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The cases of inclusive educational technologies for supporting special needs students

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ABSTRACT

The cases of inclusive educational technologies for supporting special needs students

Inclusive educational technologies play a crucial role in ensuring equal access to higher education for students with diverse special needs. This paper examines five representative cases of disability—mobility disabilities, mental health disorders, visual impairments, hearing impairments, and autism spectrum conditions—to illustrate how inclusive educational technologies and organizational solutions can effectively support students throughout the academic process. Drawing on established good practices and accessibility standards, the study analyzes architectural adaptations, digital and assistive technologies, flexible teaching and assessment methods, and inclusive communication strategies that reduce barriers to participation and learning. The paper highlights the importance of combining technological solutions with institutional policies that emphasize flexibility, personalization, and respect for individual differences. The findings demonstrate importance of 5 cases well-designed for inclusive education not only enhance academic accessibility but also contribute to students' independence, social inclusion, self-esteem, and future employability.

KEYWORDS: inclusive education, technologies, cases, special needs, environment

The network of broad support for students needs to be designed and strengthened through various experiences, resulting in their increasingly better educational results. The conditions for studying, the availability of specialized equipment and software are systematically improving (Navas-Bonila et al., 2025). Moreover, Lopez et al. (2025) presented research on the adoption of technologies that facilitates or poses challenges for achieving effective inclusive education. Architectural and communication barriers are slowly disappearing (Malik et al. 2018). This is reflected in the number of students with disabilities, which has been steadily increasing for several years. The growing aspirations of young people are accompanied by university policies aimed at improving the educational process for students with various disabilities (Bartolo et al., 2023). In order to strengthen the guarantee of education without discrimination and on the basis of equal opportunities, it is necessary to create optimal conditions for people with disabilities to participate fully in the educational process. This is one of the most important challenges facing European universities. A natural consequence of the increase in the population of students with disabilities is an increase in the number of graduates with disabilities who leave the walls of universities (Schilling-Dickey, 2022).

The decision to enter higher education represents a turning point in a young person's life. It entails a number of consequences, both physical and psychological, in a special way conditioning his further fate. It becomes, so to speak, the cause

of developmental, educational, social, and worldview changes (Byra, Parchomiuk, 2009). The time spent studying requires the formation among academic youth of certain predispositions to moral reflection and self-reliance, which are understood as the ability to self-educate and reliably fulfill the tasks arising from the role of a student (Sowa, 2005). Since this is a period of fuller maturation, entering adulthood, a young person entering the academic world is obliged to take responsibility for his actions, realise the goals he has previously chosen, and make a number of decisions about the future. This dynamic of the aforementioned transformations is particularly marked in the first year of study due to the novelty of most situations and accompanying experiences (Byra, Parchomiuk, 2010).

The problems faced by disabled students are often of a very individual nature, and their complexity can vary greatly. The characteristics of these difficulties include the following (Byra, 2009).

- Functional problems – architectural, urban, communication, and information barriers.
- Communication and information barriers, on the other hand, apply to people who are hard of hearing, deaf and those with verbal communication problems (paralysis of the speech apparatus, stuttering).
- Educational problems – which can consist of problems with acquiring, understanding, mastering, and applying knowledge and skills acquired during the educational process.
- Psychosocial problems – resulting from negative environmental attitudes and stereotypes about people with disabilities.
- Economic problems – the economic functioning of people with disabilities is usually limited by the specifics of the disease. Higher education allows them to satisfy their intellectual and social needs (Szempruch, 2006).

Many people with disabilities experience temporary or permanent difficulties in their relationships with the academic community. A problem cited repeatedly by researchers working on this issue is mental barriers. Unfortunately, the mental barriers associated with negative attitudes toward people with disabilities are often considered the basis of all other limitations and difficulties. However, this stereotypical attitude towards people with disabilities is difficult to eliminate, as it requires a change in their perception by society as a whole (Struck-Peregończyk, 2010). After all, no idea can change people's mentality, their fears of otherness, and their irrational attitudes within even a few decades, even in an environment as progressive as academia. Here, it is worth citing the results of a study conducted by Struck-Peregończyk (2010), which shows that

people with longer tenure at the university (i.e., older people) have less positive attitudes toward students with disabilities. It remains the responsibility of universities to provide most of the instruments to help people with disabilities enter and continue their education.

Inclusive education requires teachers to possess specific competences (Nimante & Kokare, 2022) that allow them to support students with diverse needs. Students with disabilities often encounter barriers in learning environments historically designed for individuals without disabilities (Nichols & Quaye, 2009). Therefore, understanding the different types of disabilities and the particular challenges associated with them is essential for teachers. The five cases described—mobility disability, mental health disorders, visual impairment, hearing disabilities, and autism spectrum needs—represent important categories of student needs that frequently appear in educational institutions. Each case highlights different barriers that students may experience and demonstrates why teachers must develop specialized competences to ensure equal participation, accessibility, and well-being in the learning process.

