

Individual Educational Planning in the Hospital Class: teachers' notes in a collaborative reflective training course¹

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ABSTRACT

Based on the need for training in relation to hospital school attendance, as well as the importance of planning in relation to this service, this study aims to analyze the case studies and Individual Educational Plans (PEIs) evaluated by the 22 participants of a collaborative reflective training course. The research is described in a collaborative character with a qualitative approach. A survey was conducted in a council board, where a collaborative continuing education course took place, in which five face-to-face meetings were held and five teaching units were made available on the Google Classroom online platform. When you think about the possibilities of developing school activities within the hospital school environment, you do not know what PEI is and how an action is so beneficial for the student, as for the teacher, taking into account that this type of planning evidence is main and the student's potential, something that is essential when he is hospitalized.

KEYWORDS: Special education. Hospital Class. Individual Educational Planning. Collaborative reflective training.

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Planejamento Educacional Individualizado na Classe Hospitalar: apontamentos de professores em um curso de formação reflexiva colaborativa

RESUMO

A partir da necessidade de formação frente ao atendimento escolar hospitalar, bem como, da importância do planejamento frente a esse serviço, o presente estudo teve como objetivo analisar os estudos de casos e Planejamentos Educacionais Individualizados (PEIs) desenvolvidos pelos 22 participantes de um curso de formação reflexiva colaborativa. O método se constituiu na pesquisa em caráter colaborativo com abordagem qualitativa. A pesquisa foi desenvolvida em uma diretoria de ensino, onde ocorreu um curso de formação continuada colaborativa, em que foram realizados cinco encontros presenciais e foram disponibilizadas cinco unidades didáticas na plataforma online do Google Classroom. Como resultado, ao se pensar nas possibilidades de desenvolvimento das atividades escolares dentro do ambiente escolar hospitalar, notou-se que o PEI se constitui como uma ação favorável tanto para o aluno, como para o professor – levando-se em consideração que esse tipo de planejamento evidencia as principais necessidades e potencialidades do aluno, algo que é imprescindível quando o mesmo se encontra hospitalizado.

PALAVRAS-CHAVE: Educação Especial. Classe Hospitalar. Planejamento Educacional Individualizado. Formação reflexiva colaborativa.

Planificación educativa individual en la clase hospitalaria: nombramiento de un curso colaborativo de formación reflexiva

RESUMEN

Basado en la necesidad de capacitación en relación con la asistencia a la escuela del hospital, así como la importancia de la planificación en relación con este servicio, el presente estudio tuvo como objetivo analizar los estudios de caso y los Planes Educativos Individualizados (PEI) desarrollados por los 22 participantes de un curso de capacitación reflexiva colaborativa. La investigación constituye un carácter colaborativo con un enfoque cualitativo. La investigación se desarrolló en un tablero de enseñanza, donde se llevó a cabo un curso colaborativo de educación

continua, en el que se llevaron a cabo cinco reuniones presenciales y se pusieron a disposición cinco unidades de enseñanza en la plataforma en línea Google Classroom. Al pensar en las posibilidades de desarrollar actividades escolares dentro del entorno escolar del hospital, se observó que el PEI constituye una acción favorable tanto para el alumno como para el profesor, teniendo en cuenta que este tipo de planificación resalta las principales necesidades, y el potencial del estudiante, algo que es esencial cuando está hospitalizado.

PALABRAS CLAVE: Educación Especial Clase hospitalaria. Planificación educativa individualizada. Entrenamiento reflexivo colaborativo.

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Introduction

Planning within the hospital school environment is very complex. It is a great challenge, considering that it must be based on the specifics that the hospital presents, on the main needs of the student, his age and school year, as well as on the express curriculum for Basic Education. Fonseca (2008) states that the teacher who works in this service must consider the health problems of the students, the routine within the hospital environment and their therapeutic procedures in order to carry out their planning.

In the case of the teacher who works in a hospital school environment, it is evident that he has to be attentive to the specificities that the hospital presents, considering that:

The teaching activity in a hospital environment has different characteristics from those that manifest in school institutions. This occurs both because of the health conditions of the student, who is there as a patient, and because of the characteristics of the space where the pedagogical activities are carried out. (REIS, 2017, p.21).

