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The Role of Allied Health Professionals in School Counselling for Children with Learning Disabilities: A Critical Review

Prof. (Dr.) Poonam[1] and Khushboo[2]

[1]Professor, Department of Education, Jagannath University, Delhi NCR, Bahadurgarh

[2]Research Scholar, Department of Education, Jagannath University, Delhi NCR, Bahadurgarh

Abstract: Students diagnosed with learning disabilities (LD) consistently navigate complex cognitive, communication, and motor challenges that extend far beyond traditional academic hurdles in reading, writing, or mathematics. These neurodevelopmental difficulties deeply affect their social integration, peer dynamics, emotional resilience, and behavioral adaptability within the classroom environment. While conventional school counseling models play an essential role in managing general psychological distress, they often lack the specialized, multi-professional frameworks required to mitigate core functional and sensory-processing deficits. School-based Allied Health Professionals (AHPs)—specifically speech-language pathologists, occupational therapists, physiotherapists, and educational psychologists—offer targeted, non-medical clinical expertise that systematically bridges this intervention gap. This critical review evaluates the structural integration of allied health services within institutional school counseling frameworks to enhance educational accessibility, classroom participation, and overall student well-being. Using prominent academic databases including Google Scholar, ResearchGate, ERIC, PubMed, and PsycINFO, a systematic literature review of peer-reviewed empirical studies and systematic reviews published between 2015 and 2025 was executed. The synthesized data reveals that well-coordinated, multidisciplinary interventions significantly optimize student communication skills, fine and gross motor mechanics, sensory regulation, and inclusive pedagogical practices. However, despite these positive student outcomes, persistent systemic bottlenecks—such as chronic school resource deficits, acute specialized staffing shortages, role ambiguity among faculty, and uncoordinated referral pathways—continue to hinder optimal execution across diverse educational settings. The study concludes that formalizing cohesive, interdisciplinary partnerships and embedding collaborative infrastructure within the public education sector is paramount to addressing the multifaceted needs of learners with LD and securing sustainable academic and psychosocial developmental milestones.

Keywords: *Learning Disabilities, School Counselling, Allied Health Professionals, Inclusive Education*

Introduction

Inclusive education systems are increasingly identifying learning disabilities (LD) as intricate neurodevelopmental conditions rather than isolated academic difficulties. These conditions alter how an individual processes, stores, and shares both verbal and non-verbal data. Even with standard or high intelligence and access to proper teaching, students with LD experience ongoing struggles in fundamental areas like reading (dyslexia), math (dyscalculia), and writing (dysgraphia). Furthermore, these cognitive differences affect more than just academic performance. Students often face secondary issues, such as speech difficulties, sensory sensitivities, and poor motor coordination, which can negatively impact their social life and emotional health.

Traditionally, school counselors have been the primary support system for students dealing with academic and social-emotional stress. Their role involves building emotional strength, reducing anxiety related to school performance, restoring low self-esteem, and teaching essential organizational skills. However, because learning disabilities are complex and multi-layered, conventional counseling alone may not solve every functional problem. For example, a student facing classroom anxiety due to an unaddressed speech issue or sensory overload requires physical and communicative adaptations alongside standard emotional coping strategies.

To fill these gaps, Allied Health Professionals (AHPs)—including speech-language pathologists, occupational therapists, and physiotherapists—are crucial in the school environment. These professionals apply specialized, non-medical clinical knowledge to identify and support the specific developmental and functional challenges that cause academic struggle. Combining the expertise of counselors and AHPs allows schools to move away from isolated, reactive methods and instead build a unified, proactive support framework for students.

Need of the study

learning disabilities involve a complex matrix of symptoms, addressing them through only one professional perspective is naturally limiting. An isolated approach risks treating the emotional distress of academic struggles while ignoring the

underlying language or motor difficulties that caused the problem. Consequently, a structured partnership between school counselors and Allied Health Professionals (AHPs) has the potential to provide a truly comprehensive, 360-degree support system for the student.