Mobility disability refers to the restriction or complete inability to perform body movements (Lan et al. 2002). Such disabilities may arise from congenital conditions, injuries, chronic illnesses, neurological disorders, or developmental changes. Students with mobility disabilities may use wheelchairs, crutches, prosthetics, or other assistive devices (Borade et al. 2021). The primary reason teachers need specific competences in this case is that mobility limitations can influence many aspects of academic participation. For example, students may experience difficulties reaching classrooms, laboratories, or libraries, especially if buildings lack accessible infrastructure such as ramps, elevators, or adapted seating arrangements. Teachers must therefore understand how to organize classroom spaces, laboratory activities, and fieldwork so that students with mobility impairments can participate safely and independently (Jeannis et al. 2022). Competences also include the ability to adapt teaching methods, provide digital alternatives for physically demanding tasks, and coordinate with support services. Without such knowledge, a teacher might unintentionally exclude a student from essential learning experiences. Moreover, teachers should develop awareness and sensitivity to avoid stigmatisation and encourage inclusive peer interaction. Supporting mobility-impaired students also requires knowledge about assistive technologies, flexible scheduling, and accessible learning materials. These competences ensure that physical barriers do not translate into educational disadvantages.

The needs of people with mental disorders and the growing importance (Caldas de Almeida & Killaspy, 2011) of protecting mental health within educational environments. Mental health challenges among students are increasing worldwide, including conditions such as anxiety disorders, depression, stress-related disorders, and other psychological difficulties. These conditions can significantly affect concentration, motivation, memory, emotional regulation, and social interaction. Teachers therefore need competences that enable them to recognize early signs of psychological distress and respond appropriately (Dimitropoulos et al. 2022). This does not mean that teachers must become mental health professionals; rather, they should be able to create supportive learning environments and know when to refer students to specialized services. Competences in this case include understanding the impact of stress and mental health conditions on learning, designing flexible learning pathways, and promoting a classroom culture that reduces stigma and encourages openness (Briand et al. 2023). Teachers should also know how to communicate empathetically, provide constructive feedback, and manage classroom pressures, such as deadlines or workload (Christogonus et al. 2024). Educational institutions increasingly emphasize mental health strategies because student well-being is directly linked to academic success and long-term personal development. Teachers equipped with these competencies can contribute to early intervention, reduce dropout rates, and foster resilience among students.

The visual impairment includes individuals who are completely blind or have very limited vision (Zhou et al. 2024). Some students may have been born blind, while others lose vision later in life due to illness or injury. Visual impairment creates significant barriers in educational settings because many teaching methods rely heavily on visual information, such as written text, diagrams, presentations, or demonstrations. Teachers therefore require competences that allow them to adapt learning materials and communication methods to ensure accessibility. For instance, they should understand how to provide materials in alternative formats such as audio, braille, or screen-reader-compatible digital documents. Teachers also need to be aware of how to verbally describe visual content during lectures, presentations, or laboratory demonstrations (Hontarenko & Kovalenko, 2024). Classroom organization is another important aspect; clear spatial orientation, safe navigation paths, and consistent classroom layouts help visually impaired students move independently. In addition, teachers should be familiar with assistive technologies, such as screen readers, magnification software, tactile graphics, and audio-based learning tools. Competence in inclusive

pedagogy (Marin, 2025) ensures that visually impaired students can access the same academic content as their peers. It also promotes independence and equal participation rather than reliance on constant assistance from others.

Hearing disabilities affect both deaf and hard-of-hearing individuals (Bowen & Probst, 2023). Hearing loss significantly influences communication and access to information in educational environments. Since much teaching occurs through spoken lectures, discussions, and audio-based media, students with hearing disabilities may struggle to follow information if appropriate accommodations are not provided. Therefore, teachers need competences related to communication accessibility and digital accessibility. This includes understanding how to work with sign language interpreters, captioning (Karasova et al. 2023) services, or real-time transcription systems. Teachers should also learn strategies for clear communication, such as facing the class while speaking, using visual aids, providing written summaries, and ensuring that videos include captions. In digital learning environments, teachers must ensure that online platforms, recordings, and multimedia resources are accessible to hearing-impaired students. Another competence involves managing classroom interaction so that discussions remain accessible—for example, by ensuring that only one person speaks at a time and by repeating questions from the audience. Hearing-impaired students often face social isolation if communication barriers are not addressed (Egbe et al. 2026). Teachers who understand these challenges can create inclusive learning environments where communication flows effectively and students feel fully engaged in academic and social interactions.

The autism spectrum conditions involve differences in social communication, sensory processing, and behavioral patterns (Kadlaskar et al. 2023). Students on the spectrum may experience heightened sensitivity to noise, light, or crowded environments, as well as difficulties with sudden changes in routines. Educational institutions can therefore become overwhelming environments if adequate support is not available. Teachers need competences that enable them to create predictable, structured, and supportive learning settings (Fidosieva, 2025). One important aspect is the provision of quiet spaces where students can relax, regulate sensory overload, and regain focus. Teachers should understand how sensory stimuli can affect concentration and emotional well-being (Almansour, 2024). Competences also include providing clear instructions, structured schedules, and transparent expectations. Many students on the autism spectrum benefit from consistent routines and detailed guidance about assignments or classroom activities. Teachers should also develop skills in inclusive communication,

recognizing that some students may prefer written communication or require additional time to process information (Ayasrah et al. 2022). Awareness of social and sensory challenges helps teachers avoid misinterpreting behaviors as lack of motivation or discipline problems. Instead, teachers can respond with supportive strategies that enable students to thrive academically.

Moreover, the inclusion of these five cases in teacher competence frameworks reflects the diversity of challenges that students with disabilities may experience. Each case represents a set of barriers that can affect participation, communication, learning outcomes, and well-being. Teachers who understand these challenges are better prepared to design inclusive educational environments that accommodate different needs. Developing competences in accessibility, communication, empathy, and flexible pedagogy is essential for modern education systems that aim to provide equal opportunities for all learners. By recognizing and addressing the specific needs associated with mobility disabilities, mental health conditions, visual impairments, hearing disabilities, and autism spectrum differences, teachers contribute to a more equitable and supportive educational experience. Inclusive competences ultimately benefit not only students with disabilities but the entire learning community, because teaching methods that emphasize accessibility, clarity, and flexibility tend to improve learning outcomes for all students.

