a number of results, the most important of which was that the dimension of services and programs was of high degree of applicability to institutions and centers for children with mental disabilities, followed by the dimension of the educational environment, the dimension of evaluation, and the dimension of management and workers with a moderate degree.

#### Foreign Studies:

- 1- (Egilson, & Stefánsdóttir , 2014) conducted a study that sought to investigate the experiences of parents of children with disabilities with the services that disabled children and their families receive from the Family Services Unit in the municipality of Akureyri in Iceland. The sample of the study included (46) parents of disabled children aged 2-6 years, and the study used the quantitative and qualitative survey method. Care approach scale, which included (56) items, was applied to assess the extent of service provision to children with disabilities and their families, and the Parental Evaluation of Services Scale, consisting of (30) items, to identify parents' opinions about the services provided to children with disabilities, and personal interviews with a focus group. The study found many results, the most important of which are: Parents of disabled children have perceptions about access to care

services from family care units that are consistent with family-focused values, they indicated that there are supportive trends and ease of access to caregivers in family services units that provide services to children with disabilities and their families, and the high level of satisfaction with care services among parents of disabled children who receive daily support. Parents of children with autism spectrum disorder have lower levels of satisfaction with care services than parents of children with other disabilities. Parental participation in decision-making and positive experiences about the behavior of workers are positive indicators in predicting the level of satisfaction with care services.

- 2- The study of Brooks and Shaughnessy (Brooks & Shaughnessy, 2013) aimed to identify the basic features related to the model of providing services to children with complex needs and their families who are registered in the secretariat of the National Health Services Authority in Britain, and the study population consisted of parents of children with complex needs, language and verbal therapists, psychologists, professionals, Community nurses, teachers and health visitors in the Secretariat of the National Public Health Authority in Britain. The study sample included (7) parents of children with complex needs, the ages ranged from 3-10 years, and the study used the exploratory case study methodology, as the study used semi-structured and individual interviews that dealt with the services provided to children with disabilities and their families. The study found many results, the most important of which are: Parents of children with complex needs face challenges in accessing health and social services when searching for care for their children. And the deficiency in the clarity of standards for providing health and social services to children with disabilities, despite the skill of parents in dealing with health and social care systems gained from experience in child care, Families of children with complex needs face challenges in accessing care services represented by the lack of a comprehensive systemic care system, including general hierarchical and systematic methods related to understanding the complexity of providing services, Where the parents indicated the commitment of specialists within the health and social care centers to provide quality services to children with complex needs and their families. Key aspects of the model of providing services for children with complex needs include: lack of contact between parents and professionals in providing care for children with complex needs, cooperation and the consideration of parents as health care providers.
- 3- Bacter (2012) conducted a study aimed at investigating the level of access of children with disabilities and their families to social, medical and educational services in the district of Bihor. The study population consisted of parents of children with neuromotor disabilities in Bihor district, and the study sample included (107) parents of children with neuromotor disabilities, whose ages ranged from 10-14 years, and all the participating families were from rural areas, The study used the analytical method, as well as a questionnaire that dealt with services related to the family, housing, income, health, education, social and family relations, and entertainment for children with disabilities and their families. The study found many results, the most important of which are: Difficulties facing

families of children with disabilities: difficulties in accessing health services specialists, school registration problems, problems with access to services for children and families in rural areas, including special treatments and health coverage services, and deficiencies in the information related to the available services, the difficulties in understanding the information provided by the specialists, and the deficiency in the services of the care professionals in the areas where the disabled children and their families reside, which leads to the mobility problems facing children with disabilities in rural areas while trying to access the services, Parents' problem-solving skills, coping mechanisms, and self-esteem play an important role in the growth of family relationships with children with disabilities, as parents' access to information and support helps in promoting health and development of children with disabilities, and the positive impact of the availability of services related to the disabled and their families in promoting a sense of well-being and participation by mothers in educational and therapeutic interventions for children with disabilities.

