



Coordinating Inclusive Support for a Pupil with Parent-Reported ADHD in an Indonesian Islamic Primary School

Maya Tachsun*

Universitas Islam Tribakti Lirboyo Kediri, Indonesia

*Corresponding author: balhikmahnajwa@gmail.com

Abstract

Inclusive education for primary pupils with attention and participation difficulties requires coordinated support, yet how teachers, families, and school leaders organize such support in Indonesian Islamic primary schools remains insufficiently documented. This study aims to examine the coordination of educational support for a pupil with parent-reported attention-deficit/hyperactivity disorder (ADHD) and adults' perceptions of changes during the support period. The study employed a qualitative single-case design at an Islamic primary school in Indonesia, drawing on approximately 14 non-participant classroom observations, six semi-structured interviews with adults, and school documents collected from November 2023 to May 2024. Data were analyzed iteratively across sources to identify convergences and differences. The findings revealed three interconnected patterns: teachers adapted instruction through concise directions, segmented tasks, predictable routines, movement opportunities, and specific feedback; recurring home-school communication connected classroom observations with family-managed decisions while respecting clinical boundaries; and adults reported context-dependent improvements in engagement, help-seeking, peer interaction, and classroom responsibility. However, coordination remained informal, without a documented individual support plan or shared progress indicators. The study contributes a case-based understanding of how classroom adaptation, family knowledge, and institutional responsibility intersect, with implications for more systematic, collaborative support in inclusive elementary education, without establishing the effectiveness of interventions.

ARTICLE HISTORY

Received:

31 July 2026

Accepted:

20 September 2026

Published:

30 September 2026

KEYWORDS

inclusive pedagogy;
ADHD; home–
school coordination;
Islamic primary
education;
qualitative case
study



1. Introduction

Inclusive primary education is not secured by school admission alone; it also requires teaching arrangements through which pupils can understand instructions, participate with peers, and contribute to classroom life. Attention-deficit/hyperactivity disorder (ADHD) is associated with patterns of inattention and/or hyperactivity–impulsivity that may interfere with functioning across settings (American Psychiatric Association, 2022). A synthesis of epidemiological studies reported varying estimates for children and adolescents, underscoring the



importance of context and diagnostic criteria rather than a single universal prevalence figure (Salari et al., 2023). For teachers, difficulties with transitions, sustained attention, task organization, and interpersonal interaction create practical decisions about how ordinary lessons should be adapted. These decisions are particularly consequential in schools where specialist consultation and structured support systems are limited. Therefore, the educational question is not merely how to reduce disruptive behavior, but how to organize access, participation, and a sense of belonging while respecting individual differences.

Research on school-based ADHD support offers promising but qualified evidence. A recent meta-analysis of randomized school-based studies found average improvements in inattention, academic performance, social skills, and externalizing problems, but not a statistically reliable pooled improvement in hyperactivity–impulsivity; the authors also cautioned about heterogeneity and reporter-related variation (Yegencik et al., 2025). Reviews of teacher training similarly show that improved professional knowledge does not consistently translate into pupil-level outcomes (Ward et al., 2022). Qualitative accounts reveal that teachers need practical and relational guidance alongside factual information about ADHD (Aldabbagh et al., 2024; Alnaim, 2023; Tavlin et al., 2025). Taken together, these studies support the value of responsive classroom practice while challenging the assumption that a recognized technique, once introduced, will work uniformly across pupils or settings. A more situated explanation is needed of how teachers select, combine, and sustain adjustments within everyday instruction.

One strand of the literature examines changes to classroom conditions and responses. Short instructions, manageable tasks, predictable cues, movement opportunities, and specific feedback may reduce barriers to engagement; antecedent- and consequence-based techniques also feature in controlled studies of ADHD support (Hermanto & Pamungkas, 2023; Staff et al., 2022; Hornstra et al., 2023). Another strand considers how teachers' relationships with pupils shape the interpretation of behavior and the tailoring of support (McDougal et al., 2023; Tavlin et al., 2025). A third strand foregrounds inclusive implementation, finding that school resources, educator development, and opportunities for ongoing adaptation influence whether educational adjustments become consistent practice (Donath et al., 2023; Alpuche De Lille et al., 2025). The strands converge on a common problem: classroom adjustments may be feasible, but their educational meaning and continuity depend on relations among the pupil, teacher, family, and school. Therefore, this study treats strategies as elements of a coordinated practice rather than a self-contained treatment package.

Two perspectives sharpen this problem. Inclusive pedagogy asks how ordinary learning opportunities can be extended to everyone while removing

barriers experienced by particular pupils, without making separation the default response (Florian & Black-Hawkins, 2011). The bioecological model locates development in recurring interactions across settings and over time, making home–school relations a potential mesosystem that links otherwise fragmented observations (Bronfenbrenner & Morris, 2006). A neurodiversity-informed perspective adds an important normative boundary: differences in movement, communication, or attention should not be automatically equated with educational failure; support should attend to access, safety, participation, and self-determination (Dwyer, 2022). These frameworks do not predict that a given pupil will improve because particular routines are used. Instead, they help examine what adults actually coordinate, which opportunities their decisions open, and where their professional responsibilities end.