Methodology

This study employs a multiple case study research design to investigate the research phenomenon through an in-depth analysis of five distinct cases. A multiple case approach was selected to enhance analytical rigor by enabling comparison across cases and supporting the identification of recurring patterns as well as context-specific differences.

Case Selection

The five cases were selected using purposeful sampling, guided by clearly defined inclusion criteria aligned with the study objectives. These criteria ensured that each case was relevant to the phenomenon under investigation, provided sufficient data for analysis, and represented meaningful variation in context, implementation, or participants. Although the cases differ in their specific

settings, they share core characteristics that allow for systematic comparison. Each case constitutes an independent unit of analysis.

Data collection

Data collection followed a standardized protocol to ensure consistency across cases. Multiple data sources were employed to support methodological triangulation and strengthen validity. These sources included semi-structured interviews with key stakeholders, direct observations of processes or interventions, and analysis of relevant documents, artifacts, or system-generated data. Data were collected over a defined time period to capture both processes and outcomes related to each case.

Data analysis

Analysis was conducted in two stages. First, a within-case analysis was performed for each of the five cases. This involved organizing and coding the data to produce a comprehensive case description, focusing on contextual factors, implementation characteristics, and observed outcomes. Second, a cross-case analysis was undertaken to compare findings across all cases. Thematic analysis techniques were used to identify common themes, differences, and explanatory patterns that emerged across cases.

Research rigor and ethics

To ensure reliability and validity, the study applied data triangulation, maintained a structured case database, and followed a transparent analysis procedure. Ethical approval was obtained prior to the study, informed consent was secured from all participants, and confidentiality was preserved through anonymization of case identifiers.

Results

Inclusive higher education requires a comprehensive understanding of the diverse needs of students with disabilities and the implementation of systemic solutions that ensure equal access to learning, participation, and academic

achievement. This preface introduces five key cases of disabilities that commonly appear in the context of higher education: mobility disabilities, mental health disorders, visual impairments, hearing impairments, and autism spectrum conditions. Each case highlights distinct barriers faced by students and underscores the necessity of tailored educational, architectural, organizational, and communication-related support.

The first case concerns students with mobility disabilities, whose participation in education is often limited by architectural barriers and restricted physical access. Effective support focuses on eliminating physical obstacles, ensuring accessible classrooms, flexible examination formats, extended time allowances, access to learning materials before and after classes, and fostering respectful interpersonal communication.

The second case addresses students with mental disorders, a group whose needs are increasingly visible due to the rising prevalence of mental health challenges among younger generations. Despite this growth, many students do not seek institutional support due to fear of stigma or concerns about confidentiality. Inclusive education in this area requires flexibility in attendance policies, adapted assessment methods, extended deadlines, individualized examination conditions, and sensitivity to the effects of medication and fluctuating mental states.

The third case focuses on students who are blind or visually impaired. Their effective participation depends largely on accessible information, appropriate learning environments, and the use of assistive technologies. Key measures include adequate lighting and acoustics, advance communication of organizational changes, accessible digital materials, verbal descriptions of visual content, simplified text formatting, and flexible examination arrangements that account for individual needs.

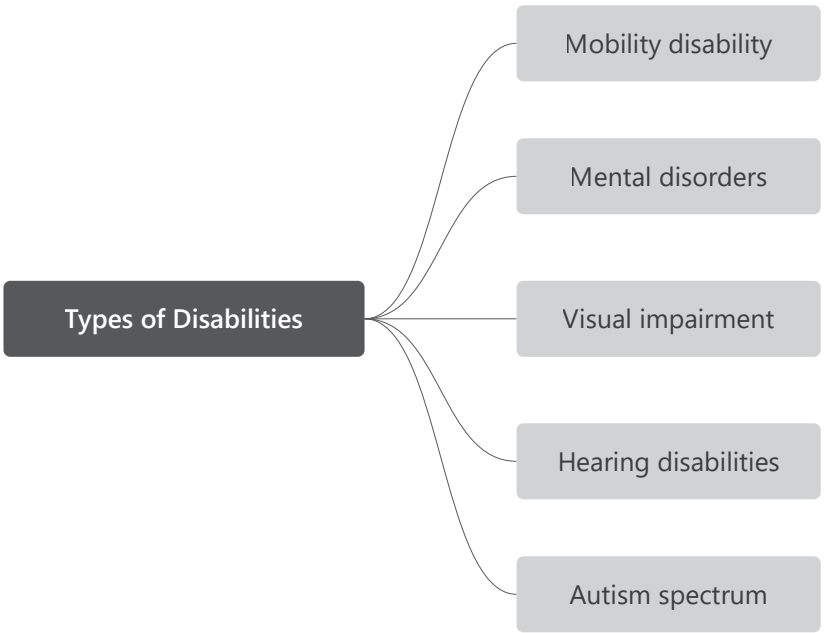
The fourth case involves students with hearing disabilities, including deaf and hard-of-hearing individuals, for whom communication and information accessibility are the primary challenges. Support strategies emphasize the use of sign language, visual communication tools, accessible digital technologies, appropriate classroom acoustics and seating arrangements, clear communication practices, the availability of teaching assistants, and individualized assessment methods.