### **Commentary on previous studies**

By reviewing the previous studies contained in the current study, it was noted that the scientific methodology used in the majority of it was the descriptive method as it serves the purpose of the study and the nature and number of samples in it, with the exception of a study by Brooks and others, (Brooks & Shaughnessy, 2013), that used the case study method and individual interviews, since the sample represents children with complex special needs, whose percentage is small compared to children with disabilities in general. Where the sample members in that study were (7) mothers, while in the current study it reached (370) mothers. As for the results of the current study compared with what the results of previous studies indicated, the results of the current study are in agreement with the results of (Al-Shayji, 2017), (Al makaneen & Smadi , 2016) and (Al-Sari', 2014) that the level of services provided to children with disabilities was average. The reason for the agreement of these results may be attributed to the insufficient interest in early special education services and programs provided to children with disabilities in the kindergarten stage. The results of the current study also differed from the results of the study of (Al-Bustami & Qaryouti , 2017), whose results were high with regard to the level of satisfaction among parents of children with autism spectrum disorder. The reason for this difference may be attributed to the place where the study is conducted in, the UAE, as it is considered one of the countries that possess high financial capabilities that enable them to provide early and appropriate special education services. Also, children with autism spectrum disorder receive care and support that may be higher than other categories. With regard to the variables of the study, none of the previous studies indicated in its results to specific variables, while the current study dealt with the variable of age, academic qualification and marital status. It is worth noting that the current study was applied to the Egyptian society, as there are no studies on the

services provided to people with disabilities in kindergartens in Egypt within the limits of researchers' knowledge.

#### Methodology of the study: A descriptive approach was used.

- **Study population and sample:** The study population consisted of all mothers of disabled children in kindergartens in Cairo Governorate in Egypt, and the study sample included a random sample of (370) mothers of disabled children in kindergartens in Cairo governorate, distributed in (7) kindergartens.

As for the exploratory sample that was used in calculating the validity and reliability of the tool, it was from outside the study sample and consisted of (30) mothers of disabled children in kindergartens in Cairo,

**Table No. (1) The distributed and retrieved questionnaires valid for statistical analysis**

Distributed questionnaires	Valid questionnaires for analysis	The percentage of valid questionnaires for analysis
410	370	90%

It is evident from the results of Table No. (1): that the number of distributed questionnaires (410) was distributed via an electronic link to the study sample by contacting the kindergarten administrations participating in the research, while the number of questionnaires valid for statistical analysis is (370) questionnaires.

#### Distribution of sample individuals according to marital status:

**Table No. (2) Distribution of the sample members according to marital status**

Marital status	Freq	Percentage
Married	292	%78.9
Divorced	34	%9.2
Widow	44	%11.9
Total	370	%100

Table No. (2) shows that the largest percentage obtained by the distribution of the study sample according to marital status is (78.9%) for married women, followed by (11.9%) for widows, and the lowest percentage was (9.2%) for divorced women.

#### Distribution of the sample according to qualification:

**Table No. (3) Distribution of the sample members according to qualification**

Qualification	Freq	Percentage
Illiterate	32	%8.6
Secondary or less	156	%42.2

Qualification	Freq	Percentage
BA	139	%37.6
Advanced studies	43	%11.6
Total	370	%100

Table No. (3) shows that the largest percentage obtained by the distribution of the study sample according to qualification is (42.2%) for the qualification (secondary or less), followed by (37.6%) for the qualification (Bachelor), and the lowest percentage came (8.6%) for the qualification (illiterate).

#### Distribution of the sample according to age:

Table No. (4) Distribution of the sample according to age

Age	Freq	Percentage
Less than 25 years old	64	%17.3
From 25 to less than 35 years old	212	%57.3
From 35 years and more	94	%25.4
Total	370	%100

Table No. (4) shows that the largest percentage obtained by the distribution of the study sample according to age is (57.3%) for the age (from 25 to less than 35 years), followed by (25.4%) for the age (from 35 years and over). The lowest percentage was (17.3%) for the age group (less than 25 years).

**Study tool:** The researchers built the study tool to identify the level of services provided to children with disabilities in kindergartens from the point of view of their mothers, by referring to previous theoretical studies. The tool contained in its final form demographic information in addition to the following axes: Rehabilitation services which included items 1-10, educational services which included items 11-21, recreational services that included items 22-30.