Cross-setting coordination is significant because parents and school staff observe different aspects of daily functioning. Carr-Fanning (2024) demonstrated that conflicting interpretations of ADHD among parents, pupils, and teachers can complicate inclusion, while Ma et al. (2024) found that home–school partnerships depend on multidimensional parental contributions and relational processes rather than message frequency alone; a parent–teacher educational intervention also highlights the importance of deliberate cross-setting work (Hosseinnia et al., 2024). In this setting, educational observations about attention, transitions, communication, and peer participation may inform a shared understanding, but they are not medical assessments. Clinical diagnosis, medication, and treatment monitoring remain within the responsibilities of qualified health professionals (Coghill et al., 2023). The analytical issue is whether information exchange enables coordinated educational responses or remains an informal practice tied to the commitment of particular adults. This distinction is especially important when a school lacks written support plans or agreed-upon measures of progress.

The Indonesian madrasah setting brings institutional responsibility and values into this discussion. National provisions on reasonable accommodation identify educational access as a responsibility that extends to educators, learning arrangements, and support services (Government of Indonesia, 2020; Ministry of Education, Culture, Research and Technology, 2023). Studies document uneven implementation, limited specialist provision, and variability in school-level capacity (Efendi et al., 2022; Riowati et al., 2022; Muchsin et al., 2022; Komarudin & Kaeni, 2023; Sari et al., 2022; Sunardi et al., 2024; Fauziyah et al., 2025). Research on Islamic primary schools further describes an interplay among leadership, pedagogical adaptation, care, and religiously informed values (Nofiaturrahmah & Kusmiyarsih, 2023; Mareta et al., 2024; Hasanah & Suprihatiningrum, 2026). The meaningful distinction is between values expressed as opportunities for dignity, care, and responsibility and values interpreted as demands for uniform behavior. A school may endorse inclusion yet still depend on informal communication and individual teacher goodwill to enact it.

Existing studies have examined ADHD-related classroom strategies, teacher preparation, parent involvement, and the implementation of inclusive education in Indonesia (Ward et al., 2022; Hornstra et al., 2023; Hosseinnia et al., 2024; Fauziyah et al., 2025). Research on Islamic primary schools has also considered leadership, pedagogy, and religious values (Hasanah & Suprihatiningrum, 2026). However, the literature reviewed here provides less detail on how classroom adjustments, home-school communication, school leadership, and professional boundaries are coordinated over time around an individual pupil with parent-reported ADHD. Accordingly, this qualitative case study asks two questions: (1) How did teachers, parents, and school leaders organize classroom and home-school support for a pupil with parent-reported ADHD? (2) What patterns of classroom participation, communication, peer engagement, and responsibility did adults perceive during the period of support? By linking documented adjustments, communication processes, and adult interpretations, the study offers a bounded account of how inclusive support is organized in a resource-constrained, value-oriented school. Its contribution is contextual and explanatory; the design cannot establish a clinical diagnosis or the causal efficacy of any particular educational, medication, or dietary practice.

2. Methods

The study used an interpretivist qualitative single-case design to examine coordinated support as it unfolded within a single bounded school setting (Yin, 2018). Interpretivism was appropriate because the research questions concerned situated practices, relationships, and participant meanings rather than statistical intervention effects. Ontologically, support was treated as something enacted and interpreted by the adults surrounding the pupil, not as a fixed object independent of context. Epistemologically, knowledge was developed through participants' accounts, sustained classroom observation, and documentary context. The researcher did not treat participant accounts as transparent reports of a single underlying reality. Contradictions, uncertainty, and alternative explanations were retained as analytically relevant.

The research took place from 15 November 2023 to 27 May 2024 in a state Islamic primary school in East Java, Indonesia. The school was purposively selected because it had experience supporting a pupil described by parents and teachers as having ADHD. The pupil, pseudonymized as AG, remained in an ordinary class without a researcher-delivered intervention or separate curriculum. Parents reported a previous specialist diagnosis, but clinical records were not reviewed, and no diagnostic assessment was conducted. Therefore, ADHD status is described as parent-reported. To reduce identification risk, age, grade, district, and distinctive school details are withheld. Six adults were purposively selected for their direct roles: two classroom teachers (T1, T2), two parents (P1,

P2), the principal (SP), and a school-community liaison officer (SLO). AG was observed but not interviewed.

Data comprised approximately 14 non-participant classroom observations, six semi-structured interviews, and relevant school documents. Observation sessions followed the ordinary timetable and varied in length. Field notes addressed instructions, transitions, seating, feedback, movement opportunities, peer interaction, and AG's participation. Each adult completed one interview lasting approximately 45–60 minutes about support practices, communication, challenges, and perceived changes. Participants preferred not to be audio-recorded; detailed notes were taken during interviews and expanded immediately afterward. Accordingly, interview evidence is reported as paraphrased summaries, not verbatim quotations. Factual points were clarified during subsequent school contacts. Documents included the school profile, vision and mission statements, learning-activity records, and attendance information. No medical records or prescriptions were collected, and the researcher did not direct classroom support.