The fifth case concerns students on the autism spectrum, whose needs often relate to sensory sensitivity, information processing, and learning styles. Inclusive solutions include providing quiet and sensory-friendly spaces, clear

visual information and signage, adapted curricula, individualized education plans, extended examination time, and access to additional learning materials and recordings.

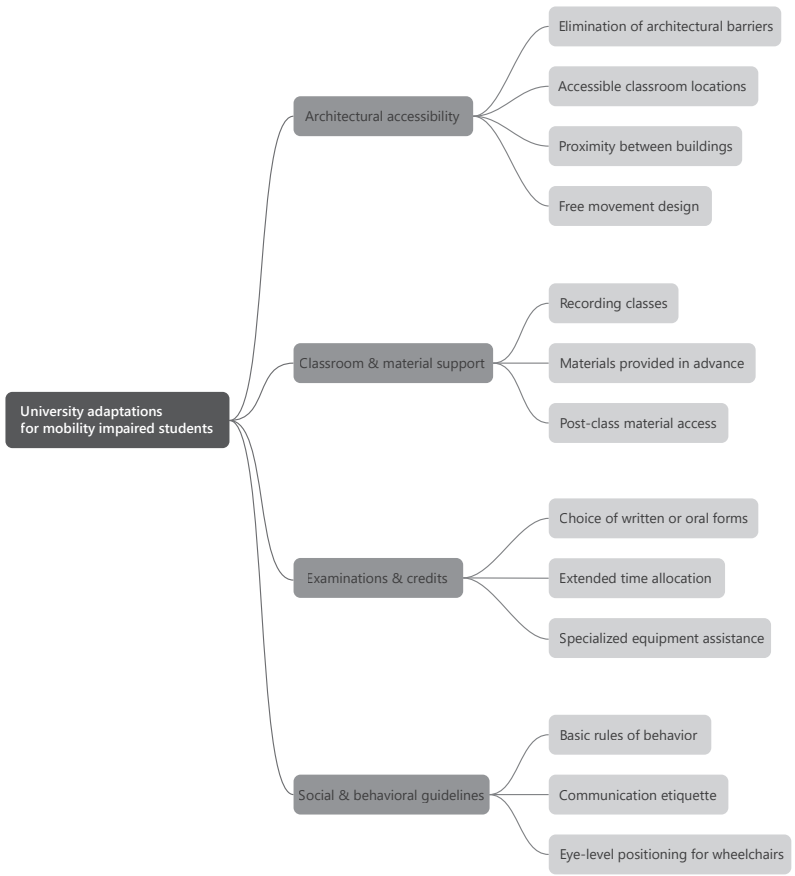
Taken together, these five cases (fig. 1) demonstrate that the needs of students with disabilities in higher education are highly diverse and multifaceted. Ensuring full access to higher education is not only a matter of removing barriers but also of promoting equal treatment, social inclusion, and personal development. Effective support enhances students' independence, social competence, self-esteem, and future employment opportunities, thereby contributing to a more equitable and inclusive society.

Figure 1. Case areas for the need of inclusive education



Case 1. Mobility disability is related to the restriction or complete lack of ability to perform activities in the movement of the human body. This condition results from various limb disorders, accidents, diseases, or developmental changes.

Figure 2. Framework for university adaptations for mobility-impaired students



In the case of mobility disabilities (fig. 2), support for students and others in the educational process should include several aspects, i.e., architectural adaptation of universities involves designing and modifying buildings and campus infrastructure in a way that ensures full accessibility for all users, particularly those with disabilities. This includes eliminating architectural barriers such as stairs without ramps, narrow doorways, inaccessible elevators, uneven surfaces, or a lack of adapted sanitary facilities. Proper adaptation allows students to move independently and safely within university spaces. The organization of classes in accessible and architecturally adapted classrooms means ensuring that teaching rooms are located in buildings equipped with elevators, ramps,