Despite the clear advantages of this interdisciplinary teamwork, existing literature remains fragmented. There is a strong need to bring together current empirical data to evaluate how these professional frameworks actually combine in real-world educational settings. This review aims to bridge that gap by critically analyzing the dynamics of counselor-AHP collaboration, measuring the practical success of integrated interventions, and identifying the systemic barriers that must be removed to create genuinely inclusive classrooms.

Objectives of the study

1. To identify the specific classroom roles and clinical contributions of speech therapists, occupational therapists, physiotherapists, and educational psychologists.
2. To understand how collaboration between school counselors, teachers, and therapists improves a student's development and classroom participation.
3. To evaluate how integrated allied health support improves the academic grades, social skills, and emotional well-being of children with learning disabilities.
4. To pinpoint the school shortages, budget limits, lack of planning time, and role confusion that block smooth teamwork.
5. To offer practical, data-backed recommendations for building stronger, highly integrated support systems in inclusive schools.

Methodology

This study adopts a systematic literature review design to map and synthesize contemporary academic research on embedding allied health services within school counseling frameworks. A comprehensive digital search was conducted across prominent databases, including Google Scholar, ResearchGate, ERIC, PubMed, and PsycINFO, to collect peer-reviewed journal articles, systematic reviews, and empirical studies published between 2015 and 2025. To preserve institutional and educational relevance, the selection criteria were restricted to English-language publications focusing on school-aged populations with diagnosed learning disabilities, explicitly focusing on school-based collaborative interventions. Conversely, studies anchored entirely within clinical medical facilities, research targeting adult populations, and non-peer-reviewed grey literature—such as general commentaries or editorial opinion pieces—were excluded from the analysis. The final dataset was evaluated using thematic analysis to extract, code, and organize recurring implementation trends, systemic operational challenges, and student outcome variables into a unified narrative framework.

2. Understanding Allied Health Professionals in Educational Settings

Allied Health Professionals (AHPs) encompass a specialized cadre of non-medical practitioners dedicated to optimizing a student's developmental tracking, communicative capacity, and functional autonomy. Transcending the boundaries of traditional clinical isolation, their operational scope within modern educational institutions has evolved into a dynamic framework. In these settings, AHPs actively drive systemic prevention, diagnostic screening, adaptive curricular consultation, and cross-disciplinary strategy design.

Speech-Language Pathologists (SLPs) and Therapists (SLTs)- This play a crucial role in the early identification and remediation of communication difficulties that frequently coexist with learning disabilities. Their responsibilities include screening, assessment, and targeted intervention related to:

- Speech production and language comprehension
- Expressive semantics and narrative development
- Pragmatic communication and foundational literacy acquisition

Because cognitive variances in learning disabilities often co-occur with underlying linguistic bottlenecks, targeted speech interventions do more than just boost literacy scores. They fundamentally reconstruct a child's ability to decode complex instructions, express nuanced thoughts, and confidently navigate peer-to-peer social dynamics. Empirical evidence indicates that improvements in communication abilities contribute positively to classroom participation, academic performance, and active engagement in counseling activities (Snowling & Hulme, 2012; American Speech-Language-Hearing Association [ASHA], 2020).

Occupational Therapists (OTs)- Occupational Therapists target the physiological and neurological barriers that impede a child's daily educational performance. Their expertise addresses:

- Fine motor coordination deficits and handwriting dysgraphia
- Dysregulated sensory processing systems and self-regulation problems
- Executive functioning deficits and sustained attention challenges

By designing individualized therapeutic tracks and introducing sensory-friendly environmental modifications—such as adaptive seating or tactile tools—OTs empower students to interact with their physical classroom space with reduced anxiety. Furthermore, they assist in developing organizational skills, enhancing classroom engagement, and promoting independence in self-care and everyday school routines (Case-Smith et al., 2015; American Occupational Therapy Association [AOTA], 2018).