Analysis followed iterative data condensation, evidence display, and conclusion drawing (Miles et al., 2014). Observation notes, interview notes, and documents were read repeatedly and initially coded for specific practices, including concise instructions, task segmentation, movement, feedback, parent–teacher exchange, peer interactions, and classroom responsibility. Codes were compared across sources and organized into categories addressing classroom access, continuity between settings, and perceived participation. A case-evidence matrix was used to link each theme to the type of material that supports it and to distinguish direct observation from adult reports. Contradictions and alternative explanations, including maturation, changes in task demands, family routines, and the development of teacher–pupil relationships, were retained. A single researcher collected and analyzed the data, and no formal inter-coder reliability statistic, blinded observation, or intervention-fidelity score was available.

The project was undertaken under university supervision and school research-permission procedures. A university letter requesting research permission was dated 5 December 2023, and the school confirmed fieldwork completion on 27 May 2024. These documents were not equivalent to ethics committee approval; separate prospective approval was not documented. The researcher reported explaining the study, voluntary participation, academic use, and confidentiality to adult participants and the pupils' parents before their involvement. Adults gave verbal informed consent, and parents gave verbal permission for anonymized classroom observation. No separate formal pupil-assent procedure was documented. Participants could decline questions or withdraw. Role-based pseudonyms and withheld contextual details were used to

reduce the risk of identification. Clinical and dietary decisions remained with the family and relevant professionals; the researcher did not prescribe or deliver treatment. The lack of documented ethics committee approval and formal pupil assent is acknowledged as a limitation.

3. Results

The analysis generated three connected themes that answer the research questions. The first describes how teachers adapted ordinary classroom routines to increase predictability and access. The second explains how recurring home-school communication connected educational observations with family-managed support. The third reports changes in participation, communication, peer engagement, and responsibility perceived by adult participants. Table 2 summarises the evidential basis and interpretive boundary of each theme.

Table 2.

Themes, evidence sources, and limits of the findings

Theme	Illustrative evidence	Interpretive boundary
Classroom adaptations increased predictability and access.	Front seating away from a window; concise instructions; task segmentation; movement opportunities; guided communication; praise and token rewards	Practices were educational adjustments, not clinical therapy. Observation did not test causal effectiveness.
Home-school communication connected educational and family-managed support	Recurring exchange about attention, emotions, meals, routines, and participation; teachers reported observations, while parents and clinicians retained medical responsibility	No formal multidisciplinary team, individual education plan, or shared standardized outcome measure was documented.
Adults perceived broader participation, communication, and responsibility	More sustained engagement in some lessons; more question answering and help-seeking; increased peer cooperation; volunteering for classroom responsibilities	Changes were not uniform and cannot be attributed to a single strategy, as support and maturation occurred concurrently.

Source: Thematic analysis of observations, interviews, and school documents.

3.1 Classroom Adaptations Supported Predictability and Access

Teachers did not use a single packaged program. They assembled practical adjustments within ordinary classroom routines. AG's desk was positioned near the front and away from a window to reduce competing visual activity and allow discreet teacher prompting. Teachers used short instructions, repeated key steps, checked understanding, and divided some activities into manageable

segments. Brief questions and movement activities at the beginning of lessons helped AG shift into structured work. These practices appeared across observation notes and both teacher interviews, rather than in a formal intervention manual.

Movement was treated as a possible support for engagement rather than automatically as misconduct. Light physical activity, ball tasks, craft work, and hand-coordination activities were incorporated into class or school routines. Field notes indicated that movement opportunities were most useful when they were predictable, time-bounded, and connected to the next classroom task. Teachers did not present these activities as occupational therapy, and no therapist was involved in their delivery. The distinction mattered because participants occasionally used therapeutic language informally, even though the practices were ordinary educational adjustments.

Guided communication formed another part of classroom support. Teachers prompted AG to answer one question at a time, allowed additional response time, and encouraged participation in language-related tasks. Feedback focused on completed steps, appropriate turn-taking, help-seeking, and constructive peer interaction. Teachers reported that specific praise, encouragement, and simple token rewards were more productive than punitive responses. When behavior interrupted learning, they redirected AG, restated the immediate expectation, and temporarily withheld a reward rather than using physical punishment.

Teachers also described their practice through an informal Antecedent-Behavior-Consequence sequence. Antecedents included concise instructions, cues, seating arrangements, and routine changes. Teachers then observed whether AG began, continued, or left the task. Consequences included specific praise, encouragement, or access to a preferred classroom responsibility. Implementation was not standardized, and no fidelity measure was used. The educational aim was not stillness for its own sake. It was to increase access to learning and reduce interruptions that affected AG or peers.

3.2 Home–School Communication Connected Educational and Family-Managed Support

Teachers and parents exchanged information about AG's attention, emotional regulation, food intake, routines, and participation. Parents used teacher observations to understand how AG functioned during school hours, while teachers used family information to interpret changes that might relate to sleep, health, home routines, or family decisions. The principal framed communication as part of the school's responsibility to respond to learner diversity. The school-community liaison officer helped sustain communication when information needed to move beyond the immediate classroom.