#### Correction of the tool:

The scale was corrected by giving the answers: **Strongly agree, Agree, I don't know, Disagree, strongly disagree**, scores (1,2,3,4,5) are given respectively and a higher score indicates a higher level. To determine the level of the five-scale cells, it was divided into three levels as follows: -

(4 = 1-5)) Then we find the length of the category (1.33 = 3-4), and based on the above, the scale cells level became as follows: -

First level:  $1+1.33=2.33$  (1-2.33) low level

Second level:  $2.33+1.33=3.67$  (2.34-3.67) Medium level

Third level:  $3.67+1.33=5$  (3.68-5) high level

#### The scale's validity:

The validity of the scale was verified in two ways:

- **Validity of arbitrators:** The scale was sent, after setting the Initial formula of it, which consisted of 38 items, to 9 of specialists, to judge the suitability, clarity and relevance of the phrase to the scale, They provided a number of proposals and amendments that were taken, and thus the scale became in its final form consisting of (30) items, and the arbitrators' validity coefficient reached 80%.
- **Validity of the internal consistency of the scale:** The validity of the internal consistency was calculated by calculating the correlation coefficients between the scores of each statement and the total score of the scale, and their results are shown in the following table:

**Table No. (5) Pearson correlation coefficients for the scale (n=30)**

The first axis: Rehabilitative services		The second axis: Educational services		The third axis: Recreational services	
Statement no.	Correlation coefficient	Statement no.	Correlation coefficient	Statement no.	Correlation coefficient
1	.877**	11	.846**	22	.903**
2	.970**	12	.885**	23	.939**
3	.885**	13	.923**	24	.972**
4	.904**	14	.969**	25	.941**
5	.914**	15	.900**	26	.948**
6	.949**	16	.867**	27	.974**
7	.946**	17	.862**	28	.867**
8	.971**	18	.940**	29	.941**
9	.844**	19	.959**	30	.960**
10	.940**	20	.888**		
		21	.908**		

\*\* Statistically significant at the significance level (0.01).

Table No. (5) shows that the correlation coefficients of the expressions with the total degree of the scale dimensions to which the statement belongs were all statistically significant at the level of significance (0.01), All values of the correlation coefficients were function values. In the first axis: (rehabilitative services) ranged between (.844 \*\* -. 971 \*\*), In the second axis, (**educational services**) ranged between (.846 \*\* -. 969 \*\*), in the third axis: (**Recreational services**) ranged between (.867 \*\* -. 974 \*\*), All the values of the correlation coefficients came as function values, as they ranged in the scale axes between (.844 \*\* -. 974 \*\*), which indicates the availability of a high degree of validity of internal consistency of the scale axes.



- **The General constructive validity of the scale:** The general structural validity of the scale axes was verified by finding the correlation coefficients between the total score of each axis and the general average of the scale axes, the results of which are shown in the following table:

**Table No. (6) Correlation coefficients between the total score for each axis and the general average of the scale axes**

No.	Axes	Correlation coefficient
1	The first axis: Rehabilitative services	.993**
2	The second axis: Educational services	.994**
3	The third axis: Recreational services	.989**

Table No. (6) shows: that the values of the correlation coefficients between the total score for each dimension and the general average of the scale axes came with high values, as they ranged between (.989 \*\* - .994 \*\*), and all of them were statistically significant at the level of significance (0.01); This indicates the availability of a high degree of constructive validity of the scale axes.

- **Stability of the study scale:** For the purposes of extracting the Cronbach Alpha stability coefficient, it was applied to an exploratory sample of (30) mothers of disabled children in kindergartens in Cairo from outside the study sample, and the results were according to the following table:

**Table No. (7) the stability coefficient of Cronbach alpha**

No.	Axes	The number of phrases	Cronbach alpha coefficient
1	The first axis: rehabilitative services	10	.995
2	The second axis: educational services	11	.995
3	The third axis: Recreational services	9	.996
The overall average		30	.996

The results of Table No. (7) show that the coefficient values of the scale axes came with high values, Where the value of the coefficient of stability of the scale axes ranged between (.995 -.996), and the value of the coefficient of total stability for the scale axes was (.996). This indicates the validity of the scale for applicability and the reliability of its results.

