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SPECIFIC DIFFICULTIES IN READING AND WRITING IN EARLY PRIMARY EDUCATION: HOW TO RECOGNIZE, UNDERSTAND, AND SUPPORT THE STUDENT

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SPECIFIC DIFFICULTIES IN READING AND WRITING IN EARLY PRIMARY EDUCATION: HOW TO RECOGNIZE, UNDERSTAND, AND SUPPORT THE STUDENT

Summary: *Specific difficulties in reading and writing, such as dyslexia and dysgraphia, are increasingly recognized as key factors affecting the education of students in the early grades of primary school. The aim of this review paper is to examine, based on the most recent literature, the definitions, symptoms, and educational implications of these difficulties, as well as to offer teachers practical guidelines for their timely identification and support within inclusive education. Special emphasis is placed on the role of speech and language therapists in the assessment and treatment process, as well as on the importance of individualized instruction. The paper also discusses basic strategies, highlights the significance of interdisciplinary collaboration, and points to the need for systemic support for teachers. It is emphasized that intensive speech and language therapy, professional development of teachers, and pedagogical flexibility are key prerequisites for the successful education of students with dyslexia and dysgraphia.*

Keywords: *dyslexia, dysgraphia, specific learning difficulties, individualized instruction, speech and language therapy support.*

INTRODUCTION

The period of early schooling represents a fundamental developmental framework within which essential academic skills such as reading, writing, and arithmetic are formed. The way a student acquires these competencies significantly influences not only their further academic progress but also their motivation for learning, self-confidence, and overall psychosocial functioning. However, a certain number of students begin to exhibit difficulties in acquiring literacy skills as early as the lower grades of primary school, with specific difficulties in reading and writing, most identified as dyslexia and dysgraphia, being particularly prominent.

These are neurodevelopmental disorders that do not stem from intellectual disabilities, sensory deficits, socio-cultural neglect, or inadequate instruction, but rather represent innate difficulties in processing linguistic information. Dyslexia most commonly manifests as difficulty with decoding and reading fluency, accompanied by frequent errors, avoidance of reading aloud, and a slower reading pace. Dysgraphia, on the other hand, involves difficulties in graphomotor expression, irregular letter spacing, problems with text structuring, and inconsistent use of spelling rules. In teaching practice, these difficulties often occur simultaneously and can significantly affect academic performance and students' psycho-emotional well-being if not identified in a timely manner and systematically supported.

The role of teachers in the early detection of these difficulties is of crucial importance, considering that they are in the most direct contact with students during the acquisition of foundational skills. However, in practice, it often becomes evident that educators lack the specific knowledge and competencies required to recognize dyslexia and dysgraphia, as well as access to appropriate resources that would enable them to adapt their teaching to the needs of these students. Insufficient awareness, the absence of continuous support from speech and language therapists and other professionals, and underdeveloped mechanisms for individualized instruction contribute to the fact that many children pass through the educational system with a sense of failure, frustration, and low academic self-evaluation.

Based on the above, the aim of this paper is to provide a comprehensive overview of the key characteristics of dyslexia and

dysgraphia, highlight the main didactic-methodological challenges in working with this group of students, and offer teachers concrete guidelines for timely identification and appropriate pedagogical intervention. Particular attention will be given to the importance of speech and language therapy support within the educational system, the need for interdisciplinary collaboration, and the implementation of inclusive education principles. The goal is to empower teaching practices towards the creation of a stimulating, flexible, and developmentally oriented learning environment, in which every child could reach their full potential, regardless of learning difficulties.

UNDERSTANDING THE BASICS OF DYSLLEXIA AND DYSGRAPHIA

Developmental dyslexia and dysgraphia may be found in formal classification systems either as individual conditions or co-occurring. Alongside dyscalculia, they belong to a broader category known as Specific Learning Difficulties (Čolić, 2018).

Dyslexia is classified as a specific learning difficulty and is considered a neurodevelopmental disorder that primarily affects reading ability. According to the International Dyslexia Association (IDA, 2017), dyslexia is defined as “a specific learning disorder of neurobiological origin, characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities.” These difficulties typically result from a deficit in the phonological component of language and are not consistent with the child’s other cognitive abilities.

Dyslexia is not a reflection of intellectual disability, inadequate instruction, or emotional instability, but rather a consequence of the specific organization of brain functions related to phonological information processing. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), it refers to a level of reading accuracy, fluency, and comprehension that is below what is expected for the individual’s chronological age, intelligence, and educational experience.

