

COMMENTARY

Special Education for Learning: Professional Agency rather than a Desperate Search for a Target Group

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Abstract:

Special education for learning in Germany is marked by a persistent paradox. It is expected to define a specific target group while lacking coherent, valid, and equitable criteria for doing so. Diagnostic practices for identifying special educational needs in learning remain inconsistent, regionally variable, and strongly influenced by systemic and social factors rather than clearly identifiable individual characteristics. As a result, categorization is arbitrary, often stigmatizing, and primarily serves bureaucratic functions of resource allocation rather than educational improvement. This position paper argues that the continued search for a clearly delineated target group should be abandoned. Instead, special education for learning should be reoriented toward professional agency, defined as teachers' capacity to design, implement, and evaluate effective support for students with learning difficulties of any kind. Drawing on international frameworks such as Response to Intervention and Multi-Tiered Systems of Support, the paper advocates a systemic shift from eligibility-oriented diagnostics toward continuous progress monitoring, preventive intervention, and needs-oriented resource allocation. Support should be organized according to pedagogical measures at the individual, group, and school level rather than deficit-oriented labels. Such a reorientation requires embedding special education resources directly within schools and fundamentally reforming teacher education to emphasize research informed decision making, collaboration, and instructional competence. This approach positions special education as a driver of inclusive, preventive, and responsive practice rather than an administrator of categories.

Keywords:

Special education for learning, learning disability, inclusive education, decategorization, Germany



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1 INTRODUCTION: SEARCHING FOR A TARGET GROUP

In Germany, the field of special education for learning is caught in the paradox of needing to define a target group that it cannot clearly identify. Who belongs to the target group of special education for learning, and why, is an open question that can hardly be answered at the individual level. Many students have learning difficulties, some temporary and some permanent, with various underlying causes triggering these learning difficulties. What they have in common is that at some point in their educational history, they have experienced difficulties with the subject matter and therefore perform below the level of a *norm group* of students of the same age, as assumed by educators or school administrators. However, special education for learning, as a state practice in schools, does not cater to all students with learning difficulties; rather, it defines a separate subcategory among these students who are supposedly *particularly* impaired in their learning, and chooses this group as its target group (Kultusministerkonferenz [KMK], 2019). However, this *search* for a target group is arbitrary and based on inconsistent diagnostics without clear criteria. It is therefore ineffective and unfair, especially when disability is seen as systemically and socially caused and perpetuated (Galeano Weber et al., 2005).

This position paper, therefore, argues that the desperate search for target groups in special education for learning should come to an end and that efforts should instead focus on developing clear action competence among teachers for students with learning difficulties of any kind, especially in the context of inclusive education. We argue that special educational needs (SEN) in learning need to be viewed from a systemic perspective, which means that it is more a question of the school's support system than a question of the individual student's (dis)abilities. Instead of categorizing a group of individuals as "learning disabled", we should ask what tasks and activities are necessary and what support concepts are effective for all students with learning difficulties. We show that this logic leads to a multidimensional approach to viewing, supporting, and financing SEN, ranging from less to more evidence-based individual, group-specific, or school-specific multi-level support systems.

2 MISSING STANDARDS AND THE TARGET GROUP DILEMMA

The medical-individual concept of disability assumes that disability is an inherent characteristic of a person and, at best, has a clear biological or individual cause (Gebhardt et al., 2022). While this perspective may be easier to justify for certain types of disabilities based on medical reports – and may also be appropriated by the respective groups themselves in certain contexts – it cannot adequately capture the target group of special education in learning (Kößmann, 2019). A medical-individual justification for categorization as "learning disabled" would require clear and uniform standards and criteria by which individuals could be assessed and classified. Yet, such standards do not exist in German schools, and the medical analogy itself has been shown to be inappropriate (Penney, 2018).