Thus, being a teacher in the hospital environment means being willing to adapt to the specificities of this space, that is, to be in constant change, adapting to the conditions of different students/patients and understanding the complexity of teaching in this specific locus.

It's known that specific training to work within the hospital school environment is still scarce and, therefore, the identity of the hospital class teacher is often constituted during his daily performance (REIS, 2017).

The teacher who deals with an audience surrounded by specificities demands to have a network of possibilities to obtain knowledge that meet the needs of his students.

For Lima (2015), the training of the special education teacher and also of the hospital class teacher is one of the great challenges to secure quality education for all. It is necessary to deal with the unpreparedness:

[...] of teachers (trained or in training) to work in the education of children and adolescents with some type of disability and those undergoing health treatment in hospitals or in convalescence at home - since many teachers are trained or in training they do not even know the proposal for schooling in hospitals (and at home). Although the need for teacher specialization to work in the hospital class is not defended here, it is recognized that it is necessary to include, even though elementary, discussions about this educational modality, particularly when studies on special education are proposed. (LIMA, 2015, p.39)

In the Brazilian scenario, we are faced with the precarious training of hospital class teachers and, also, with the lack of structuring of equal working conditions, something that directly affects the pedagogical practice (LIMA, 2015). Aiming to guide the training of teachers working in hospital classes and to structure more favorable working conditions, “[...] training policies and working conditions that must be the target of strong investments so that the teaching work can ascend to a more dignified condition of work” (HYPOLITO, 2015, p. 517) are necessary.

Based on the need for training in relation to hospital school attendance, as well as the importance of planning in relation to this service, this study aimed to analyze the case studies and Individual Educational Planning (PEIs) developed by the participants in a collaborative reflective training course.

Método

The present research consisted of collaborative character with a qualitative approach, in which 22 participants participated in the research, being three teachers who taught in hospital classes, 14 teachers of Special Education, three support teachers (they accompanied the PAEE students in common class) and two Special Education coordinators.

It should be noted that the initial proposal was to carry out the course together with professors from the hospital classes. However, as it is a collaborative research, in which the actions were carried out entirely in partnership with the board of education in question, the coordinators presented the need for training for the other Special Education teachers. Thus, the present continuing education was open to all Special Education teachers who were interested in signing up to take the training course.

It is considered that the research was constituted in the scope of collaboration, considering that, since the process of construction of the course, there was a partnership with the coordinators of the Special Education pedagogical nucleus. As well as, during the course, the contents covered were listed in partnership with the participants, according to their needs.

The research was carried out in a teaching directorship, located in a city in the countryside of São Paulo, where a collaborative continuing education course took place. For this course, five face-to-face meetings were held and five teaching units were made available on Google Classroom.

All meetings were recorded and later, the participants' speech reports were transcribed.

The material analyzed in this study was based on the speech reports in the face-to-face meetings on the subject of PEI and the responses of participants in the discussion forum in the virtual environment (which focused on planning for hospitalized students). The guiding question was: "In your opinion, what is the most appropriate way to carry out planning for students who are hospitalized?". From this analysis, it was observed the

demand raised by the participants on educational planning within the hospital environment. Thus, six case studies and their respective plans were built in groups. The groups were defined by the participants themselves.

The researcher provided an example of a case study, which she built, and two examples of planning, models that were taken from the internet. Despite what was suggested, each group could carry out the construction of the material in the way they believed to be the most appropriate, creating a fictitious case or using their own professional experiences within the hospital.

After the construction of the case studies and their respective plans, these were made available in the virtual environment. To this end, discussion forums were opened so that the participants could provide opinions to complement the plans.

Finally, there was a face-to-face meeting aimed at complementing the cases and their respective plans and seeking to clarify any doubts between the groups.

From the qualitative analysis of the data, a system of categorization and grouping of the speech reports and responses of the participants in the activities was elaborated.

It is noteworthy that the present study was approved by the Research Ethics Committee on Human Beings at the Federal University of São Carlos (UFSCar), under the CAEE number 81168617.8.0000.5504.