Parents reported that health-related decisions, including physician-recommended medication and nutritional supplements, were managed by the

family in consultation with a specialist. Teachers did not handle medication, recommend dosage changes, or make clinical decisions. They shared observations relevant to school functioning, such as engagement, appetite during school meals, and emotional responses. Because clinical records were not reviewed, the study could not assess diagnosis, dosage, side effects, or medical effectiveness.

The family also reported following a gluten-free and casein-free diet and limiting several processed foods. Teachers supported practical consistency during school meals but did not prescribe or evaluate the diet. Parents described adherence as difficult to maintain. Therefore, dietary practice is reported in a family context, rather than as an evidence-based school intervention or an explanation for observed change.

Coordination was practical rather than formally multidisciplinary. No scheduled case conference, individual education plan, specialist-led program, or shared outcome measure was documented. Its strength lay in accessible, recurring communication among adults who observed AG across different settings. Its weakness was dependence on informal relationships and personal commitment. The arrangement had limited mechanisms for continuity if a teacher, leader, or family contact changed.

3.3 Adults Perceived Broader Participation, Communication, and Responsibility

Across later observations, AG was more frequently engaged in structured activities for sustained periods and required fewer immediate redirections during some lessons. Teachers noted increased willingness to answer questions, request clarification, and participate in language-related and physical activities. These patterns were not uniform across every observation. Engagement continued to vary with task length, classroom noise, and transitions.

Teachers and parents also described changes in reciprocal communication. AG was more able to discuss school activities at home, respond to direct questions, and maintain an exchange without immediately moving to an unrelated topic. The evidence does not establish a measured improvement in language ability. Interviews were not recorded, and no language assessment was used. The finding represents converging adult perceptions supported by observation notes.

Peer participation became a prominent indicator of inclusion. Teachers observed fewer conflicts in some routine activities, more cooperative interaction, and greater acceptance by classmates and staff. AG sometimes volunteered for classroom responsibilities and assisted peers who felt unwell. Adults interpreted these actions as signs of belonging and responsibility rather than proof of a change in moral character. School leaders connected participation with the

school's values of intellectual growth, respectful conduct, creativity, responsibility, and care.

No participant could identify which element of support produced the perceived changes. Classroom adjustments, family routines, maturation, medication, dietary decisions, changing academic demands, and the developing relationship between AG and teachers occurred concurrently. Therefore, the data support a description of coordinated practice and perceived change over time. They do not establish causal effectiveness or justify claims that any medical, dietary, or classroom strategy independently produced improvement.

4. Discussion

The case shows how one Indonesian madrasah moved from responding to isolated behaviors towards coordinating support around access, participation, and relationships. The discussion interprets the three themes through inclusive pedagogy and the bioecological model, compares them with recent ADHD and inclusion research, and identifies implications and limitations.

4.1 Predictable Classroom Adjustments as Inclusive Pedagogy

The classroom practices align with inclusive pedagogy because they altered the learning environment while keeping AG engaged in ordinary classroom activities. Concise instructions, task segmentation, reduced distraction, predictable transitions, movement opportunities, and specific feedback extended access without creating a separate curriculum. This finding supports research that identifies structure, clear instructions, seating plans, positive teacher feedback, and individually responsive strategies as feasible classroom supports (Hermanto & Pamungkas, 2023; McDougal et al., 2023; Ward et al., 2022). The case adds contextual detail by showing how teachers combined these practices in a school without a formal ADHD program or a specialist-led classroom intervention.

The findings also correspond with evidence on antecedent- and consequence-based techniques. Staff et al. (2022) found that both sets of techniques can reduce teacher-rated ADHD symptoms and impairment when tailored to a specific child and classroom situation. Hornstra et al. (2023) similarly identified components of behavioral parent and teacher training associated with improved child outcomes. In the present case, teachers used concise cues, predictable routines, specific praise, and rewards informally. The absence of standardized delivery means the study cannot claim an effect of the intervention. However, it illustrates how evidence-informed components may enter routine practice in a low-resource setting without becoming a packaged program.

A neurodiversity-informed reading clarifies the purpose of these strategies. Behavioral techniques are not inherently inclusive. Their value depends on the

behavior selected, the reason for targeting it, and the consequences for the pupil's dignity and participation. Reinforcing task initiation, help-seeking, safe transitions, or cooperative participation can remove barriers. Reinforcing prolonged stillness, eye contact, or unquestioned obedience may instead reward conformity or masking. The school appeared most inclusive when it evaluated whether a behavior affected learning, safety, communication, or others' rights, rather than whether AG matched a narrow behavioral norm (Dwyer, 2022).

The study also reinforces the importance of teacher learning while showing that knowledge alone is insufficient. Ward et al. (2022) reported that training can improve ADHD knowledge but found less consistent evidence for pupil outcomes. Aldabbagh et al. (2024) showed that teachers' unmet needs include emotional, relational, and practical dimensions, not only factual knowledge. Donath et al. (2023) similarly concluded that professional development for inclusive education must respond to context rather than offer generic implementation instructions. Therefore, the present findings suggest that training for madrasah teachers should combine knowledge of ADHD with guided planning, observation, feedback, and opportunities to adapt a small set of strategies to real classroom routines.