The most prominent manifestations of dyslexia in school-aged children can be classified into several functional categories:

1. Difficulties in Reading

- Slow, non-fluent reading pace accompanied by frequent pauses, regressions to previous text, and loss of place while reading (Ziegler & Goswami, 2005);
- Errors in word decoding: substitution of visually similar letters (e.g., "b" and "d", "p" and "t"), omission or insertion of letters within words;
- Poor recognition of high-frequency words, indicating a weak repertoire of automatized language patterns (Shaywitz, 2020);
- Difficulties in reading unfamiliar or abstract words, often relying on contextual guessing;
- Avoidance of reading aloud, accompanied by anxiety in social situations where oral performance is expected (Čolić, 2018).

As phonological ability refers to the capacity for phonological processing, which includes three components—phonological awareness, phonological memory, and rapid automatized naming—several predictive studies have shown that a lack of understanding of the phonological structure of language is a significant predictor of later reading difficulties (Milošević & Vuković, 2017). The second category, therefore, includes:

2. Phonological Difficulties

- Poor phonological awareness – inability to segment a word into sounds (phonemes), to recognize rhyme, or to detect changes in sounds within a word (International Dyslexia Association, 2017);
- Deficits in auditory discrimination of similar phonemes (e.g., /b/ and /p/, /s/ and /f/);
- Difficulties in blending sounds into words and isolating initial or final phonemes;
- Low accuracy in phonemic spelling of words, even when the word is well known in spoken language (Snowling & Hulme, 2022).

3. Difficulties in Working Memory and Processing Speed

- Poor performance on tasks involving short-term memory for sentence sequences or auditory instructions.
- Difficulty retaining sequences of sounds or letters during reading and writing.
- Slowed speed in naming colors, letters, and symbols (Snowling & Hulme, 2022);

- Challenges in following complex instructions and organizing tasks in the correct sequence.

4. Emotional Consequences

- Low academic self-confidence despite preserved general intellectual abilities (Shaywitz, 2020);
- Avoidance of schoolwork, oppositional behavior, or somatization as secondary reactions to academic failure.
- Increased risk of anxiety, frustration, and social withdrawal (Avramidis & Norwich, 2002).

It is important to emphasize that the symptoms of dyslexia may manifest with varying intensity and in different combinations, depending on the child's age, cognitive abilities, and environment. According to DSM-5 criteria, a diagnosis is made if the symptoms persist for at least six months, significantly impair academic functioning, and are not attributable to other developmental, sensory, or socioeconomic conditions (American Psychiatric Association, 2013).

Dysgraphia is a neurodevelopmental disorder of written expression that most commonly presents as persistent difficulties in generating, organizing, and technically executing written text, despite adequate instruction, preserved intelligence, and motivation to learn (Berninger & Wolf, 2016; Kuder, 2017). Unlike dyslexia, which primarily affects reading, dysgraphia involves difficulties in the graphomotor, orthographic, and linguistic aspects of writing. It may occur independently but also coexists with other specific learning difficulties such as dyslexia and dyscalculia (Čolić, 2018).

The symptoms of dysgraphia in school-aged children can be divided into three main areas: graphomotor difficulties, orthographic and structural difficulties, and executive functioning in writing.

1. Graphomotor Difficulties

- Inconsistent and illegible handwriting, with irregular letter size, slant, and shape (Kuder, 2017);
- Unstable positioning of letters and words—words may be written too close together or too far apart, often running off the line or overlapping.
- Difficulties maintaining proper pencil grip, rapid hand fatigue, and a slowed writing pace (Berninger & Wolf, 2016);
- Avoidance of handwriting tasks and marked dissatisfaction when required to produce longer written texts.

- Substitution of similar letters in handwriting, especially those requiring fine motor precision.

2. Orthographic and Structural Difficulties

- Frequent spelling errors—omission of letters, insertion of unnecessary letters, confusion between voiced and voiceless phonemes (e.g., “g” and “k”, “d” and “t”) (Snowling & Hulme, 2022);
- Discrepancy between oral and written expression—the child may speak in a rich and organized manner, while written output is incomplete, poor, and grammatically incorrect.
- Problems using punctuation, word spacing, and sentence structuring.
- Failure to maintain logical sequence of thoughts—written work often appears as disjointed statements lacking internal coherence (Berninger & Wolf, 2016).

3. Difficulties in Organization and Executive Functions

- Difficulty planning written expression—the child may be unable to create an outline or mental map of the text before writing;
- Slow execution of tasks involving more complex written content, including dictations, compositions, and tests;
- Frustration during writing tasks, often accompanied by avoidance and the need for encouragement or assistance;
- Inadequate automatization of sound-to-letter integration, resulting in frequent interruptions during writing (Kuder, 2017).