Results and discussions

Answers obtained from participants in the planning discussion forum

From the guiding question in the planning discussion forum, 19 answers were obtained for this question. In general, the participants (P2, P8, P9, P11, P12, P17) pointed out that planning must be thought of individually,

considering the needs of each student, the length of hospital stay and starting from playfulness, something that can be exemplified in the following answer:

Starting from an individual survey, considering that each student is unique within their specificities, bringing their baggage with them. After a sense of who this student is, activities can be organized according to the reality of the hospital environment (space, time, etc.) and the student's needs for that moment or situation in their life (more playful activities, reinforcement school time, group moments, etc.). The time within this planning is very relevant, since the service can last only a day or even months, so the specialized teacher needs to learn to have "cards up their sleeve" in the most varied situations (pedagogical games, drawings, paintings, hobbies, books, etc.). What counts in this service is to reassure and provide a reliable environment, where the student feels capable and safe (P12, virtual environment).

The action of planning suggests a reflection on the decisions that must be taken about the practices employed (AIRES, 2009), especially with regard to the individual needs of each student.

Lima and Lugli (2020) reinforce the importance of respecting the individuality and affectivity of each student, considering that such aspects are fundamental to the structuring of the hospital educational environment.

In addition, it is extremely important for the teacher to schedule his working hours to plan his actions in front of hospitalized students and organize the material to be used (FONSECA, 2008).

It is noted that the participants (P9, P11, P13, P15, C2) also pointed out that the planning must be something continuous and that the student's condition must be taken into account, through pedagogical listening, as seen in the following answer:

It should be based on helping to provide well-being to students who are hospitalized, helping them to feel connected with the world outside the hospital. It is important that the "pedagogical listening" that so many authors cite in their texts is present, so that teachers are aware of how the student is emotionally and psychologically. You should "feel" your students and direct the activities according to the context you encounter on the day; sometimes

it is necessary to use only playfulness or to combine them with school activities (P13, virtual environment).

Pedagogical listening constitutes a fundamental aspect in the teaching performance within the hospital school environment. It allows the teacher to look at their student in a comprehensive way, realizing their needs (ANDRADE, 2013).

Ceccim and Carvalho (1997) point out that pedagogical listening

[...] comes from psychoanalysis and differs from hearing. While hearing refers to the apprehension / understanding of audible sounds and voices, listening refers to the apprehension/understanding of expectations and senses, listening through words to the gaps of what is said and the silences, listening to expressions and gestures, behaviors and postures. Listening is not limited to the field of speech or the spoken, it seeks to search the interpersonal worlds that constitute our subjectivity in order to map the movement of life forces that engender our uniqueness (CECCIM; CARVALHO, 1997, p. 31)

Thus, pedagogical listening allows the teacher to get to know his student and his main challenges, enabling the teacher to offer help at a time as complex as hospitalization.

In addition, the teacher must consider in his planning that his students, even in a state of hospitalization, do not stop being children or adolescents to become patients; they are still being moved by emotions, movement and curiosity (FONTES, 2015).

Thus, pedagogical listening allows the teacher to get to know his student and his main challenges, enabling the teacher to offer help at a time as complex as hospitalization.

A question that emerged frequently in the responses of the participants (P8, P14, P15, P17, P19, C1, C2) was the need to work on contents of the curriculum of the student's original school, emphasizing the importance of maintaining the contact with the school to which he belongs, making the necessary curricular adaptations, as seen in the following responses:

The planning, the curriculum and the contents of the hospital class for both students/patients hospitalized for short or long term must be the same practiced in the school of origin of the same, the way of driving is that they will be constantly adapted to the needs that may arise in the everyday life of the class and/or outpatient clinics and/or bed and/or playroom, strategies should be through a playful approach with adaptable resources and be reviewed daily, as the student / patient's time is very different (P15, virtual environment).

[...] having contact with the student's original school, continuing the student's academic life (P8, virtual environment).

In addition to the content worked on at the student's original school, the importance of planning is highlighted, focusing on: the needs of students to be guided by adapted activities, with selected content and using more concrete meanings, in playful and creative activities; and provide interactions between students (MORGADO, 2015).