4.2 Home–School Coordination as a Bioecological Process

The bioecological model helps explain why recurring communication mattered. The connection between home and school created a mesosystem in which observations moved across settings. Teachers gained contextual information about routines, health, and family decisions. Parents gained information about attention, participation, emotional responses, and peer interaction at school. The value of communication did not lie only in the volume of messages. It lay in the way information helped adults interpret behavior and maintain continuity without assuming that the same response would work in every setting.

This interpretation is consistent with research showing that shared meaning, parent involvement, and coordinated teacher-family support shape how inclusion is negotiated around ADHD (Carr-Fanning, 2024; Hornstra et al., 2023; Hosseinnia et al., 2024). The case extends this work by including leadership and a liaison role rather than treating collaboration only as a parent-teacher dyad. The principal's stance legitimized adjustment as a school responsibility, while the liaison officer supported communication beyond the classroom. These institutional links facilitated coordination but did not constitute a formal multidisciplinary team.

Informality created both responsiveness and vulnerability. Communication was accessible, and they could respond quickly to changing classroom circumstances. However, no agreed-upon indicators, review schedule, written support plan, or shared outcome measure was documented. Therefore, the

process depended on the availability and commitment of particular adults. A more sustainable arrangement would retain accessible communication while adding a simple record of educational targets, strategies, observations, review dates, and professional responsibilities. Such a protocol could support continuity without converting ordinary school support into a clinical process.

The findings also show the importance of professional boundaries. Current clinical evidence supports the use of medication as a possible component of ADHD care for some children, but assessment, prescribing, and monitoring remain the health professionals' responsibilities (Coghill et al., 2023; Man et al., 2023; Pipe et al., 2022). Teachers can contribute structured observations about classroom functioning without interpreting side effects clinically or advising dosage changes. The same principle applies to dietary decisions. In this case, teachers supported family instructions during school meals but did not prescribe or evaluate the restrictive diet. This distinction prevents family-managed health decisions from being misrepresented as school interventions or causes of educational change.

4.3 Institutional Values and Sustainable Inclusion in a Madrasah

The madrasah context adds an institutional dimension to the case. Indonesian research consistently identifies a gap between inclusive policy and everyday capacity. Schools may endorse inclusion while facing limited specialist personnel, incomplete assessment systems, insufficient professional development, and uneven resources (Efendi et al., 2022; Fauziyah et al., 2025; Komarudin & Kaeni, 2023; Riowati et al., 2022; Sari et al., 2022; Sunardi et al., 2024). Research focused on Islamic primary schools reports similar tensions between community commitment, value-based leadership, adaptive pedagogy, and systematic provision (Hasanah & Suprihatiningrum, 2026; Mareta et al., 2024; Nofiaturrehman & Kusmiyarsih, 2023). The present case reflects that pattern. Leadership and family relationships supported inclusion, but the school lacked a formal plan, specialist network, and standardized review process.

Religious and character-oriented values were most constructive when translated into observable opportunities for participation, responsibility, fairness, and care. AG's classroom responsibilities and assistance to peers were interpreted as participation in the school's moral and social life, not as evidence that the pupil had become compliant. This distinction matters because character education can support inclusion by recognizing varied ways of communicating, moving, and contributing. It can become exclusionary when differences in attention are moralized or when behavioral conformity becomes the primary indicator of good character.

The finding contributes to inclusive pedagogy theory by showing that institutional values are part of the environment in which adjustments gain meaning. Inclusive pedagogy is often discussed in terms of teacher practice, but

teachers act within leadership expectations, cultural assumptions, and definitions of appropriate participation. In this school, leaders permitted teachers to adjust routines and framed learner diversity as a shared responsibility. This institutional stance reduced the likelihood that AG's support would be treated as the private problem of one teacher. However, values alone could not replace professional knowledge, documentation, or access to specialist consultation.

For Indonesian policy, the case reinforces the practical meaning of reasonable accommodation. Government Regulation No. 13 of 2020 and Ministerial Regulation No. 48 of 2023 require more than admission to an ordinary classroom. They direct attention to curriculum, educator capacity, facilities, and support services. Madrasahs need comparable access to professional learning, assessment pathways, disability-service networks, and guidance on educational-clinical boundaries. Without such infrastructure, schools may depend heavily on individual goodwill, which can produce valuable local practice but limited sustainability.

4.4 Practical and Policy Implications

The central scholarly contribution is an account of coordination as an educational process rather than as a treatment outcome. The case links three levels that are sometimes discussed separately: the micro-level design of ordinary classroom tasks and transitions, the home–school exchanges through which adults interpret pupil participation, and the institutional conditions that authorize and sustain teachers' adjustments. The bioecological lens highlights connections across settings, while inclusive pedagogy asks whether these connections expand opportunities for participation and belonging. Together, they help explain why an accessible informal communication channel can be useful, even as it leaves a school vulnerable to staff turnover or inconsistent expectations. The case does not validate a model of coordinated support; instead, it identifies features that can guide further observational and comparative research. The distinction between participation and behavioral conformity is particularly important in value-oriented schooling, where responsibility and care should be enacted as opportunities to contribute rather than as proof that neurodevelopmental differences have been eliminated.