#### **Procedures of the study:**

The population and sample of the study were determined, The tool was built and indications of validity and reliability were extracted, and then applied to the study sample. Where the main, researcher residing in Cairo, entered the official website of the Ministry of Social Solidarity, the Social Affairs Sector, and a list of the names of kindergartens for children with disabilities in Cairo was obtained. Then contact was made by phone with their administrations, and the principals of seven kindergartens agreed to cooperate with the main researcher, namely (Al-Amal Al-Buraq, Al-Sondos Foundation for Handicapped Orphans, Al-Nahal for Handicapped Children, Kayan, Lovers of God, the Abni Foundation for Special

Groups, and Basmat Amal Association for the Care of Children with Special Needs ), The main researcher sent a copy of the study tool through the WhatsApp application to the kindergarten principals, who in turn sent it to 410 mothers, and within two weeks the tool was filled by (370) mothers, with a recovery rate of (90%). Then the required statistical results and Processing were monitored and discussed. Recommendations were also presented.

### Statistical processors:

Based on the nature of the study and the goals that the researchers sought to achieve, the data were analyzed using the Statistical Package for Social Sciences (spss) program and the results were extracted according to the following statistical methods:

- **Frequencies and percentages:** To identify the characteristics of the individuals of the research sample according to the demographic data of the study sample individuals.
- **Means and standard deviations:** to calculate the averages of the questionnaires' statements as well as the total scores of the questionnaire axes based on the responses of the study sample individuals in order to answer the first three questions.
- **Pearson Correlation Coefficient:** to calculate internal consistency.
- **One Way Anova analysis of variance:** To calculate the statistical differences between the responses of the study sample individuals in order to answer the fourth question.
- **Scheffe test:** to identify the trend of statistical differences in the fourth question.

### Results and discussion:

**The results of the main question:** What level of services are provided to children with disabilities in kindergartens from their mothers' point of view?

To answer this question, the mean and standard deviation of the scale axes, which the researchers identified in (3) main axes, were calculated, and then these axes were arranged in descending order according to the mean of each axis, and this shown in the following table:

**Table No. (8): The averages and standard deviations of the responses of the sample members about the scale axes**

Axes	Averages	Standard deviations	Order	Rate
The first axis: rehabilitative services	2.19	.986	3	Low
The second axis: educational services	3.08	.617	2	Average
The third axis: Recreational services	3.25	.644	1	Average
The overall average	2.83	.473		Average

Table No. (8) shows that That the general average of the axes of the questionnaire was (medium), with a mean of (2.83), and a standard deviation (.473). In the first order was (the third axis: Recreational services) with an average of (3.25), a standard deviation (.644) and a medium response degree, and in the second order (the second axis: educational services) with an average of (3.08) and a standard deviation (.617) with a medium degree of response, and in the last order (the first axis: rehabilitative services) with an average of (2.19), a standard deviation (.986) and a weak degree of response. This result can be explained by the lack of (specialized) people working with children with disabilities in kindergarten in Cairo, the lack of knowledge of the principles of special education, in addition to the lack of awareness of the families of children with disabilities and their lack of demand to provide a good level of services to their children.

**Results of the first question:** What is the level of rehabilitative services provided to children with disabilities in kindergartens from the viewpoint of their mothers?

To answer this question, the averages and standard deviation were calculated for the rehabilitation services items, and then arranged in descending order according to the arithmetic mean, and the following table shows that:

**Table No. (9): averages and standard deviations for responses about rehabilitative services**

No	Item	Averages	Standard deviations	Order	Rate
1	Kindergarten is concerned with training the child to move properly.	2.65	1.488	1	Average
10	kindergarten contributes to training students to identify directions.	2.37	1.377	2	Weak
9	Kindergarten develops children's ability to discover the outside world.	2.31	1.405	3	Weak
4	kindergarten trains the child to eat and drink properly.	2.28	1.428	4	Weak
2	kindergarten teaches the child to use various aids - headphones - crutches - medical devices...).	2.21	1.337	5	weak
7	kindergarten contributes to training children in socially acceptable behaviors (hygiene, discipline,.....).	2.12	1.315	6	Weak
8	Kindergarten contributes to making children flexible, agile and active.	2.09	1.319	7	Weak
3	Kindergarten is concerned with training the child to speak properly.	1.98	1.254	8	Weak
6	Kindergarten helps the child to communicate with normal children.	1.95	1.212	9	Weak
5	kindergarten trains the child in simple manual skills ....tying shoelaces.	1.90	1.213	10	Weak
Overall average		2.19	.986	Weak	

Table No. (9) shows that the general average for the first axis: rehabilitative services came with a (weak) response rate, with an average of (2.19) and a standard deviation (.986). The weakness of the rehabilitation services provided due to the lack of information among the working staff can be explained by the fact that not all of them are specialized in the field of special education. This leads to low expectations of children with disabilities, insufficient effort to train them, and failure to provide adequate rehabilitation programs and specific times needed to train these children.