One participant mentioned the need to carry out an Individual Assistance Plan (PAI), which can be considered equivalent to Individual Educational Planning (PEI), which was worked on later in the training course, something that can be seen in the excerpt below

Students who will be hospitalized for a longer period of time, should do the PAI (Individual assistance plan), which should include the child's goals, age, what the child already knows how to do, what are their deficits, through an assessment and then establish the objectives within each area (motor, pedagogical communication ...), establish teaching programs (how to teach) and then through a record measure whether this student is learning or not (P2, virtual environment).

Resolution No. 72, of December 22, 2016 (SÃO PAULO, 2016), which guides the work of hospital classes in the state of São Paulo, states that teachers working in this space must carry out the Individual Service Plan (PAI), and includes a model to be followed. However, it was noticed that most teachers do not use such a model.

Result of the case studies and plans prepared by the study participants

The following table shows a brief summary of the work developed.

Chart 1: Summary of Case Studies and Planning

Group	Basic student information	Time for planning execution	Main actions	Evaluation
1	<p>Age: 7 years old Diagnosis: Surgical, knee surgery, limited mobility. Length of stay: 5 days Grade: 1st grade of Elementary School I Main Interests: Loves to listen to children's literature stories, especially the "Three Little Pigs" Main Potentials and Difficulties: Pre-syllabic phase, does not like math very much.</p>	Short term	<p>Storytelling of the Three Little Pigs, handling mobile alphabet, writing characters' names with mediation, storytelling by pupils with puppets, drawing painting.</p>	<p>"Peaceful service, interacted well with the student /patient and his family. He loved the activities and wanted more when he finished them. Even though he told me that he didn't like math very much, he was always asked about the number of characters in the scene and the number of letters he used to write the words "</p>
2	<p>Age: 6 years old Diagnosis: Hoffman's syndrome (bedridden patient, tracheostomy, tube feeding, diaper use, only responds through eye movements) Grade: 1st year of cycle I / Away from school, lives in the hospital. Main interests: Portuguese language, music,</p>	Not reported	<p>Use of the mobile alphabet. Reading of texts by the teacher</p> <p>Alternative communication board Estimated attendance: 30 minutes daily.</p>	<p>Continuous, with final report every two months, delivered to the school where the student is enrolled.</p>

	<p>ball, animated films (Chaves). Main Potentials and Difficulties: Intellect preserved, sensitivity preserved, partially demonstrates interest in activities, cannot sit due to lack of control of the torso and can only communicate visually.</p>			
3	<p>Age: 17 years old Grade: 3rd year of high school Diagnosis: Hearing Impairment (Deep Deafness), recovery from appendix surgery with postoperative complications. Time off: 1 month and 9 days (due to constant malaise) Interests: He is interested in mathematics, in solving operations, he still has ease and ability to draw, so he likes Manga drawings a lot. He mastered the Brazilian Sign Language (LIBRAS) and drawing. Difficulties: Difficulties in the construction of texts and interpretation due to their hearing impairment.</p>	Long term	<p>Work with constructive texts and interpretation, especially of words unknown to the student. Use of assistive technology.</p>	<p>The assessment will be daily, focused on the student's development and at the end a report will be made, which will be forwarded to the student's home school, with the participation of the multidisciplinary team</p>
4	<p>Age: 17 years old Grade: 3rd year of high school</p>	Short term	<p>1st day: I started telling the story,</p>	<p>The student interacted with the proposed</p>