To establish such standards, it would first be necessary to determine which personal dispositions are truly relevant for academic learning development. Historically, individual dispositions – understood within the medical concept of disability – were used to decide whether a child could perform adequately at school or required special support. At the end of the 19th century, for example, psychopathology examined various disorders with this purpose in mind (Bühler & Hofmann, 2017). The first intelligence test, developed by Binet and Simon in 1905, was designed to provide a more objective measure for referral to a special school, supplementing teachers' subjective judgments about a student's learning performance and suitability for mainstream schooling (Binet & Simon, 1912). As Binet (1912) observed, teachers often regarded low-performing children as lazy or lacking "willpower" (p. 240). Even in 1980, the International Classification of Impairments, Disabilities and Handicaps (World Health Organization [WHO], 1980) still defined an "impairment" as a purely individual medical deficit.

Today, the image of disability has shifted from a strictly medical-individual understanding toward a social and systemic perspective, viewing disability as the result of interactions between individuals

and their environment (WHO, 2001). In the case of SEN in learning, this raises the critical question of whether learning difficulties themselves are decisive, or whether social factors such as socioeconomic background, family circumstances, or other forms of disadvantage play a more significant role in determining whether a student is diagnosed with SEN in learning (e.g., Koßmann, 2020). Within this framework, however, the question remains: which personal dispositions and environmental influences should be considered, and how should they be weighted, in order to define the target group of special education in learning with any degree of clarity?

Two recent studies by Galeano Weber et al. (2025) and Haas et al. (2025) demonstrate that a wide range of criteria is used to determine SEN in learning; however, these criteria do not follow a consistent or logical pattern. Overall, SEN categories are highly blurred and fail to differentiate meaningfully between domains. In practice, teachers often rely on aspects such as concentration, learning disposition, and behavioral tendencies when assigning any kind of SEN. This not only obscures the boundaries between areas of special educational needs but also renders diagnoses highly dependent on systemic and structural conditions, as well as regional practices – since different regions apply different criteria when diagnosing SEN in learning (Sälzer et al., 2015; Wolf & Dietze, 2022).

Moreover, the categorization itself is contested by those directly affected. Students with learning difficulties often reject the label, as both attendance at a special school and the designation “learning disabled” are widely perceived as stigmatizing (Thimm, 2006; Walter & Walter, 2004). Conversely, people with intellectual disabilities sometimes demand to be included under the label “learning difficulties”, highlighting the similarity of their challenges (Netzwerk People First Deutschland e.V., n.d.). Such activism further demonstrates that the boundaries between categories are blurred and shaped more by historical and social conventions than by clear distinctions.

In sum, if assignment to the category “Students with SEN in learning” is determined by the individual conducting the assessment, the place where it is carried out, and the criteria applied in that context, then this is not a decision based solely on the individual, but rather a system-specific decision that is biased by external and unconscious influences. Stepping back, one must therefore ask why this process persists. The answer lies less in the pedagogical value of diagnosis than in the way special education resources are currently distributed within the school system. It is thus bureaucratic rather than educational considerations that sustain categorization despite the absence of coherent standards.

3 CHOOSING A TARGET GROUP FOR RESOURCE ALLOCATION

There are various ways of distributing special educational resources within the school system. Traditional approaches are based on a medical model that understands disability as an attribute of the individual and, following this logic, allocates resources on a personal basis (Gebhardt, 2024; Meijer, 1999).

This approach creates two major problems. First, it shows the serious consequences of non-uniform diagnosis. If diagnostic practices are not standardized, the same student may be identified as disabled in one context and thus gain access to resources, while in another context, the student would receive no support at all (Penney, 2018). Second, a person-centered allocation system means that only students with a formal diagnosis of SEN in learning are granted resources for special learning support, while others are not. This applies to both inclusive settings and special schools, where attendance, and thus access to specialized expertise, in many German regions still depends on the SEN label.

Furthermore, special learning support is not something only students with a formal diagnosis need. Many students could benefit from such support, potentially preventing learning difficulties from becoming entrenched or a formal recognition of a disability. Preventive work, however, is difficult to realize in the current system, as no diagnosis exists at that stage and therefore no resources can be applied for. Temporary or domain-specific difficulties also cannot be adequately addressed, since support is tied to the presence of a diagnosis. In practice, the potential target group is therefore much larger than the group currently selected, and it should, or indeed must, be expanded toward preventive work that addresses

learning difficulties before they develop into disabilities, rather than focusing only on remedial responses once problems are already established.

4 NEW WAYS OF FINANCING

If we view resource allocation principles as the underlying causes of the target group problem, then several approaches can be considered on the path to a suitable solution.