Several implications follow for elementary-school practitioners. First, support targets should be defined in educational terms, such as task initiation, access to instructions, transitions, help-seeking, peer participation, and classroom responsibility. Second, teachers should select a small number of predictable adjustments, apply them consistently, and review them through brief observation records rather than changing many strategies at once. Third, home-school communication should distinguish factual educational observations from clinical interpretation. Fourth, schools should translate institutional values into

opportunities to participate and contribute rather than use them as measures of stillness or conformity.

Teacher education and professional development should link knowledge with implementation. Evidence indicates that training can improve knowledge, but sustainable classroom change requires contextual adaptation, coaching, and review (Donath et al., 2023; Ward et al., 2022). For madrasah teacher-education programs, case-based learning could ask teachers to identify barriers, design antecedent and consequence-based adjustments, anticipate unintended effects, and communicate observations to families. Training should also address language, stigma, and neurodiversity so that educational goals remain centered on access and participation.

Policy makers should support simple, scalable coordination mechanisms. A school does not require a complex clinical team to establish an agreed communication channel, record educational indicators, schedule periodic review, and identify referral pathways. However, schools do require clear guidance, trained personnel, and access to specialist advice when needs exceed classroom capacity. Local education and religious affairs authorities could provide shared disability support services across clusters of madrasahs, reducing dependence on informal personal networks.

The findings also have relevance beyond this setting. Transferability does not mean reproducing the Indonesian arrangements in another country. The transferable processes are the coordination of low-cost adjustments, family knowledge, leadership permission, and professional boundaries. Faith-based and culturally diverse schools elsewhere may similarly need to examine whether institutional values widen participation or define difference as non-compliance. Therefore, the case offers comparative evidence of how inclusion is negotiated in a religiously affiliated, resource-constrained primary school setting.

4.5 Limitations and Future Research

The study concerns one pupil in one school and cannot support statistical generalization. The diagnosis was reported by parents and was not verified through clinical records. The study relied on adult perspectives and did not directly elicit AG's voice. This is a substantial limitation because adult interpretations of access, comfort, and participation may differ from the pupil's experience. Interviews were documented through detailed notes rather than audio-recorded transcripts, so the analysis cannot claim verbatim representation, and subtle meanings may have been lost.

One researcher collected and analyzed the data. No standardized measures of ADHD, participation, communication, academic performance, or implementation fidelity were used. Observation length and subject coverage were not standardized. Multiple supports and natural development occurred simultaneously, so causal attribution is not possible. A separate formal pupil

assent procedure and prospective research ethics committee approval were not documented. These limitations define the evidential and ethical boundaries of the case and should be considered when interpreting transferability.

Future research should include age-appropriate pupil voice, multiple madrasahs, and comparative cases. Studies should document the duration and consistency of classroom adjustments, use agreed educational outcome indicators, and examine how disability-service units or specialist networks support madrasahs. Longitudinal mixed-method research could examine participation and belonging without reducing inclusion to symptom suppression. Research should also compare formal and informal home-school coordination to identify which structures improve continuity while remaining feasible in low-resource schools.

5. Conclusion

This qualitative single-case study describes how inclusive support for a pupil with parent-reported ADHD was organized through interconnected classroom adjustments, recurring home-school communication, and institutional responsibilities within an Indonesian Islamic primary school. Teachers incorporated predictable routines, responsive instructional strategies, and positive reinforcement into everyday classroom activities, while communication with parents helped connect classroom observations to family-managed support. School leadership provided an institutional context in which learner diversity was understood as a shared educational responsibility. Adult participants perceived broader participation in structured learning activities, reciprocal communication, peer interaction, and classroom responsibilities, although these changes were not consistent across all situations.

The study contributes a contextually grounded understanding of how inclusive pedagogy operates through relationships among classroom practices, family knowledge, and institutional values rather than through isolated instructional strategies. It also highlights how religious and character-oriented values may support inclusion when translated into opportunities for participation, belonging, responsibility, and care rather than expectations of behavioral conformity. However, the single-case design, reliance on adult perspectives, and concurrent educational and family circumstances prevent causal attribution or broad generalization. The findings underscore the importance of accessible home-school communication, responsive classroom adjustments, and institutional support, and indicate the need for further research involving pupils' perspectives and comparative school settings.

Declarations

The author reports that participation was voluntary, adult participants provided verbal informed consent, and parents gave verbal permission for anonymized classroom observation. This research received no external funding. The author declares no competing interests. Grammarly was used for English-language editing. AI was not used to collect or analyze research data, generate findings, or make research decisions. The author remains responsible for the accuracy and integrity of the manuscript.

Acknowledgments

The author thanks the participating family, teachers, school leaders, and school-community liaison officer for their time and cooperation.