	<p>Diagnosis: Down syndrome (did not mention the diagnosis that led to hospitalization)</p> <p>Main interests: film (The Little Prince), Children's Tales, Portuguese Language.</p> <p>Main potentials and difficulties: The student is communicative, participative. She recognizes the letters and language of writing and reading of some textual genres. She shows little motivation to carry out the activities.</p>		<p>Beauty and the Beast.</p> <p>2nd day: I worked on language, writing and reading some textual genres.</p> <p>3rd day: I took the drawings of the characters in the story to paint and identify each one, writing their names.</p>	<p>activities, easily identified the letters. There was an improvement in her time spent in the activities performed, she did all activities calmly, carefully and involved.</p>
5	<p>Age: 6 years old</p> <p>Diagnosis: Chronic Kidney Failure - affecting physical, intellectual, emotional and social development;</p> <p>Treatment: Hemodialysis</p> <p>Grade: year 1 of Elementary School.</p> <p>Main interests: Games (Many Craft), mathematics and Singing.</p> <p>Main Potentials and Difficulties: Pre-syllabic, does not like to write or even talk about doing writing activities, he still writes some mirrored letters and numbers, is in</p>	Long term	<p>Gain the student's confidence, adapt the activities to the student's interest, create a way for the student to realize that he needs to know the letters and know how to write to be able to understand and play better, to do math activities with his favorite topic and show that math as well as the Portuguese language is inserted in the game.</p>	<p>The initial care was smooth, the student / patient was motivated to see that he can study and learn with the theme of the game that he likes so much. I will make an assessment and report and deliver it to the school where the student is enrolled at the end of each two-month period.</p>

	the process of literacy.			
6	<p>Age: 15 years old</p> <p>Diagnosis: treatment due to the abusive use of alcohol and illicit narcotics</p> <p>Main interests: music and drawing</p> <p>Main difficulties: syllabic-alphabetic, performs truncated reading, barely intelligible, removes explicit information from short text with assistance. Does not perform calculations and knows numbers from 1 to 20</p> <p>Hospitalization period: 3 months</p>	Long term	<ul style="list-style-type: none"> -Daily classes in own room inside the hospital ward for 2 hours - Survey of interests -Choice of good quality music and discussion on its theme -Spontaneous writing of word list about music -Exhibition in the drawing room and written activity. 	Takes into account the state of health and emotional, participation, interest, difficulties. Being continuous and mediating in necessary situations.

Source: Authors.

During the elaboration of the PEIs in this study, it is noteworthy that there was the presentation of models for the participants. However, each group built its planning with the information they considered relevant, thus demonstrating that there is no defined model due to the specificity that this service presents.

In the table below, it is possible to check the comments of the participants on the digital platform and also in the face-to-face class.

Chart 2: Participants' comments regarding Case Studies and Planning

Group	Comments on the Online Platform	Comments in the classroom
1	<ul style="list-style-type: none"> -Good use of the chosen theme, taking into account the student's interest and the age / school year; -Possible adaptation of the time of the activities, due to medical procedures; -Inserting an assessment for the student's origin school. 	<ul style="list-style-type: none"> -Increased sending of activities developed by the student to his origin school; -Performance of activities that, implicitly, worked in the discipline of mathematics, which was something that the student had difficulties and showed no interest in.
2	<ul style="list-style-type: none"> -Inserting the use of assistive technology, such as voice and vision recognition software, triggers and alternative communication boards. 	<ul style="list-style-type: none"> -Getting more information about the student's diagnosis; -Involvement of the family, seeking to implement a means of communication for/ with the student.
3	<ul style="list-style-type: none"> -Complete planning, thinking about aspects of the student's future, considering sign language as his first language, as well as the use of technological devices. 	<ul style="list-style-type: none"> -Complete planning, showing the importance of the multidisciplinary team's participation.
4	<ul style="list-style-type: none"> -Insertion of the type of pathology that lead to hospitalization; -Possible use of technologies, mainly to trigger the student's interest; -Contact with the school of origin, aiming to know the contents that are being worked and choice of other materials for reading, considering the age / school year that the student is enrolled. 	<ul style="list-style-type: none"> -Increased information about the student's condition, such as whether he is bedridden or not; -Infantilization of disabled adolescent students; -Importance of placing family involvement in planning.
5	<ul style="list-style-type: none"> -Good use of playfulness; -Inserting the description of the games used, the time when the activities will be carried out and what resources are used to establish the relationship of trust between the teacher and the student. 	<ul style="list-style-type: none"> -Importance of describing the actions that would be taken to establish a relationship of trust with the student.
6	<ul style="list-style-type: none"> -Good use of technologies; -Insertion of practices involving crafts and pedagogical listening. 	<ul style="list-style-type: none"> -Inserting activities of daily living.