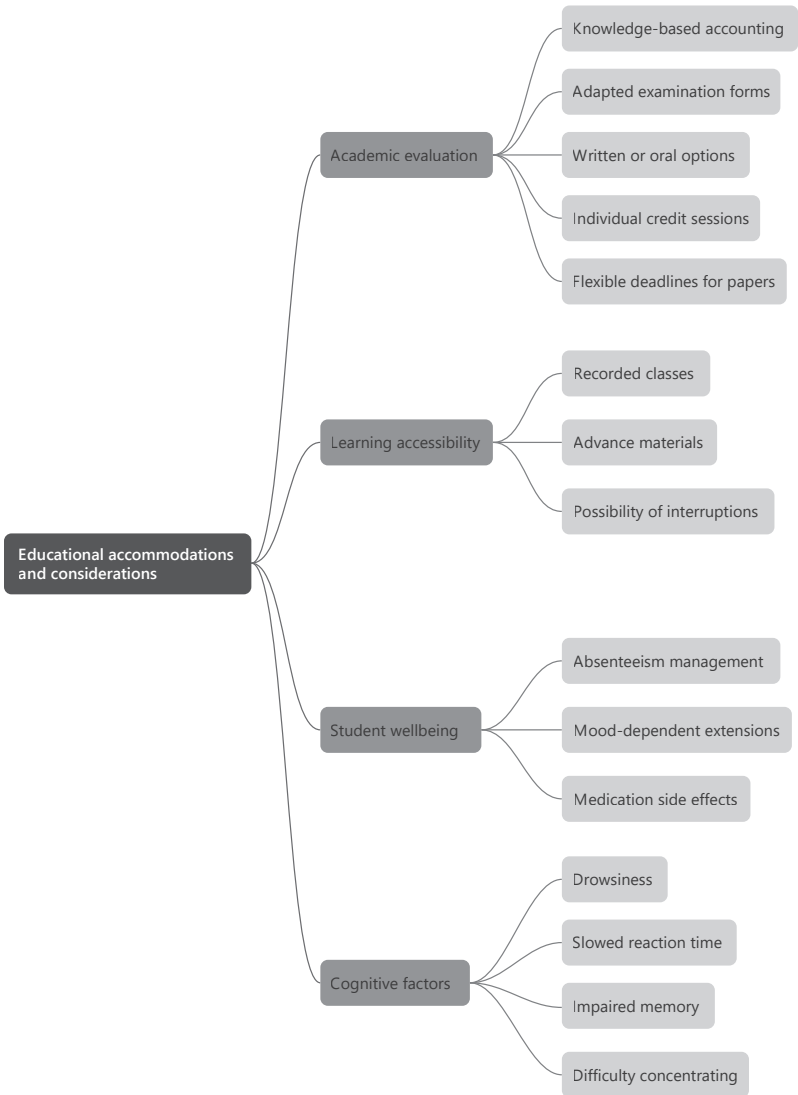
wide entrances, and sufficient space for maneuvering, including the use of wheelchairs or other mobility aids. Classrooms should be arranged to allow free movement, appropriate seating, and easy access to teaching equipment and emergency exits. Close proximity to buildings and classrooms refers to thoughtful spatial planning of academic activities, so that students do not have to travel long distances between classes. Locating lecture halls, seminar rooms, libraries, and administrative offices near each other reduces physical strain and time pressure, enabling smoother and more independent participation in the educational process. The ability to record classes provides students with the opportunity to revisit lectures and discussions at their own pace. This is particularly important for those who may experience fatigue, mobility limitations, or difficulties with note-taking during class. Recordings support better comprehension and allow students to compensate for absences caused by health-related issues. Providing class materials in advance, as well as after the class, ensures equal access to learning content. Early access allows students to prepare in advance, familiarize themselves with key concepts, and use assistive technologies if needed. Access to materials after class helps reinforce learning, review complex topics, and compensate for any difficulties encountered during in-person participation. The opportunity to choose a written or oral form of examinations and credits introduces flexibility in assessment methods. Allowing students to demonstrate their knowledge in a form that best suits their abilities helps ensure that evaluation focuses on learning outcomes rather than physical or functional limitations. Providing adequate time for exams and credits acknowledges that some students may require more time due to mobility challenges, fatigue, or the use of assistive technologies. In the case of written examinations, access to specialized equipment, such as adapted computers or input devices, ensures that students can complete assessments independently and under fair conditions.

Learning the basic rules of behavior in relation to people with mobility impairments (including, when communicating with a person in a wheelchair, adopt a position that allows eye contact and avoid talking from a standing position so as not to look down on the interlocutor (Nowak-Adamczyk, Perdus-Białek, Szczocarz, 2008, p. 12).

Case 2. The needs of people with mental disorders (fig. 3) and their progressive development determine a significant increase in the need to implement strategic solutions to protect the mental health of students and other participants in the educational process. This need is related to the growing mental

problems of modern societies, especially the younger generation. The last two decades have seen a significant increase in the number of people with mental disorders manifested during education.

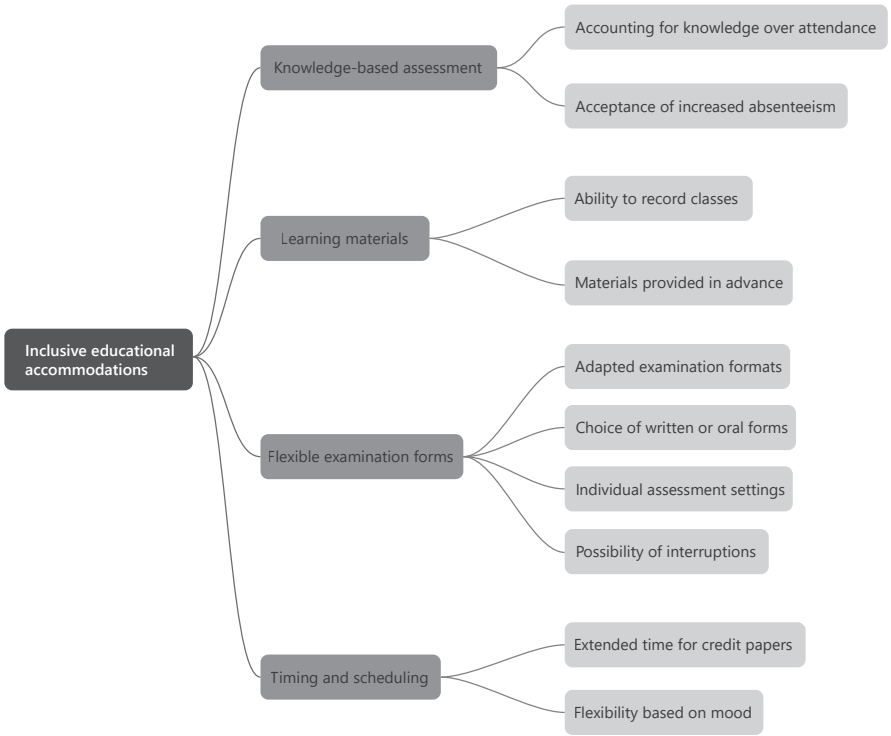
Figure 3. Framework for educational accommodations and considerations