**The results of the second question:** What is the level of educational services provided to children with disabilities in kindergartens from the viewpoint of their mothers?

To answer this question, the mean and standard deviation were calculated for the educational services items, and then arranged in descending order according to the mean for each item, and the following table shows that

**Table No. (10) the means and standard deviations of responses about educational services:**

No	Item	averages	standard deviations	Order	Rate
22	The kindergarten contributes to introducing the child to the name of the state, its flag, and a history of it.	3.29	1.061	1	Average
12	The kindergarten trains the child to do various mathematical operations.	3.28	1.153	2	Average
13	Kindergarten is interested in instilling religious principles in children	3.18	1.101	3	Average
14	Kindergarten seeks to instill patriotic principles in children.	3.17	1.032	4	Average
15	Kindergarten trains the child to pronounce letters correctly.	3.11	1.039	5	Average
16	The kindergarten helps train the child to pronounce words and phrases in formal Arabic.	3.08	1.023	6	Average
18	The kindergarten contributes to memorize some religious texts by children.	3.00	1.050	7	Average
19	Training the child to solve problems.	2.99	1.062	8	Average
17	Kindergarten trains children to memorize songs.	2.98	.940	9	Average
20	The kindergarten helps introduce the child to the names of animals.	2.92	.945	10	Average
21	Kindergarten introduces the child to the names of plants.	2.87	1.086	11	Average
Overall average		3.08	.617	3.08	Average

It can be seen from Table No. (10): that the general average for the second axis: educational services came with a medium response degree, with an average of (3.08) and a standard deviation (.617). This result can be explained, because the kindergarten uses the general curricula designed for this stage

for ordinary children, which are based on basic educational skills such as reading and writing, and If there were specialists in the kindergarten who had accurate scientific information about disabilities, they would have made a greater effort to adapt educational services to suit the capabilities of children with disabilities, and the level of these services provided to these children would have improved.

**The results of the third question:** What is the level of recreational services provided to children with disabilities in kindergartens from the point of view of their mothers?

To answer this question, the mean and standard deviation of recreational services items were calculated, and then arranged in descending order according to the arithmetic mean for each item, and that is shown in the following table:

**Table No. (11): The arithmetic means and standard deviations for responses about recreational services**

NO	Item	averages	standard deviations	Order	Rate
2	The kindergarten organizes journeys for children.	3.66	1.190	1	High
1	The kindergarten provides the child with different games (dolls - dolls - balls...).	3.65	1.135	2	High
8	The kindergarten is interested in training the child to play with blocks (cubes).	3.50	1.085	3	High
9	Kindergarten provides children with storyboards.	3.28	1.186	4	Average
3	The kindergarten is interested in developing children's team play skills.	3.26	.998	5	Average
5	The kindergarten makes entertainment games suitable for students.	3.25	.990	6	Average
4	The kindergarten displays animation films.	3.24	.956	7	Average
6	The kindergarten teaches the child to draw.	3.05	1.016	8	Average
7	The kindergarten provides singing activities and using some simple instruments (tambourine, tabla...)	2.35	1.286	9	Weak
Overall average		3.25	.644	Average	

Table No. (11) shows: The general average for recreational services came with a medium degree, with a mean of (3.25), and a standard deviation (.644). This result can be explained by the fact that workers with children with disabilities in the kindergarten are not aware of the importance of recreational services for these children and the extent of their reflection on the growth and development of their various abilities, due to the lack of specialized information they have, which can be provided through artistic activities such as drawing, playing, singing, drama, etc, or sports activities. This result can also be explained by the high financial costs that recreational services require.

**The results of the fourth question:** Are there statistically significant differences in the level of services provided to children with disabilities in kindergartens from the point of view of their mothers due to the study variables (marital status - qualification - age)?