References

- Aldabbagh, R., Daley, D., Sayal, K., & Glazebrook, C. (2024). Exploring the unmet needs of teachers of young children with ADHD symptoms: A qualitative study. *Children*, 11(9), Article 1053. <https://doi.org/10.3390/children11091053>
- Alnaim, M. (2023). The services provided to students with attention deficit hyperactivity disorder in primary schools from the special education teachers' perspectives. *International Journal of Learning, Teaching and Educational Research*, 22(9), 20–42. <https://doi.org/10.26803/ijlter.22.9.2>
- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). American Psychiatric Association Publishing. <https://doi.org/10.1176/appi.books.9780890425787>
- Bronfenbrenner, U., & Morris, P. A. (2006). The bioecological model of human development. In W. Damon & R. M. Lerner (Eds.), *Handbook of child psychology: Vol. 1. Theoretical models of human development* (6th ed., pp. 793–828). Wiley. <https://doi.org/10.1002/9780470147658.chpsy0114>
- Carr-Fanning, K. (2024). Meaning-making within inclusion: Exploring parents, teachers, and students' lay theories of ADHD and their implications for inclusive practice. *Journal of Research in Special Educational Needs*, 24(1), 133–144. <https://doi.org/10.1111/1471-3802.12617>
- Coghill, D., Banaschewski, T., Cortese, S., Asherson, P., Brandeis, D., Buitelaar, J., Daley, D., Danckaerts, M., Dittmann, R. W., Doepfner, M., Ferrin, M., Hollis, C., Holtmann, M., Paramala, S., Sonuga-Barke, E., Soutullo, C., Steinhausen, H.-C., Van der Oord, S., Wong, I. C. K., ... Simonoff, E. (2023). The management of ADHD in children and adolescents: Bringing evidence to the clinic: Perspective from the European ADHD Guidelines Group (EAGG). *European Child & Adolescent Psychiatry*, 32(8), 1337–1361. <https://doi.org/10.1007/s00787-021-01871-x>

- Donath, J. L., Lüke, T., Graf, E., Tran, U. S., & Götz, T. (2023). Does professional development effectively support the implementation of inclusive education? A meta-analysis. *Educational Psychology Review*, 35, Article 30. <https://doi.org/10.1007/s10648-023-09752-2>
- Dwyer, P. (2022). The neurodiversity approach(es): What are they and what do they mean for researchers? *Human Development*, 66(2), 73–92. <https://doi.org/10.1159/000523723>
- Efendi, M., Pradipta, R. F., Dewantoro, D. A., Ummah, U. S., Ediyanto, E., & Yasin, M. H. M. (2022). Inclusive education for students with special needs at Indonesian public schools. *International Journal of Instruction*, 15(2), 967–980. <https://doi.org/10.29333/iji.2022.15253a>
- Fauziyah, N., Maruf, N., Wardana, D. J., Azis, F., Bahar, E. E., & Husniati, A. (2025). Evaluating inclusive education initiatives in Indonesia: From policy to practice. *Educational Process: International Journal*, 16, Article e2025232. <https://doi.org/10.22521/edupij.2025.16.232>
- Florian, L., & Black-Hawkins, K. (2011). Exploring inclusive pedagogy. *British Educational Research Journal*, 37(5), 813–828. <https://doi.org/10.1080/01411926.2010.501096>
- Government of Indonesia. (2020). *Government Regulation of the Republic of Indonesia Number 13 of 2020 concerning reasonable accommodation for students with disabilities* [Peraturan Pemerintah Republik Indonesia Nomor 13 Tahun 2020 tentang Akomodasi yang Layak untuk Peserta Didik Penyandang Disabilitas].
- Hasanah, I. A., & Suprihatiningrum, J. (2026). Rethinking inclusive primary education: Managerial leadership, pedagogical strategies, and Islamic value-based practices in Indonesia. *Journal of Integrated Elementary Education*, 6(1), 156–172. <https://doi.org/10.21580/jieed.v6i1.28517>
- Hermanto, H., & Pamungkas, B. (2023). Teacher strategies for providing access to learning for students with special needs in elementary schools. *International Journal of Learning, Teaching and Educational Research*, 22(4), 345–361. <https://doi.org/10.26803/ijlter.22.4.20>
- Hornstra, R., Groenman, A. P., van der Oord, S., Luman, M., Dekkers, T. J., van der Veen-Mulders, L., Hoekstra, P. J., & van den Hoofdakker, B. J. (2023). Which components of behavioral parent and teacher training work for children with ADHD? A metaregression analysis on child behavioral outcomes. *Child and Adolescent Mental Health*, 28(2), 258–268. <https://doi.org/10.1111/camh.12561>
- Hosseinnia, M., Amidi Mazaheri, M., & Heydari, Z. (2024). Educational intervention of parents and teachers for children with attention deficit hyperactivity disorder. *Journal of Education and Health Promotion*, 13, Article 53. https://doi.org/10.4103/jehp.jehp_1816_22
- Komarudin, K., & Kaeni, N. F. (2023). The obstacles of inclusive education implementation in Indonesia: A systematic review. *GUIDENA: Jurnal Ilmu Pendidikan, Psikologi, Bimbingan dan Konseling*, 12(3), 382–401. <https://doi.org/10.24127/gdn.v12i3.6537>