Despite this, referring to students and other people benefiting from the educational process, a significant number of people with mental disorders do not benefit from the support of this disability. This is due, among other things, to the fact that students and other participants in the educational process with mental disorders do not want to reveal themselves, among other things, for fear of negative reactions from those around them and stigmatization. They try to deal with their issues in person or through their relatives. Reluctance to use the help of a psychologist at the university may also be due to a lack of trust, among other reasons. This is because there is often a person employed as a psychologist who also works with students and staff on other levels, which can raise some concerns about confidentiality. Undoubtedly, support for mental disabilities at universities should consist of access to classes according to the following standards: accounting for knowledge rather than attendance means that students are assessed primarily on their learning outcomes and demonstrated understanding of the subject, not on their physical presence in class. This approach allows for increased absenteeism when necessary, recognizing that health conditions may prevent regular attendance without diminishing a student's academic potential. The ability to record classes, combined with making learning materials available in advance, ensures continuous access to educational content. Students can prepare for classes at their own pace and revisit recorded lectures when concentration levels fluctuate or when health-related absences occur. Adapted forms of examinations and credits involve modifying assessment methods to better reflect individual capabilities. These adaptations may include alternative formats, adjusted evaluation criteria, or individualized assessment conditions that reduce stress and support fair measurement of knowledge. Extended time to prepare credit papers acknowledges that mental well-being and emotional state can significantly affect cognitive functioning and productivity. Allowing flexible deadlines enables students to complete academic tasks during periods of better mental stability without compromising academic standards. The possibility of completing examinations and credits in written or oral form, with optional interruptions and individual arrangements, provides students with greater control over the assessment process. Breaks during exams and individualized settings help manage anxiety, fatigue, or concentration difficulties, leading to more accurate demonstrations of knowledge. Considering the side effects of prescribed medication is essential in creating equitable learning conditions. Medications may cause drowsiness, slowed reaction time, memory impairments, or reduced concentration, all of

which can affect academic performance. Recognizing these effects allows educators to adjust expectations, timing, and assessment conditions to ensure fair and inclusive evaluation (fig. 4).

Figure 4. Framework for inclusive academic accommodations



Taking into account situations when the drugs taken may cause side effects, such as drowsiness, slowed reaction time, impaired memory, or difficulty concentrating. It should also be considered that the behavior of a person with a mental disorder can often be surprising and unpredictable (Cohen, after Sitkowska-Wójcik, 2024).

Case 3. Visual impairment refers to blind people who have no sense of light, i.e. they were born blind or lost their sight as a result of an illness or injury. On the other hand, visually impaired people are those with a sense of light, who distinguish between day and night, among other things (Nowak-Adamczyk,

Perdus-Bialek, Szczocarz, 2008, p. 6). Hence, the idea is that meeting the needs of visually impaired people in the educational process should be based on access to activities as follows:

Classes should be held in well-lit rooms with good acoustics. Any changes to dates or locations should be communicated by e-mail in advance. Students should be able to record classes and use specialized equipment like laptops, magnifiers, or Braille notepads. Text on the board should be read aloud, and materials should be shared electronically. Visual content, such as charts or models, should include verbal or tactile descriptions. Written materials should use large, simple text with high contrast, clear punctuation, and unembellished layouts; tables and formulas should be simplified. Inaccessible PDFs should be avoided. Information on literature, exams, and credits should be provided early. Exams can be completed using assistive software or orally with extra time or assistance. Clear communication is essential for supporting visually impaired students.

It is on it that a blind and visually impaired person focuses and, thanks to it, is able to find his way in a given situation. That is why it is very important to provide basic information, such as descriptions of buildings, which will facilitate orientation in the area, descriptions of rooms, which allow a more accurate visualization of the space and facilitate movement or presentation of people in a group, to allow free conversation.

Case 4. Hearing disabilities affect the deaf and hard of hearing (fig. 5). In the context of their difficulties, it is necessary, first of all, to pay attention to the fact, adaptation of requirements in the area of information, communication, and digital accessibility, because the main difficulty that students and other hearing-impaired participants face in the educational process is information and communication in the university itself. Hence, in the case of hearing impaired participants, the basis of communication and information exchange is sign language (Sitkowska-Wójcik, 2024) (fig. 6).