To answer this question, the One Way Anova test and the Scheffe test were used as follows:

- A- Statistical differences according to the difference in the marital status variable: The One Way Anova test was used to identify the statistical differences according to the marital status variable, and its results are shown in the following table:

**Table No. (12) the results of "One Way Anova" for the differences in the study sample answers about the level of services provided to children with disabilities in kindergartens according to the marital status variable**

Axes	Source of variation	Sum of squares	Degree of Freedom (DF)	Squares' average	F-value	Statistical significance
The first axis: rehabilitative services	Between groups	1.743	2	.871	0.897	0.409
	Within groups	356.664	367	.972		
	Total	358.407	369	--		
The second axis: educational services	Between groups	.361	2	.180	0.473	0.623
	Within groups	139.951	367	.381		
	Total	140.312	369	--		
The third axis: Recreational services	Between groups	.096	2	.048	0.116	0.891
	Within groups	153.157	367	.417		
	Total	153.254	369	--		
The overall average	Between groups	.032	2	.016	0.070	0.932
	Within groups	82.616	367	.225		
	Total	82.648	369	--		

Table No. (12) shows that there are no statistically significant differences at the level of significance (0.05) from the point of view of the study sample members about the level of services provided to children with disabilities in kindergartens according to the marital status variable in all aspects of the questionnaire. This can be explained by the fact that the kindergarten suffers from the lack of educational, rehabilitative and recreational facilities that it can provide for children with disabilities, so the marital status will not make a difference in the way the kindergarten works as a whole.

B- Statistical differences according to the educational qualification variable: The One Way Anova test was used to identify the statistical differences according to the academic qualification variable, and its results are shown in the following table:

**Table No. (13) the results of "One Way Anova" for the differences in the answers about the level of services provided to children with disabilities in kindergartens according to the educational qualification variable**

Axes	Source of variation	Sum of squares	Degree of Freedom (DF)	Squares' average	F-value	Statistical significance
The first axis: rehabilitative services	Between groups	1.116	3	.372	.381	.767
	Within groups	357.291	366	.976		
	Total	358.407	369	--		
The second axis: educational services	Between groups	2.589	3	.863	2.294	.078
	Within groups	137.723	366	.376		
	Total	140.312	369	--		
The third axis: Recreational services	Between groups	.139	3	.046	.111	.954
	Within groups	153.115	366	.418		
	Total	153.254	369	--		
The overall average	Between groups	.138	3	.046	.204	.893
	Within groups	82.510	366	.225		
	Total	82.648	369	--		

Table No. (13) shows that there are no statistically significant differences at the significance level (0.05) from the point of view of the study sample members about the level of services provided to children with disabilities in kindergartens according to the qualification variable in all aspects of the questionnaire. This result can be explained by the fact that the kindergarten, according to the results of the current study, does not provide a good level of services needed to take care of children with disabilities. Therefore, mothers with all their academic qualifications suffer from the lack of adequate rehabilitation, educational or recreational services for their children.

C- Statistical differences according to the age variable: The One Way Anova test was used to identify the statistical differences according to the age variable, and its results are shown in the following table:

**Table No. (14) the results of "One Way Anova" for the differences in the study sample answers about the level of services provided to children with disabilities in kindergartens according to the age variable:**

Axes	Source of variation	Sum of squares	Degree of Freedom (DF)	Squares' average	F-value	Statistical significance
The first axis: rehabilitative services	Between groups	8.258	2	4.129	4.328	.014
	Within groups	350.149	367	.954		
	Total	358.407	369	--		
The second axis: educational services	Between groups	2.026	2	1.013	2.688	.069
	Within groups	138.286	367	.377		
	Total	140.312	369	--		
The third axis: Recreational services	Between groups	.401	2	.201	.481	.618
	Within groups	152.853	367	.416		
	Total	153.254	369	--		
The overall average	Between groups	2.199	2	1.099	5.016	.007
	Within groups	80.449	367	.219		
	Total	82.648	369	--		

Table No. (14) shows that there are no statistically significant differences at the significance level (0.05) from the point of view of the study sample members about the level of services provided to children with disabilities in kindergartens according to the age variable in (the second axis: educational services, and the third axis: Entertainment services). This can be explained by the fact that the difference in the ages of the sample members was not significant, and all of them are within the age level of mothers who have children in kindergarten, and mothers are also able to observe the level of educational and entertainment services provided to their children.