The *first option* would be to define a fixed cut-off for what constitutes a “learning disability”, distinguish it from “unproblematic” learning difficulties, and establish standardized diagnostic criteria. Such a system would require clearly operationalized and widely accepted definitions of relevant dispositions and environmental factors that can be reliably measured. However, this is currently not possible due to the difficulty in distinguishing between the focus areas of intellectual development (due to certain measurement errors in IQ tests or adaptive behavior tests), emotional-social development (as learning and behavior influence each other), and the simultaneous occurrence of speech, hearing, vision, or physical impairments, as well as autism, with learning difficulties.

Moreover, learning difficulties can be temporary, subject-specific, or context-dependent. Many students experience learning difficulties at some point. Drawing a sharp line between “normal” learning difficulties and those that justify system-level intervention would require normative judgments about which struggles are considered acceptable and which are not. Yet, from an educational perspective, all learning difficulties are relevant and demand responsive teaching. Therefore, the definition of a target group for SEN in learning remains inherently arbitrary.

A *second, more pragmatic option* is to classify support needs into ordinal categories, such as low, medium, or high, based on the assumed resource intensity a student requires. This reflects current practice, where SEN types often function primarily as funding categories. For example, intellectual disabilities receive more intensive and long-term resources, continuing into adulthood and working life, whereas this is not the case for learning disabilities. If a child is right on the subjective boundary between intellectual disability and learning disability, then it is more a question of how many resources you want and for how long, rather than finding the perfect label. Ordinal classifications may be a simple and efficient way to organize resource allocation. They could ensure that students with more difficulties would receive more resources, while still offering the option to access resources and help as individually as possible. However, ordinal classifications also offer little insight into the actual educational needs or support strategies that could help the student, which makes IEPs even more necessary from an educational perspective. Moreover, ordinal categorization still involves labeling, which risks reinforcing stigma and perpetuating inequalities through hierarchical distinctions, as is the case right now. This solution would result in fewer categories, but it would not solve the fundamental problem of categorization, which is especially problematic for inclusive education (Moser & Dietze, 2015).

This leads to a *third option*, which focuses on long-term systemic change. When categorization and stigmatization are always the problem, then the logical consequence is to abandon person-bound and medical-individual resource allocation altogether. Instead, to get indicators when students need further support in learning, educational resources should be allocated based on the observed learning processes of students. The focus shifts away from static personal dispositions and toward students’ individual development over time.

In this option, additional support is only necessary when regular instruction alone fails to produce sufficient learning progress. If standard teaching practices lead to observable improvement, no further intervention is required. If not, additional resources should be provided, regardless of whether a formal diagnosis has been established. This shift requires ongoing, standardized progress monitoring to ensure fair and data-driven decisions, rather than subjective teacher impressions. As Binet already criticized, decisions should not rely on unstandardized personal assessments. Norm-referenced pre-post testing alone is insufficient, and instead, formative, curriculum-based measurement tools must be used to track

learning trajectories regularly and unobtrusively (Fuchs et al., 1983). Vaughn et al. (2003) frame this as a fundamental paradigm shift from eligibility diagnostics to instructionally useful assessment, which is also a core principle of the Response to Intervention (RTI) model, which was also implemented successfully in a few model schools in Germany (Voß & Blumenthal, 2019).

Internationally, this paradigm has been extended into the Multi-Tiered Systems of Support (MTSS; Utley & Obiakor, 2015), which integrates academic interventions (i.e., RTI) with behavioral approaches into a single framework. MTSS is typically structured in three tiers, where the first tier includes instruction and prevention for all students, the second tier includes evidence-based small-group interventions for students showing first difficulties, and the third tier is individualized and high-intensity interventions for students with persistent difficulties. Its strength lies in combining preventive measures with responsive, data-driven strategies when needed, without requiring stigmatizing diagnostic labels.