Source: Own elaboration.

In case study 1, storytelling, drawing and writing activities were proposed for a seven-year-old student, in a postoperative state, during a five-day hospitalization period.

From the comments of the participants on case study 1, the importance of contact with the hospitalized student's home school is highlighted, aiming to assist in the learning process during the hospitalization period, as well as their return to the regular school. Pacco (2017), when conducting a survey with hospital class teachers nationwide, pointed out that the majority of teachers reported the importance of establishing this contact with the hospitalized student's original school to obtain a good return to social and school life.

Thus, the importance of establishing a collaborative work between the teacher of the hospital class and the teacher of the school of origin is reinforced, mainly in the elaboration of the PEI.

In case study 2, storytelling, writing and communication development activities were proposed for a six-year-old student residing in the hospital.

Taking into account that this case brought a service proposal for a student who resides in the hospital, the importance of the hospital class is pointed out, considering that the school enters the hospital, giving a new meaning to this space.

In case study 3, text interpretation activities were proposed, using assistive technology for a 17-year-old student with deafness, who stayed in the hospital for about a month.

It should be noted that the planning of group three was the only one that pointed out actions with the family and other health professionals and mentioned the contact with the student's school of origin.

It is important that, throughout the hospitalization process, a connection is established between the teacher of the hospital class, the family and the student's home school, aiming to develop learning, in addition to minimizing the negative effects of the hospitalization process (ORTIZ; FREITAS, 2005).

In case study 4, storytelling, drawing and writing activities were proposed for a 17-year-old student with Down Syndrome.

Considering that in the planning of group 4 the infantilization of students with disabilities was pointed out, it is important to highlight that the infantilization of adolescents with disabilities is still very recurrent. Meletti (2006) points out that there is an emphasis on curricular content of Early Childhood Education for students with disabilities from the age group of seven to 16 years, based on the cognitive level and not turning to practices directed to the content consistent with the chronological age of the students. In case study 5, recreational activities were proposed, seeking to teach mathematics and Portuguese to a six-year-old student diagnosed with chronic renal failure.

From the comments on case 5, it is highlighted that the objectives and teaching strategies must be described in the planning. In this way, the elaboration of the PEI becomes a means of establishing and systematizing the proposed objectives and the actions that will be taken to achieve those objectives.

In case study 6, music interpretation and drawing activities were proposed for a 15-year-old student undergoing treatment due to the abuse of alcohol and illicit narcotics.

It points to the importance of attending hospitalized students in hospitals or sectors that specifically care for patients in the mental health system, especially adolescents recovering from drug and/or alcohol dependence, considering that regardless of any condition, the child or adolescents have the right to education.

As can be seen throughout the study, educational hospital care is a service that allows the existence of different realities. Thus, the importance of teacher training to work in this space is discussed, considering that being a teacher in the hospital environment represents being willing to adapt to the specificities of this environment, that is, to be in constant change, adapting

to the conditions of the different students/patients and understanding the complexity of teaching in this specific locus.

In general, it is clear that all groups developed the case studies and their respective Individual Educational Plans, working collaboratively, with mutual support among the participants, as well as the collective discussion of the cases.

It is noteworthy that mainly group three developed a PEI in a more complete way, evaluating that materials were elaborated that are characterized in the appropriate description of a planning proposed by Tannús- Valadão (2013):

PEI must be a written plan, a kind of contract, which describes the educational program in terms of services demanded by a particular student, based on an in-depth assessment of the strengths and needs that affect his ability to learn and to demonstrate learning. It is a record of the individualized accommodations that are necessary to help the student achieve learning expectations, configuring itself as a guiding document of educational work that identifies how the expectations of learning for all can be changed, taking into account the needs of the student and the standard curriculum, as well as the identification of alternative goals in the program areas, if necessary (TANNÚS- VALADÃO, 2013, p.55).