It is important to note that dysgraphia symptoms may vary depending on the child's age, cognitive profile, and educational context. In younger children, graphomotor difficulties are predominant, whereas older students more commonly exhibit deficits in organizing and structuring written content. In many cases, dysgraphia remains underrecognized, as it is frequently misinterpreted as laziness, carelessness, or lack of attention (Shaywitz, 2020).

According to Golubović and Čolić (2011), the following errors may be considered diagnostic indicators (though not exclusively) of dysgraphia: grammatical errors, splitting of a single word into parts, merging of two or more words, omission of syllables, omission of letters, letter substitution—with the key diagnostic criterion being consistency in the repetition of one or more errors.

Unlike dyslexia, students with dysgraphia often do not experience difficulties with reading or reading comprehension, but instead face challenges exclusively related to written expression. Both dyslexia and dysgraphia represent specific learning difficulties, but they differ in the nature of the processes they affect. While dyslexia involve deficits in phonological processing and word recognition, dysgraphia pertains to difficulties in the graphic and linguistic construction of written content. In the educational context, both conditions can seriously impact academic performance, particularly in subjects requiring reading comprehension and written expression.

It is especially important to emphasize that these difficulties may also occur as comorbid conditions, meaning a single student may exhibit symptoms of both dyslexia and dysgraphia simultaneously. Therefore, an interdisciplinary approach in assessment and support planning is crucial—one that involves speech and language therapists, pedagogues, psychologists, and teachers.

EARLY IDENTIFICATION IN THE SCHOOL CONTEXT

Universal education presumes that every student has the right to support tailored to their individual abilities and needs. In this context, the teacher represents a key figure in the process of early identification of specific learning difficulties—particularly dyslexia and dysgraphia—due to their numerous opportunities to observe children’s written and oral performance in a real classroom setting (Kuder, 2017). Although formal diagnosis is conducted by a professional team, experience shows that the teacher is often the first to notice signs that may indicate the need for further evaluation and support (Shaywitz, 2020).

Early detection implies sensitivity to developmental deviations in reading, writing, comprehension, and information organization. Teachers who are familiar with the basic indicators of these difficulties can initiate timely communication with speech and language therapists and other team members, thereby significantly reducing the risk of academic failure and secondary emotional consequences for students (Snowling&Hulme, 2022).

In practice, a teacher may suspect dyslexia if a child reads more slowly than peers, frequently confuses letters, loses their place while reading, or avoids reading aloud. Likewise, frequent spelling errors, unstable handwriting, and a notable gap between rich oral and poor written

expression may indicate the presence of dysgraphia (Berninger & Wolf, 2016). It is essential to observe behavioral patterns rather than isolated errors, as children in the first and second grades naturally make mistakes while developing literacy.

In addition to linguistic symptoms, attention should also be paid to accompanying behaviors such as avoidance of reading and writing tasks, lack of self-confidence, crying or frustration during written assignments, and a pronounced discrepancy between the quality of oral and written expression (Kuder, 2017). Teachers can keep informal records of such observations and consult with a speech and language therapist to conduct a preliminary assessment and plan next steps.

The teacher's role in this process is not to diagnose, but to observe, document, and respond. The school environment, where the child engages in daily reading, writing, and communication, is an ideal setting for early identification. Through ongoing collaboration with educational professionals and training in specific learning difficulties, the teacher becomes the first line of support for at-risk students (Avramidis & Norwich, 2002; Florian & Black-Hawkins, 2011).

Beyond individual sensitivity, it is recommended to implement simple screening tools that can be used in regular teaching—such as observation checklists, short dictations, quick assessments of phonological awareness, or written tasks evaluated for text coherence. While these instruments are not diagnostic, they can serve as a reliable starting point for referral to specialist evaluation.

Effective early detection also requires systemic educational support through teacher training, the development of internal collaboration protocols, and the cultivation of an inclusive culture within schools. In this way, the educational system becomes not only a space for knowledge acquisition but also a place for early identification and support, enabling the timely inclusion of each child in the full scope of their developmental potential.

THERAPEUTIC AND EDUCATIONAL COLLABORATION IN THE CLASSROOM

Support for students with specific reading and writing difficulties requires a multidisciplinary approach in which teachers and speech and language therapists play key and complementary roles. While the

teacher is responsible for organizing daily educational activities and identifying individual difficulties, the speech and language therapist provides professional assessment and implements therapeutic and compensatory strategies. Effective collaboration between these two professionals significantly contributes to better educational adaptation, as well as to the preservation of students' self-confidence and motivation for learning.