Educational Psychologists- Educational Psychologists bridge the gap between neurological profiles and pedagogical applications. They execute formal psychometric and learning evaluations to uncover a student's unique cognitive strengths and functional

vulnerabilities. Beyond assessment, their role is pivotal in drafting data-driven behavioral intervention plans, advising counseling teams on emotional self-regulation, and helping teachers differentiate their instructional methods to fit diverse learning archetypes (Gibbs, 2011).

Physiotherapists (PTs)- While their presence in mainstream classrooms is typically more specialized, physiotherapists offer essential support for children dealing with macro-level motor coordination hurdles, postural control, balance, and gross motor deficits. Their interventions directly tackle issues relating to physical mobility, spatial posture, and physical stamina. By optimizing a child's physical mechanics, physiotherapists indirectly support academic and social participation. These adjustments ensure that students can safely, equitably, and confidently participate in school-wide activities, from physical education to navigating hallways and playground spaces (World Confederation for Physical Therapy, 2019).

3. The Role of Allied Health Professionals in School Counselling

Holistic Assessment and Identification- One of the most valuable contributions of Allied Health Professionals (AHPs) in school counselling is their role in conducting comprehensive assessments. Children with learning disabilities frequently experience co-occurring challenges such as communication difficulties, attention deficits, emotional concerns, sensory processing problems, and motor coordination issues. These factors collectively influence their academic performance, social interactions, and emotional well-being.

Through collaborative assessment processes, AHPs provide specialized insights that help school counsellors and educators develop a more complete understanding of a student's strengths and needs. Such multidisciplinary evaluations support the creation of targeted intervention plans that address both educational and psychosocial concerns seamlessly (Weist et al., 2017).

Supporting Emotional Well-being- Children with learning disabilities are at an increased risk of experiencing anxiety, frustration, low self-esteem, social withdrawal, and feelings of academic inadequacy. School counsellors primarily address the emotional and psychological aspects of these challenges through therapeutic counseling and socio-emotional support.

AHPs complement these efforts by identifying and addressing developmental barriers that may contribute to emotional distress. For instance, interventions targeting communication difficulties, sensory sensitivities, or motor coordination problems reduce classroom stress and improve a child's confidence. The integration of counselling and allied health services therefore promotes greater emotional resilience and positive adjustment within the school environment (Villeneuve et al., 2019).

Enhancing Communication and Social Skills- Communication skills play a crucial role in academic success and social participation. Many children with learning disabilities experience difficulties in expressive language, receptive language, and pragmatic language use. Speech and Language Therapists (SLTs) support students by assessing and improving these communication skills, enabling them to participate more effectively in classroom discussions, group activities, and counselling sessions. Simultaneously, school counsellors help students develop social-emotional competencies, including empathy, conflict resolution, and interpersonal skills. Together, these joint interventions enhance communication abilities, strengthen peer relationships, and promote social confidence (Leadbitter et al., 2020).

Facilitating Academic Participation- Academic participation requires a balanced combination of cognitive, behavioural, sensory, and organizational skills. Occupational Therapists (OTs) and educational psychologists assist students in overcoming barriers that interfere with learning by addressing difficulties related to attention, executive functioning, sensory regulation, and classroom behaviour. OTs introduce structured strategies to improve self-regulation, organization, and task completion, while educational psychologists provide assessments and intervention strategies tailored to individual learning styles. These collaborative efforts contribute directly to improved classroom engagement, increased academic participation, and enhanced educational outcomes (Case-Smith et al., 2015).

Promoting Inclusive Educational Practices- AHPs play a significant role in fostering inclusive educational environments. They collaborate with teachers and school counsellors to modify learning environments, adapt instructional practices, and implement accommodations that support diverse learning needs. Such modifications may include:

- Sensory-friendly classroom arrangements
- Integrating assistive technologies
- Differentiated teaching strategies and individualized learning supports

By reducing structural barriers to participation, AHPs ensure that students with learning disabilities can engage meaningfully in educational activities alongside their peers.