Figure 5. Framework for visual impairment

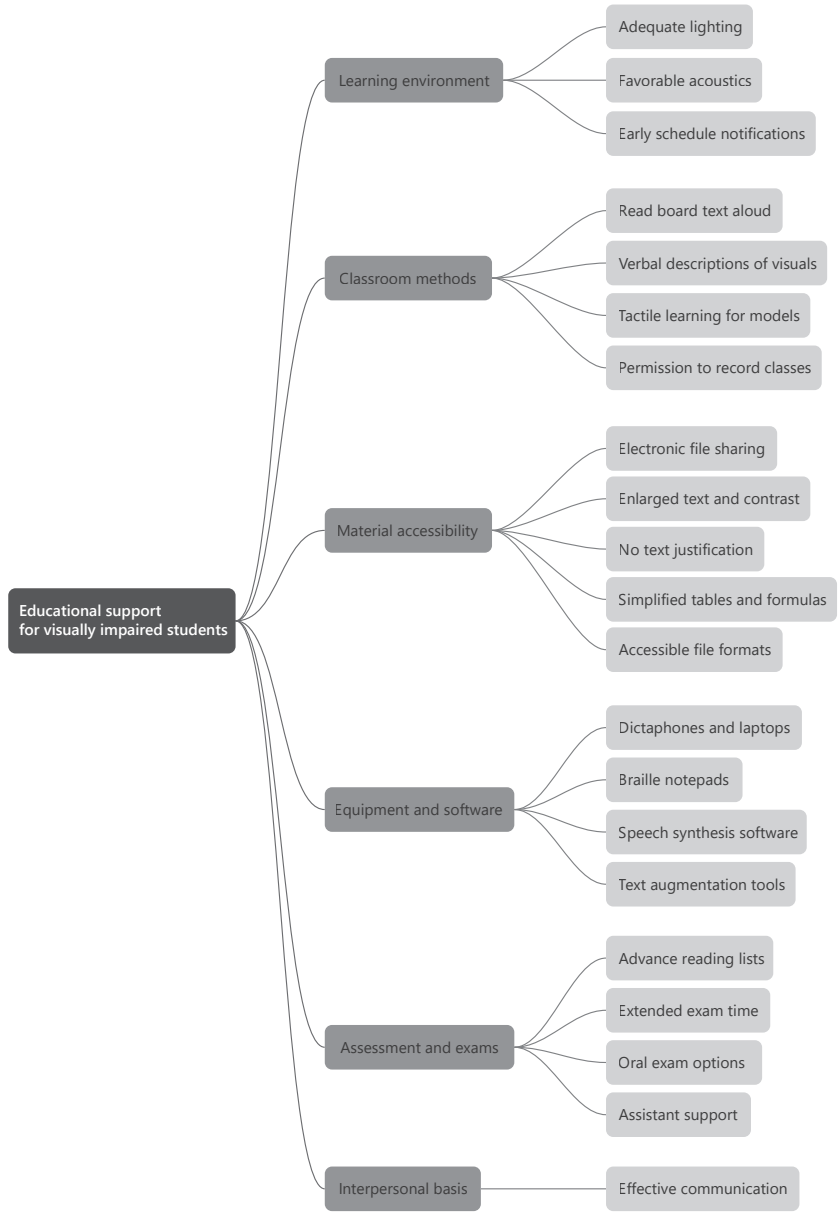
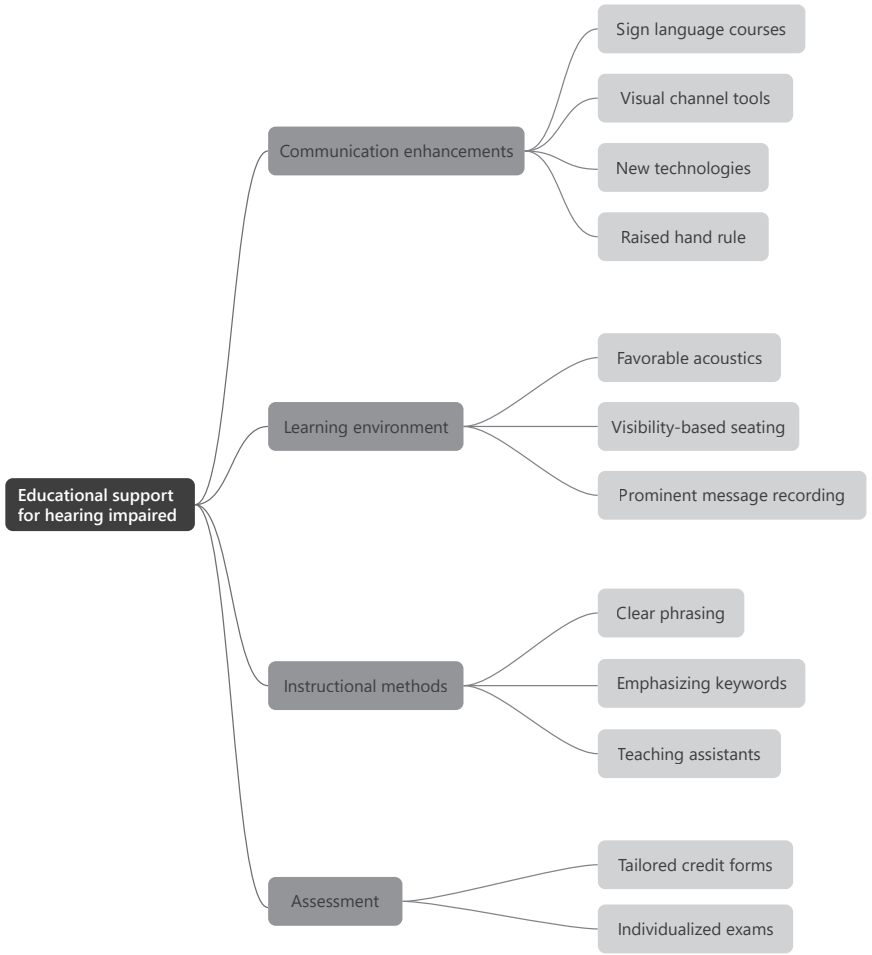