- Man, K. K. C., Häge, A., Banaschewski, T., Inglis, S. K., Buitelaar, J., Carucci, S., Danckaerts, M., Dittmann, R. W., Falissard, B., Garas, P., Hollis, C., Konrad, K., Kovshoff, H., Liddle, E., McCarthy, S., Neubert, A., Nagy, P., Rosenthal, E., Sonuga-Barke, E. J. S., ... Uebel-von Sandersleben, H. (2023). Long-term safety of methylphenidate in children and adolescents with ADHD: 2-year outcomes of the Attention Deficit Hyperactivity Disorder Drugs Use Chronic Effects (ADDUCE) study. *The Lancet Psychiatry*, 10(5), 323–333. [https://doi.org/10.1016/S2215-0366\(23\)00042-1](https://doi.org/10.1016/S2215-0366(23)00042-1)
- Mareta, M., Alimah, A., & Muhammad, M. (2024). Inclusive education and justice for students with special needs in madrasas. *Ulumuna*, 28(2), 933–960. <https://doi.org/10.20414/ujis.v28i2.862>
- McDougal, E., Tai, C., Stewart, T. M., Booth, J. N., & Rhodes, S. M. (2023). Understanding and supporting attention deficit hyperactivity disorder in the primary school classroom: Perspectives of children with ADHD and their teachers. *Journal of Autism and Developmental Disorders*, 53(9), 3406–3421. <https://doi.org/10.1007/s10803-022-05639-3>
- Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). *Qualitative data analysis: A methods sourcebook* (3rd ed.). SAGE.
- Ministry of Education, Culture, Research, and Technology. (2023). *Regulation Number 48 of 2023 concerning reasonable accommodation for students with disabilities in formal early childhood, primary, secondary, and higher education* [Peraturan Menteri Pendidikan, Kebudayaan, Riset, dan Teknologi Nomor 48 Tahun 2023].
- Muchsin, M. A., Pratiwi, S. H., Salasiyah, C. I., Manan, A., & Kamarullah, K. (2022). An overview of inclusive education in Eastern Aceh, Indonesia: What do the educational elements say? *Jurnal Ilmiah Peuradeun*, 10(2), 297–318. <https://doi.org/10.26811/peuradeun.v10i2.631>
- Nofiaturrehman, F., & Kusmiyarsih, S. (2023). Implementation of inclusion education in the Madrasah Ibtidaiyah Keji, West Ungaran, Semarang. *Quality: Journal of Empirical Research in Islamic Education*, 11(1), 33–50. <https://doi.org/10.21043/quality.v11i1.20265>
- Pipe, A., Ravindran, N., Paric, A., Patterson, B., Van Ameringen, M., & Ravindran, A. V. (2022). Treatments for child and adolescent attention deficit hyperactivity disorder in low- and middle-income countries: A narrative review. *Asian Journal of Psychiatry*, 76, Article 103232. <https://doi.org/10.1016/j.ajp.2022.103232>
- Riowati, R., Hendriani, W., & Paramita, P. (2022). School-based inclusive education management as a quality assurance system in Indonesia: A systematic literature review. *Jurnal Kependidikan: Jurnal Hasil Penelitian dan Kajian Kepustakaan di Bidang Pendidikan, Pengajaran dan Pembelajaran*, 8(2), 437–449. <https://doi.org/10.33394/jk.v8i2.4363>
- Salari, N., Ghasemi, H., Abdoli, N., Rahmani, A., Shiri, M. H., Hashemian, A. H., Akbari, H., & Mohammadi, M. (2023). The global prevalence of ADHD in children and adolescents: A systematic review and meta-analysis. *Italian*

- Journal of Pediatrics*, 49, Article 48. <https://doi.org/10.1186/s13052-023-01456-1>
- Sari, Z. P., Sarofah, R., & Fadli, Y. (2022). The implementation of inclusive education in Indonesia: Challenges and achievements. *Journal of Public Policy*, 8(4), 264–269. <https://doi.org/10.35308/jpp.v8i4.5420>
- Staff, A. I., van der Oord, S., Oosterlaan, J., Hornstra, R., Hoekstra, P. J., van den Hoofdakker, B. J., & Luman, M. (2022). Effectiveness of specific techniques in behavioral teacher training for childhood ADHD behaviors: Secondary analyses of a randomized controlled microtrial. *Research on Child and Adolescent Psychopathology*, 50, 867–880. <https://doi.org/10.1007/s10802-021-00892-z>
- Sunardi, S., Prakosha, D., Sugini, S., Anwar, M., & Martika, T. (2024). Typical challenges faced by sub-urban state primary schools implementing inclusive education in Indonesia. *International Journal of Learning, Teaching and Educational Research*, 23(3), 469–485. <https://doi.org/10.26803/ijlter.23.3.23>
- Ward, R. J., Bristow, S. J., Kovshoff, H., Cortese, S., & Kreppner, J. (2022). The effects of ADHD teacher training programs on teachers and pupils: A systematic review and meta-analysis. *Journal of Attention Disorders*, 26(2), 225–244. <https://doi.org/10.1177/1087054720972801>
- Yin, R. K. (2018). *Case study research and applications: Design and methods* (6th ed.). SAGE.