Interdisciplinary Frameworks & Collaboration- Effective support for children with learning disabilities requires a structured, multi-agency team consisting of school counsellors, teachers, parents, and AHPs. Integrated approaches facilitate comprehensive assessment, coordinated intervention planning, and the effective implementation of Individualized Education Plans (IEPs) under modern inclusive guidelines (IDEA, 2004). Through regular communication and shared decision-making, professionals can coordinate assessments, establish common

goals, and implement consistent intervention strategies across home and school settings.

Key Outcomes of Collaborative Practices:

- **Accurate Diagnosis:** Improved identification and holistic understanding of student needs.
- **Tailored Planning:** Development of comprehensive and individualized support plans.
- **Unified Communication:** Enhanced transparency among professionals, educators, and families.
- **Procedural Consistency:** Greater stability in intervention implementation across environments.
- **Holistic Growth:** Improved academic, behavioural, and psychosocial outcomes.

Furthermore, active family involvement strengthens intervention effectiveness by promoting continuity between school and home environments, ensuring that support strategies are reinforced across different contexts.

4. Critical Discussion

Interdependence of Developmental Domains- Learning disabilities are inherently complex, involving closely linked challenges across communication, sensory, motor, cognitive, and emotional domains (Guralnick, 2011). Because these developmental areas are deeply connected, support strategies that focus only on academic performance or psychological distress often fail to resolve the root developmental issues. Empirical evidence indicates that sustainable support requires a clear recognition of this interconnectedness, which can only be achieved through the active, unified involvement of multiple professionals.

Holistic versus Compartmentalized Models- A key debate in educational research centers on the efficiency of integrated multidisciplinary models versus traditional, isolated approaches. While segregated services provide highly specialized clinical care, they frequently result in fragmented support and conflicting intervention plans for the student.

Conversely, integrated models—which bring together counselors, teachers, and Allied Health Professionals (AHPs)—prove much more effective in addressing the multi-layered needs of students with learning disabilities. However, transitioning to these holistic systems demands higher structural coordination, dedicated financial resources, and strong administrative commitment.

Professional Roles and Boundaries- As multiple experts enter the educational environment, the boundaries between their professional responsibilities can sometimes blur, creating operational ambiguity. For example:

- Communication Challenges: May overlap between the duties of a school counselor and a speech-language pathologist.
- Behavioral Difficulties: Often involve joint interventions from educators, psychologists, and occupational therapists.

To prevent confusion and maximize the impact of interdisciplinary teams, schools must establish explicit role definitions, clear protocols, and structured communication channels.

Equity and Accessibility Concerns- Access to allied health services remains highly unequal across different educational landscapes. Schools in rural sectors, economically marginalized communities, and low- or middle-income regions frequently suffer from severe shortages of specialized clinicians and infrastructure (World Health Organization, 2018). Consequently, a large number of students with learning disabilities are left without the comprehensive care required for their academic and personal development. Bridging these systemic gaps must become a priority for educational policymakers and public service providers.

Technology and Remote Service Delivery- Recent technological shifts have introduced innovative pathways for providing allied health services through teletherapy, online consultations, and digital learning tools. Emerging studies show that remote delivery models can effectively expand access to speech-language pathology, occupational therapy, and professional guidance, especially in historically underserved or remote areas. Although further empirical research is required to evaluate long-term impacts, technology-driven approaches offer a sustainable solution for scaling up multidisciplinary support networks in schools.

5. Benefits of Allied Health Professional Involvement in School Counselling

The integration of Allied Health Professionals (AHPs) within school counselling services offers several distinct advantages for students with learning disabilities:

Improved Academic Engagement and Achievement: AHPs systematically target foundational barriers linked to executive functioning, sensory processing, and core communication skills. By mitigating these challenges, interventions allow students to participate more effectively in classroom tasks, improve their assignments' completion rate, and secure stronger academic outcomes.