High-quality support for students with specific difficulties in reading and writing involves an integrated approach in which speech therapy intervention and teaching practice operate in synchronization. Cooperation between speech and language therapists and teachers forms the foundation of effective inclusive education, especially in early school years when core literacy skills are being developed (Snowling & Hulme, 2022).

The speech and language therapist conducts diagnostic assessments, formulates therapy plans, and advises the teacher regarding the specific characteristics of the student's profile. At the same time, the teacher implements classroom adaptations, adjusts instructional methods and pacing, and provides an empathetic and structured learning environment. The synergy of these roles significantly increases the effectiveness of support (Berninger & Wolf, 2016).

Teaching strategies that have proven effective in working with children with dyslexia and dysgraphia include:

- Systematic instruction in phonological awareness and sound-letter correspondence;
- Use of multisensory approaches (visual, auditory, tactile methods);
- Encouraging reading aloud with comprehension, without ridicule or pressure;
- Visual support in the form of charts, diagrams, glossaries, and pictorial associations;
- Reducing the volume of assignments without compromising learning objectives;
- Evaluating oral responses instead of written ones where appropriate (Kuder, 2017).

The speech and language therapist may also design an individualized support program or contribute to the development of an Individualized Education Plan (IEP), which is implemented in the classroom. The IEP defines specific goals, adapted activities, and

methods for monitoring student progress. Collaboration is based on regular communication between the speech therapist, teacher, parents, and, when necessary, a psychologist or pedagogue.

Students with dysgraphia may be allowed extended time for writing, use of a computer, or audio recordings as alternative means of expression. Rather than insisting on handwriting quality, the focus should be placed on the content and coherence of written expression (Shaywitz, 2020). In this context, encouraging feedback, individualized assessment, and empowerment of the student play a crucial role in maintaining motivation.

Classroom support does not rely solely on the individual efforts of the teacher or therapist, but on the systemic organization of the school, its commitment to inclusion, and the continuous professional development of staff. Only in such an environment is it possible to ensure lasting progress and full participation of every student in the educational process.

CLASSROOM SUPPORT: PRACTICAL APPROACHES

In working with students who have dyslexia and dysgraphia, adapting instruction is one of the key elements of a successful inclusive approach. The goal of adaptation is not to lower educational standards, but to enable the student to reach the intended outcomes through alternative pathways—aligned with their abilities and learning style (Florian&Black-Hawkins, 2011; Kuder, 2017).

One of the fundamental strategies involves modifying the way content is presented. Students with dyslexia respond better to visual and auditory support. For example, instead of reading from textbooks, teachers can use audio recordings, short videos, or visual diagrams. Concepts can be illustrated through drawings, mind maps, or digital presentations. Research has shown that multisensory learning enhances memory and engagement in students with specific reading difficulties (Berninger&Wolf, 2016).

A phonological approach to reading involves providing students with more time for decoding words, analyzing and segmenting words into phonemes and syllables, and practicing rhyme recognition and initial sounds (Snowling&Hulme, 2022). The teacher may use flashcards with individual letters and sounds, syllable cubes, or dictation exercises in which the student completes a word based on a given sound.

Adapting the pace of instruction is particularly important: students with dysgraphia and dyslexia require more time to process, understand, and produce information. Instead of assessing reading speed, emphasis should be placed on reading comprehension. For example, the teacher may allow the student to read silently and then answer questions orally.

Alternative forms of expression imply that the child is not required to express everything in writing. Students with dysgraphia may be allowed to:

- respond orally on tests,
- use a voice recorder or audio submission instead of writing a composition,
- prepare a presentation or collage to demonstrate understanding of the topic.

The use of assistive technology has also proven effective. Speech-to-text software, spell-check tools, and text-to-speech synthesis can greatly facilitate student work. Free applications such as Google Docs (with voice typing) or screen readers can be integrated into regular instruction.

Assessment should also be adapted. Instead of dictations, teachers can conduct short conversations with students; instead of written tests, multiple-choice or fill-in-the-blank formats may be used. The teacher can divide tasks into mandatory and optional sections—thereby respecting individual progress without compromising educational standards (Shaywitz, 2020).

The classroom atmosphere must be supportive. A positive peer environment, avoidance of comparisons, and encouraging feedback from the teacher form the foundation for maintaining student self-confidence. Teachers can implement group activities in which each child is assigned a role that aligns with their strengths (Florian & Black-Hawkins, 2011).

The following practical examples have also proven effective:

- When introducing a new text, the student receives a version with key words underlined;
- During writing tasks, the student is provided with a template including sentence starters;
- While learning new concepts, image-word flashcards are used for matching;

- On the board, color coding or symbols are used to mark sentence elements.