Following this logic, support needs should no longer be defined by student characteristics but rather by the type of educational measure required. This would imply a reclassification of SEN based on pedagogical responses instead of deficit labels. A system structured in this way might include:

1. *Individual support*: specific, tailored interventions such as assistive technologies or targeted counseling, often delivered by mobile special educators (e.g., for students with autism, sensory impairments, or isolated subject difficulties).
2. *Group-based support*: evidence-based programs for small groups of students with similar learning or behavioral support needs, delivered inclusively or, if demonstrably effective, through separate provision.
3. *School-wide support*: structural, institutional forms of special education, such as permanent school-based special educators, differentiated curricula, and dedicated support staff. This model allows both individual and collective support responsibility to be anchored within a single school setting.

This logic supports de-categorization through differentiated support design. It removes the need to label students and instead shifts the focus toward responsive, evidence-informed educational planning. For this to succeed, special education resources must be embedded directly within schools, accompanying the learning of all students and intervening immediately when difficulties arise, rather than only after failure has occurred. To ensure timely intervention, special educators therefore need to be present on site.

Evidence from Germany already demonstrates the effectiveness of this approach. Students with learning difficulties were significantly more likely to reach minimal standards, for example, in mathematics, when taught within RTI frameworks that combine early identification, tiered support, and continuous progress monitoring (Voß & Blumenthal, 2019).

5 REPLACING TARGET GROUP SEARCHING WITH PROFESSIONAL ACTION COMPETENCE

If there is no longer a need to identify and label a specific target group for special educational needs, the professional and educational focus of special education shifts. Moving away from categorizing students based on status through diagnostic assessments brings several advantages. Most notably, resources would no longer need to be laboriously applied for formal assessments and complex diagnostic reports. Instead, support could be provided directly and promptly when learning difficulties emerge, before they are entrenched or officially classified as a “disability.” The time currently invested in diagnostic procedures could instead be used for meaningful intervention and planning.

This approach requires greater competence in individualized educational planning. As Prince et al. (2018) suggest for practitioners in the U.S., IEPs should be developed based on standardized and validated diagnostic procedures. These plans must define clear, measurable annual goals, document the

selected interventions, and include tools for regular progress monitoring. In such a framework, the focus of daily work moves away from status-based diagnostics and toward goal-oriented support, including the design, implementation, and adjustment of tailored interventions.

Furthermore, special educators must develop strong evidence-based decision-making competencies. This includes the ability to understand, apply, and interpret research evidence when selecting effective interventions. Only when professionals know what works, for whom, and under which conditions can they design support strategies that are adaptive rather than static, that meet students at their current stage of learning, and that also work preventively to avoid the emergence of learning difficulties in the first place.

As a consequence, diagnostic expertise must also undergo a shift. Traditional diagnostics, which primarily focus on eligibility or classification, need to be replaced by curriculum-based measurement and continuous progress monitoring, as well as longitudinal perspectives. Currently, many diagnostic practices in special education remain focused on one-time assessments and categorical labeling, rather than systematically capturing students' individual learning trajectories over time.

In inclusive settings, this also brings consultation and collaboration competencies to the forefront. If learning difficulties are seen as something that all students may experience, then they become the responsibility of all teachers. Special educators are thus increasingly tasked with advising and supporting general education teachers, helping them to identify specific learning difficulties, interpret progress data, and collaboratively design appropriate support strategies.

6 CONCLUSION

If the boundaries of "learning disability" remain blurred, diagnosis inconsistent, and categorization stigmatizing, then the field cannot justify maintaining them as the basis for practice (Galeano Weber et al., 2015). The consistent consequence is to abandon the search for target groups altogether and reorient special education in learning toward professional agency in the sense of the competence to design, implement, and evaluate educational support wherever and whenever learning difficulties arise, with a focus on preventative work.

Such a shift cannot be left to individual teachers. As Voß and Blumenthal (2019) emphasize, teachers will not change their methods and standards on their own, but require systematic guidance. This makes a reform of teacher education indispensable: future teachers must be trained from the outset in evidence-based intervention, individualized support planning, and continuous progress monitoring, while practicing collaboration across general and special education for inclusive settings. In-service teachers must also be provided with professional frameworks and sustained opportunities for professional development, as inclusive practice cannot rely solely on voluntary adaptation.

When teacher education and professional standards are fundamentally reoriented in this way, special education in learning can move from being the administrator of labels to becoming the driver of preventive, collaborative, and evidence-based practice in all schools.

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