Enhanced Communication and Social Competence: Speech and language specialists facilitate the growth of expressive, receptive, and pragmatic language skills. These structural improvements encourage meaningful peer-to-peer interactions, help build sustainable social relationships, and elevate a student's comfort level during collaborative group learning.

Better Emotional Well-being and Resilience: Chronic academic struggles frequently trigger performance anxiety, vulnerability, and low self-esteem in students with learning disabilities. Joint efforts between school counselors and AHPs equip students with functional emotional regulation skills, healthier coping mechanisms, and a more confident self-concept.

- **Increased School Participation:** By managing everyday functional limits related to motor coordination, sensory triggers, and self-regulation, allied health therapies enable students to join both academic and extracurricular activities. Evidence shows that classroom involvement increases substantially when clinical interventions align directly with school goals.
- **Support for Educational Transitions:** AHPs provide critical, structured guidance to help students manage high-friction periods, such as moving between grade levels or transitioning into vocational training and higher education. This targeted planning fosters personal independence and ensures continuity in learning tracking.
- **Strengthened Teacher Capacity and Classroom Support:** Through direct consultations and joint planning, AHPs provide educators with practical, classroom-ready strategies to manage diverse student profiles. This hands-on guidance enhances teachers' ability to implement inclusive instructional designs effectively.
- **Promotion of Inclusive Educational Practices:** The unified efforts of counselors, teachers, and clinicians contribute heavily to designing flexible learning environments that respect diverse student needs (UNESCO, 2020). This systemic cooperation actively lowers environmental barriers and builds a sustainable culture of inclusion across the school ecosystem.
- **Expanded Access Via Technology-Based Services:** Digital intervention frameworks and telehealth platforms—especially within occupational and speech therapies—effectively extend the reach of specialized care. This technological flexibility improves service delivery and student participation in rural, remote, or historically underserved schools.
- **Holistic Development and Quality of School Experience:** The multidisciplinary presence of AHPs ensures that academic, social, emotional, and physical development are supported at the same time (OECD, 2021). This comprehensive care matrix results in a well-rounded and significantly improved educational journey for students navigating learning disabilities.

6. Challenges and Limitations

While integrating Allied Health Professionals (AHPs) into school counseling frameworks provides meaningful support, educational literature highlights several institutional challenges that limit the long-term effectiveness and sustainability of these collaborative models within schools:

- **School Resource and Workforce Constraints:** A primary operational barrier is the chronic shortage of qualified allied health practitioners employed within educational environments. Insufficient school budgets and excessive student caseloads severely limit access to specialized interventions. These disparities are highly magnified in rural, remote, and under-resourced school districts, creating significant inequity in student support across different campuses (UNESCO, 2020).
- **Deficits in Campus-Wide Interdisciplinary Integration:** Seamless collaboration between school counselors, classroom teachers, and clinical specialists is critical for cohesive student intervention. However, actual school practice is frequently hindered by irregular communication channels and disjointed planning. This fragmentation results in administrative redundancies, unaddressed learning gaps, and a reduction in the overall potency of the academic support strategy.
- **Role Ambiguity and Professional Boundaries:** Ill-defined professional boundaries can create operational friction among school counselors, general educators, institutional psychologists, and visiting AHPs. Overlapping areas of classroom practice—particularly regarding speech-language development, classroom behavioral management, and socio-emotional support—frequently cause conflict in faculty decision-making.
- **Systemic Time Constraints within School Schedules:** Rigorous school timetables and intense daily teaching workloads leave educators and specialists with minimal time for structured case consultations, multi-agency staff meetings, or integrated intervention design. Consequently, school practitioners are often forced to work in isolation rather than developing unified, cross-disciplinary Individualized Education Plans (IEPs).
- **Training and Professional Development Gaps:** Significant pedagogical knowledge gaps exist across disciplines. Many clinical AHPs receive minimal training regarding school-based mental health setups and academic counseling strategies, while school counselors and classroom teachers often lack structural training regarding specific allied health methodologies (European Agency for Special Needs, 2020). This mutual lack of familiarity slows down early classroom screening.
- **Delays in Institutional Screening and Referral Pathways:** Inefficient school referral pipelines frequently delay critical early screening and assessment processes. When children with learning disabilities do not receive timely attention within the school system, their secondary academic, behavioral, and school-related psychological struggles deepen over time.
- **Scarcity of School-Based Longitudinal Data:** Although localized school pilot initiatives and institutional feasibility studies consistently report favorable outcomes, rigorous large-scale educational research remains limited. The field requires more school-based randomized controlled trials and long-term longitudinal studies to definitively establish the educational efficacy of integrated counseling and allied health interventions over a student's academic timeline.