Figure 6. Framework for hearing-impaired educational success



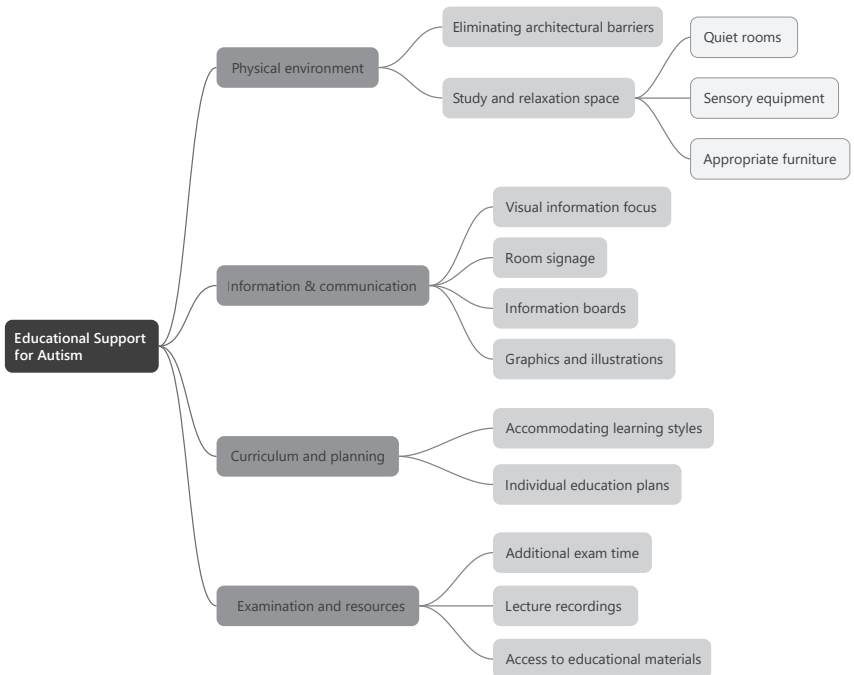
In the case of the hearing impaired, support for students and others in the educational process includes good practices, such as The opportunity to participate in additional sign language courses supports the development of effective communication skills for both deaf and hard-of-hearing students as well as their peers and instructors. Such courses strengthen mutual understanding and reduce communication barriers within the academic environment. The use of tools and teaching methods that enable communication and information reception through the visual channel is essential in the educational process.

Modern technologies, such as real-time captioning, multimedia presentations, interactive whiteboards, and visual learning platforms, enhance accessibility and support active participation in classes. Classes should be organized in halls with favorable acoustic conditions and appropriate lighting. Seating arrangements should allow all participants to see one another clearly, which is particularly important for lip-reading, sign language communication, and visual cues that support understanding. Key messages, instructions, and announcements should be recorded or displayed prominently and visible. Written or visual presentation of information ensures that important content is not missed and can be reviewed when needed. Introducing the "raised hand" rule helps structure classroom communication by indicating who is speaking at a given moment. This practice supports better visual tracking of speakers and facilitates clearer reception of messages by hearing-impaired students. Statements should be formulated using clear, concise phrases, with emphasis placed on key words and concepts. Such communication enhances comprehension and reduces ambiguity, especially in visually mediated learning environments. The presence of a teaching assistant in the classroom can significantly improve accessibility. Assistants may support communication, clarify instructions, facilitate note-taking, or assist with the use of technological tools tailored to individual needs. Tailored forms of credits and examinations are essential to ensure fair assessment. Adapting evaluation methods to individual communication needs, preferred formats, and assistive technologies allows students to demonstrate their knowledge effectively and on equal terms.

Case 5. Needs of students on the autism spectrum: Students on the autism spectrum should be provided with adequate space to study and relax. Quiet rooms with suitable furniture and sensory equipment can help them recover, manage stress, and maintain focus on their studies. Architectural barriers should be removed to ensure full accessibility and ease of movement throughout the campus. Information should be readily available in visual formats, as many people on the autism spectrum understand and retain content more effectively when it is presented pictorially. Classrooms and campus spaces should have clear and appropriate signage, information boards, and the use of graphics or illustrations in educational materials to support orientation and comprehension. Curricula should be adapted to accommodate different learning styles, allowing students to engage with content in ways that match their strengths and preferences. The creation and implementation of individual education plans should be enabled, providing personalized support and tailored

learning strategies for each student. Additional time should be offered for exams, allowing students to complete assessments without unnecessary pressure and in a manner that reflects their abilities. Students should also have access to supplementary educational materials, including lecture recordings, to review content at their own pace and reinforce learning (fig. 7).

Figure 7. Framework for autistic educational accommodation



As can be seen from the above-discussed needs of groups of people with disabilities who take up the challenge of acquiring higher education, they are extremely diverse. Undoubtedly, full access to higher education for people with disabilities is closely linked to the creation of full opportunities for them to participate in society and, consequently, the implementation of the principles of equal treatment. It is also necessary to emphasize the fact that effective education of people with disabilities increases their chances in the labor market and improves the process of their independence. In addition, it enhances their social competence and self-esteem.

Conclusions

The analysis of five disability-related cases in inclusive higher education demonstrates that effective inclusion requires a systemic, flexible, and student-centered approach.

Mobility disabilities, mental health disorders, visual and hearing impairments, and autism spectrum conditions each present distinct challenges that cannot be addressed through uniform solutions. Instead, inclusive education depends on the integration of architectural accessibility, adaptive teaching methods, accessible information and communication, individualized assessment, and supportive institutional policies.

These cases collectively highlight that inclusion extends beyond physical access to encompass psychological safety, social participation, and academic equity.

By responding to diverse needs through tailored support and proactive institutional commitment, higher education institutions can foster independence, academic success, and social inclusion for students with disabilities. Ultimately, inclusive practices benefit not only individual learners but also strengthen the quality, fairness, and social responsibility of higher education systems as a whole.

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