The existence of statistically significant differences at the significance level (0.05) from the point of view of the study sample about the level of services provided to children with disabilities in kindergartens according to the age variable in (the first axis: rehabilitative services, and the general average). To find out the statistical differences, the Scheffe test was used as follows:



Table No. (15) Scheffe test for age

Axes	Age	No.	Average	Age		
				Less than 25	From 25 to 35	35 and more
The first axis: rehabilitative services	Less than 25	64	2.39	*		-
	From 25 to 35	212	2.23		-	
	35 and more	94	1.95	-		
Overall average	Less than 25	64	2.96	*		-
	From 25 to 35	212	2.84		-	
	35 and more	94	2.72	-		

Table No. (15) shows that there are statistically significant differences at the level of significance (0.05) from the point of view of the study sample members about the level of services provided to children with disabilities in kindergartens according to the age variable in (the first axis: rehabilitative services, the general average) The statistical differences came in favor of those under the age of 25. This can be explained by the fact that mothers under the age of 25 are affected by the condition of their children in a way that makes them notice the least changes in them, and therefore they notice all the positive or negative changes in aspects of their lives, so the degree of their response to them is higher than others.

#### Recommendations:

- The most important recommendations are to provide qualified personnel to work with children with disabilities in kindergartens, in addition to providing the necessary financial support to improve the services provided to these children

#### References

- ADA. (2020). What is the Definition of Disability Under the ADA?. Retrieved 7 13, 2020, from <https://adata.org/faq/what-definition-disability-under-ada>.
- Al makaneen, H.-F., & Smadi, J. (2016). Evaluating special education programs in early childhood in Jordan in light of international qualitative indicators. *Studies - Educational Sciences*, 43, 817-836.
- Al Massri, M.-S. (2014). The effectiveness of an early intervention program in reducing some symptoms associated with mental disability in pre-school children. (Unpublished PhD thesis). Beni Suef University. Faculty of Education.

- Al-Bustami, G., & Qaryouti, I. (2017). The satisfaction of parents of autistic children with regard to services provided to their children in the United Arab Emirates and its relationship to some factors.. The Educational Journal,, 31 (122), 87-123.
- Al-Bustami, G. J., Fatiha, M. A., & Qaryouti, I. A. (2017). The satisfaction of parents of autistic children with regard to services provided to their children in the United Arab Emirates and its relationship to some factors. The Educa.
- Al-Jawaldeh, F., & al-Qamish,, M. (2016). Physical and Health Disabilities. Amman, Jordan: Dar Al Thaqafa for Publishing and Distribution.
- Al-Jawaldeh, F. (2016). Introduction to Special Education, "Basics of Teaching People with Special Needs. Amman, Jordan.: Dar Al Thaqafa for Publishing and Distribution.
- Al-Jawaldeh, F. a.-Q. (2012). Educational programs and treatment methods for people with special needs. Amman, Jordan: Dar Al Thaqafa for Publishing and Distribution.
- Al-Jazazi, J. A. (2011). Counseling people with special needs and their families. Amman: Dar Al-Hamed for Publishing and Distribution.
- Alkhafaf, I. A. (2011). The comprehensive training file for the unusual child. Amman: Dar alamnahj for publication and distribution.
- Al-Naqeeb, I. A.-A. (2012). Inclusion of people with special needs in kindergarten institutions A Philosophical View.. Journal of Childhood and Education, 4 (11),, 339-376.
- Al-Shayji, u. A. (2017). Study the reality of children's service facilities from the point of view of mothers whose children are enrolled in kindergarten in Riyadh.. Al-Balqa Journal for Research and Studies, 20 (2), 85-101.
- Al-Sulaimi, Y. b. (2010). Kindergarten. Education Lette.
- Al-Sulaimi, Y. b. (2010). Kindergarten.. Education Letter,, 28 -2.
- Al-Zureikat, I. A. (2012). Early intervention: forms and procedures. 3rd Edition,,: Amman: Dar Al Masirah for Publishing, Distribution and Printing.
- Arabiyat, A. A. (2011). Counseling people with special needs and their families. Sultanate of Oman: Dar Al-Shorouk for publishing and distribution.
- Bacter, C. (2012). The Social Protection of Children with Disabilities and their Families. A case study of the Bihorcounty. Revista de AsistențăSocială, (1), 23-31..
- Bawazir, S. A., & Qurban, N. A. (2011). Development of historical and geographical concepts for kindergarten children. Amman: Dar Al Masirah for Publishing, Distribution and Printing.
- Brooks, F. B., & Shaughnessy. (2013). Evaluation of services for children with complex needs: mapping service provision in one NHS Trust. Primary health care research & development, 14 (1), 52-62. . .