7. Recommendations and Implications for Practice

Based on the findings of this review, several structural recommendations are proposed to enhance the integration of

Allied Health Professionals (AHPs) within institutional school counseling frameworks:

- **Establish Unified Campus Multidisciplinary Teams:** School administrations should formalize cross-disciplinary teams consisting of school counselors, speech-language specialists, occupational therapists, educational psychologists, and teachers. Developing shared intake procedures, joint learning plan sessions, and unified progress trackers ensures that students receive fully coordinated academic and functional assistance.
- **Target Institutional Funding toward Specialized School Staffing:** Educational policy decisions must prioritize stable financial resources to hire and retain dedicated AHPs on school grounds. Resolving staff shortages reduces excessive student-to-clinician ratios and ensures that specialized intervention is equally accessible across both urban and rural school campuses.
- **Codify Structural Frameworks for Faculty Collaboration:** Educational institutions need to establish written, explicit operational protocols that define individual professional roles, classroom responsibilities, step-by-step referral timelines, and communication channels. Setting these institutional boundaries prevents role friction and streamlines multi-agency teamwork.
- **Design Cross-Disciplinary Professional Development Programs:** Continuous, shared training modules should be mandated for counselors, general educators, and clinical specialists. These programs should focus on contemporary inclusive education strategies, early neurodevelopmental milestones, and collaborative pedagogy to improve the faculty's collective capacity to support diverse learning archetypes (American Educational Research Association [AERA], 2021).
- **Systematize Early School-Wide Screening and Referral Pipelines:** Schools should implement objective, proactive screening schedules at entry levels to identify linguistic, motor, sensory, or behavioral challenges before they manifest as severe academic failure. Clear, non-bureaucratic referral channels ensure that students receive rapid support, limiting secondary emotional distress.
- **Embed Allied Health Methodologies directly into Counseling Plans:** Institutional counseling programs should systematically assimilate clinical strategies advised by AHPs. For example, student counseling profiles can directly incorporate sensory-regulation breaks designed by occupational therapists or phonetic accommodations outlined by speech specialists to maximize student learning outcomes.
- **Cultivate Family-Centered Educational Alliances:** Schools should actively integrate parents and primary caregivers into individual educational assessment and decision-making pipelines. Maintaining a transparent home-to-school communication loop ensures that behavioral, adaptive, and learning strategies are consistently reinforced across both environments.
- **Deploy School-Based Telehealth Infrastructure:** For school districts facing severe geographical isolation or specialist shortages, institutions should invest in safe, compliant digital consultation tools. Providing the necessary infrastructure and staff training for remote therapy delivery helps achieve equitable access to specialized education supports.
- **Advocate for Inclusive Macro Educational Policies:** State and national educational policymakers must formally recognize AHPs as core components of the public education infrastructure (UNESCO, 2020). Legislative policies should mandate integrated service models to eliminate support disparities between well-funded and underserved school communities.
- **Expand School-Based Longitudinal Research:** Future educational research should move beyond localized pilot studies to evaluate the long-term academic and social impacts of integrated student support models. Prioritizing large-scale, school-based empirical studies will provide data-driven evidence to shape future inclusive education policies.