These strategies are not universal and should be tailored to each individual student. Therefore, continuous reflection, observation, and collaboration with speech and language therapists and the multidisciplinary team are essential for long-term success (Vuković, Ristić, Čalasan, 2024).

CONCLUSION AND RECOMMENDATIONS

The educational process in a modern inclusive society must be designed to recognize, respect, and support diverse ways of learning and expression. Students with specific difficulties in reading and writing, such as dyslexia and dysgraphia, have clearly defined needs that require timely identification, individualized approaches, and continuous professional support. In this regard, the teacher's role in early detection and daily instructional support is of critical importance.

This paper highlighted both theoretical and practical aspects of identifying and supporting students with dyslexia and dysgraphia, with particular emphasis on the importance of interdisciplinary collaboration between speech and language therapists and teachers. Teachers, as primary facilitators of instruction in early education, are often the first to notice deviations in written and oral communication, making them a vital link in the process of identification and referral for further professional assessment. However, to fulfill this role effectively, teachers must possess theoretical knowledge of these difficulties and practical tools for instructional adaptation.

Speech and language support, as a diagnostic and therapeutic segment of the educational system, complements teaching through precise assessment, formulation of individualized goals, and development of support plans (IEPs). The most successful outcomes emerge from a collaborative model in which the speech therapist and teacher regularly exchange information, align strategies, and jointly monitor student progress.

In addition to individualizing the instructional process, the development of a supportive and empathetic classroom environment is essential. Students with dyslexia and dysgraphia often experience feelings of failure, anxiety, and decreased motivation, necessitating

careful management of the teacher's approach, peer relationships, and methods of assessment. Promoting diverse forms of expression, valuing effort, and offering support instead of criticism are key to maintaining students' psychological well-being.

Based on the reviewed literature and practical guidelines, the following recommendations can be formulated:

Recommendations for Teaching Practice:

1. Continuous professional development for teachers in the area of specific learning difficulties, including the implementation of modern didactic and speech-language strategies.
2. Use of simple screening tools (observation checklists, behavior recording templates, initial assessments) that do not require clinical diagnosis but indicate the need for additional support.
3. Regular collaboration with speech and language therapists and the professional team in instructional planning and material adaptation.
4. Implementation of multisensory and flexible teaching methods, such as visual support, small group work, project-based learning, and the use of technology.
5. Formative and functional assessment that considers progress, effort, and individual student characteristics.

Recommendations for Educational Policy and Systems:

1. Ensure the presence of speech and language services in all schools, with clearly defined roles and resources for direct work with students and collaboration with teachers.
2. Institutionalize continuous teacher training as a mandatory part of professional development, with topics in inclusive pedagogy, neurodevelopmental disorders, and instructional adaptation.
3. Develop and promote digital tools and platforms that support learning and communication for children with reading and writing difficulties.
4. Support research and pilot programs that track the effects of implemented strategies and develop new models of support.

By incorporating all these recommendations into practice, a school environment is created in which every child is recognized, valued, and supported. Only such a system can fully realize its educational mission and provide equal opportunities for learning and development for every student, regardless of the specifics of their individual profile.

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СПЕЦИФИЧНЕ ТЕШКОЋЕ У ЧИТАЊУ И ПИСАЊУ У РАНОМ ОСНОВНОШКОЛСКОМ ОБРАЗОВАЊУ: КАКО ПРЕПОЗНАТИ, РАЗУМЕТИ И ПОДРЖАТИ УЧЕНИКА

Сажетак: Специфичне тешкоће у читању и писању, попут дислексије и дисграфије, све чешће се препознају као кључни фактори који утичу на академски развој ученика у нижим разредима основне школе. Циљ овог прегледног рада је да се, на основу савремене литературе, сагледају дефиниције, симптоми и образовне импликације ових тешкоћа, као и да се наставницима понуде практичне смернице за њихово благовремено препознавање и подршку у оквиру инклузивног образовања. Посебан фокус је стављен на улогу логопеда у процесу процене и интервенције, као и на значај индивидуализације наставе. Рад такође разматра основне стратегије, препознаје значај интердисциплинарне сарадње и указује на потребу системске подршке наставницима. Указује се на то да су квалитетна рана интервенција, професионално оспособљавање наставника и педагошка флексибилност кључни предуслови за успешну едукацију ученика са дислексијом и дисграфијом.

Кључне речи: дислексија, дисграфија, специфичне тешкоће у учењу, индивидуализација наставе, логопедска подршка.

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