- Damayanti, S, & Pankaj, B. (2016). Rehabilitation of children with special needs in India: Role of parents. GJRA-Global Journal for research analysis.
- Efendi, M. . (2018). The Implementation of Inclusive Education in Indonesia for Children with Special Needs: Expectation and Reality. Journal of ICSAR, 2 (2).
- Egilson,, S., & Stefánsdóttir, S. (2014)... Welfare services and disabled children: Perspectives from parents in the municipality of Akureyri. Stjórn málogStjórnsýsla, 10 (2), 589-612..
- Ghobari, T. A., & Abu Shaira, K. M. (2015). Psychology of human development between childhood and adolescence. Amman: Dar Al-Asar Alelmi for Publishing and Distribution, Arab Society Library for Publishing and Distribution.
- Handicap, International. (2011). Access to services for persons with disabilities. France.
- Hariri. (2013). The emergence and management of kindergartens. Amman: Dar Al Masirah for Publishing, Distribution and Printing.
- Hussein, S. (2019). The Islamic education curriculum for kindergarten stage: its characteristics, standards, and reality of its application in Jordanian schools. (Unpublished PhD thesis), Yarmouk University, Jordan.
- Lundqvist, J. M. (2015). Inclusive Education, Support Provisions and Early Childhood Educational Pathways in the Context of Sweden: A Longitudinal Study.. International journal of special education, 30 (3), 3-16.
- Marzouq. (2012). An educational guide to prepare the kindergarten teacher to train integrated children with special needs to exercise their rights. Jerash for Research and Studies, 14 (Special Issue), 186-205.
- Marzouq, S. A. (2012). An educational guide to prepare the kindergarten teacher to train integrated children with special needs to exercise their rights. Jerash for Research and Studies.
- Murphy, N., & Carbone, P. (2008). Promoting the participation of children with disabilities in sports, recreation, and physical activities. Pediatrics,.
- National Association of School Psychologists. (2010). Early Childhood Disabilities and Special Education. USA.
- Saed, A., & Shaalan, I. (2014). Evaluating the efficiency of educational and health services in the city of Al-Haidarya (A study in urban geography). Journal of Geographical Research, (19), 315-330.
- salam. (2015). Learning difficulties common in kindergarten. Amman: Dar Amjad for Publishing and Distribution.
- Samarrai, S. (2014). Care for the disabled and family integration: a field study on a sample of children. United States of America: AuthorHouse.

- Saud, I. (2012). Planning and development of services and recreational activities within the linear pattern of the coast of the Dejala River and its impact on the growth of recreational demand: The study area - Abu Nawas Corniche. (Unpublished M.
- Shaban, S. H., & Al-Munir, R.-A. (2012). Teaching Mathematics for People with Learning Difficulties, A Practical Guide for Kindergartens. Amman: Debono Thinking Center.
- Taher, I. (2017). Disability: its types and ways to overcome it.. Cairo: Arab Press Agency Publishers.
- The official website of the Gulf Society for Disability. (2020).. Educational technology for people with special needs. Retrieved 6 16, 2020, from: <https://gulfdisability.org/articles.php?action=view&id=328>.
- The official website of the Ministry of Social Solidarity. (2020). Kindergartens for children with disability. Retrieved 11 6, 2020, from <https://www.moss.gov.eg/sites/mosa/ar-eg/Pages/sector-service-detail>.
- UNESCO Office in Cairo. (2010). UNESCO Office in Cairo.. Early childhood development strategy in Egypt 2005-2010. Cairo.
- World Health Organization. (2012). Early childhood development and disability: A discussion paper. Geneva.