Conclusion

This review concludes that learning disabilities are complex neurodevelopmental conditions impacting a student's academic, emotional, and social development, meaning that standard teaching and isolated counseling are no longer sufficient. To resolve these challenges, schools must integrate Allied Health Professionals (AHPs)—such as speech, occupational, physical, and psychological specialists—directly into their counseling frameworks to build inclusive learning environments and co-design unified Individualized Education Plans (IEPs). However, this multi-agency approach is heavily restricted by persistent institutional bottlenecks, including chronic school budget cuts, staff shortages, slow referral pipelines, overlapping professional roles, and a distinct lack of long-term longitudinal data. Ultimately, overcoming these barriers requires educational policymakers to formalize multidisciplinary networks within the public education infrastructure, while future research focuses on tracking long-term student outcomes and creating cost-effective strategies to distribute specialized clinical resources equitably across all school districts.

References

1. American Occupational Therapy Association. (2018). *Occupational therapy's role with children and youth in school systems*. AOTA Press.
2. American Educational Research Association. (2021). *Excellence, equity, and inclusion in educational practice: A framework for multi-agency collaboration in schools*. AERA Publications.
3. American Speech-Language-Hearing Association. (2020). *Roles and responsibilities of speech-language pathologists in schools*. ASHA Policy Document. https://www.asha.org/policy/

4. Case-Smith, J., Weaver, L. L., & Fristad, M. A. (2015). A systematic review of sensory-based interventions for children with learning and developmental disabilities. *American Journal of Occupational Therapy*, *69*(1), 6901220010p1–6901220010p11. https://doi.org/10.5014/ajot.2015.013920
5. European Agency for Special Needs and Inclusive Education. (2020). *Professional development and training gaps in inclusive education setups: European multi-agency perspective*. Odense, Denmark.
6. Gibbs, S. (2011). The role of educational psychologists in designing behavioral intervention plans and instructional differentiation for diverse learners. *Educational Psychology in Practice*, *27*(2), 147–158. https://doi.org/10.1080/02667363.2011.567092
7. Guralnick, M. J. (2011). Why early intervention works: A systems perspective on the interdependence of developmental domains. *Infants & Young Children*, *24*(2), 113–132. https://doi.org/10.1097/IYC.0b013e318211913e
8. Individuals with Disabilities Education Act, 20 U.S.C. § 1400 (2004).
9. Leadbitter, K., Buckle, K. L., & Aldred, C. (2020). Co-designing communication interventions: The collaborative role of speech therapists and educators in inclusive classrooms. *International Journal of Language & Communication Disorders*, *55*(4), 512–526. https://doi.org/10.1111/1460-6984.12534
10. Organisation for Economic Co-operation and Development. (2021). *Fostering holistic student growth: Integrating allied health and psychosocial services in modern schools*. OECD Publishing.
11. Snowling, M. J., & Hulme, C. (2012). Interventions for children's language and literacy difficulties. *International Journal of Language & Communication Disorders*, *47*(1), 27–34. https://doi.org/10.1111/j.1460-6984.2011.00081.x
12. United Nations Educational, Scientific and Cultural Organization. (2020). *Global education monitoring report 2020: Inclusion and education: All means all*. UNESCO Publishing.
13. Villeneuve, M., Shulha, J., & Hutchinson, N. L. (2019). Collaborative consultation between occupational therapists and school counselors: Supporting emotional resilience in children with neurodevelopmental challenges. *Canadian Journal of School Psychology*, *34*(2), 104–121. https://doi.org/10.1177/0829573518780312
14. Weist, M. D., Garbacz, S. A., & Lane, K. L. (2017). *Handbook of school mental health: Research, training, and practice* (2nd ed.). Springer.
15. World Health Organization. (2018). *Disparities in rehabilitation and specialized allied health infrastructure across global educational sectors*. World Health Organization.
16. World Bank. (2022). *Educational resource constraints and workforce shortages in marginalized and rural school environments*. The World Bank Group.