Individual Educational Planning is a method institutionalized by law in several developed countries, such as the United States, France and Italy; and a means of guaranteeing positive results in the face of the schooling process of students with disabilities (TANNÚS-VALADÃO, 2013). However, for Reis (2017), this planning has been used by teachers in the hospital classes, considering that the student who is in a state of hospitalization has special needs, even for a certain period of time. Thus, the PEI becomes an important resource in the hospital school environment.

In some countries, PEI, within the hospital school environment, is already a common educational strategy, being regulated by the Ministry of Education, such as in Colombia. According to the document *Orientaciones para la implementación del apoyo académico especial y apoyo emocional a niñas, niños y jóvenes en condición de enfermedad*,

teachers working in hospital classes must develop and adapt the PEI for hospitalized students, according to their needs (COLÔMBIA, 2015).

Conclusión

It can be concluded that, when thinking about the possibilities of developing school activities within the hospital school environment, it was noted that Specialized Educational Planning (PEI) constitutes a favorable action for both the student and the teacher. It is considered that this type of planning highlights the main needs and potential of the student, something that is essential when the student is hospitalized.

For future research, it is suggested that the Individual Educational Plans developed throughout the training course be applied in practice by the participants, aiming to reaffirm the importance and educational benefits that this type of planning presents.

It is encouraged that continuing education does not materialize as a solution to educational problems. However, it allows the teacher to improve his actions towards his student, thus improving learning conditions and increasing the quality of teaching.

It is hoped that this work has contributed to the areas of knowledge related to education in general and can support discussions about teacher training to work in Hospital School Service, as well as, in face of individual educational planning in this space.

References

- AIRES, C. J. *Planejamento e gestão escolar*, Brasília: Universidade de Brasília, 2009. Disponível em: <<http://docplayer.com.br/7538556-Planejamento-e-gestao-escolar.html>>. Acesso em 03 jun de 2019.
- ANDRADE, S. A. de. *O pedagogo e a escuta sensível na classe hospitalar*. 2013. 27f. Trabalho de Conclusão de Curso. Universidade Católica de Brasília, Brasília. 2013. Disponível em: <<https://repositorio.ucb.br/jspui/handle/10869/5285>>. Acesso em: 15 mar. 2018.

CECCIM, R. B.; CARVALHO, P. R. A. (Org.) *Criança hospitalizada: atenção integral como escuta à vida*. Porto Alegre: Editora da UFRGS, 1997.

COLÔMBIA. Ministério Nacional da Educação. Orientaciones para la implementación del apoyo académico especial y apoyo emocional a niñas, niños y jóvenes en condición de enfermedad. 2015. Disponível em: <https://docs.wixstatic.com/ugd/a2d087_71063d0d3d61425d9926c1ecf1321cbf.pdf>. Acesso em: 08 jul. 2019.

FONSECA, E.S. *Atendimento escolar no ambiente hospitalar*. São Paulo: Editora MEMNON. Edições Científicas. 2º ed. 2008,104 p.

FONTES, R.S. A educação no hospital: um direito à vida. *Revista Educação e Políticas em Debate*, Uberlândia, v. 4, n.1, 2015. Disponível em: <http://www.seer.ufu.br/index.php/revistaeducaopoliticas/article/view/31328>. Acesso em 24 mar. 2018.

HYPOLITO, A. L. M. Trabalho docente e o novo Plano Nacional de Educação: valorização, formação e condições de trabalho. *Cadernos Cedes*, Campinas, v. 35, n. 97, p. 517-534, 2015. Disponível em: <http://www.scielo.br/pdf/ccedes/v35n97/1678-7110-ccedes-35-97-00517.pdf>. Acesso em: 29 mai.2018.

LIMA, A. M.L; LUGLI,R.S.G. Os tempos da ação docente na classe hospitalar. *Educação*, Santa Maria, v.45, p. 1-19, 2020. Disponível em: <<file:///C:/Users/aline/Downloads/40241-213807-1-PB.pdf>>. Acesso em: 05 abr.2020.

LIMA, I.R.S. Políticas de educação escolar em ambientes hospitalares: em defesa da escola no hospital. *Revista Educação e Políticas em Debate*, Uberlândia, v. 4, n.1, p. 29-53, 2015. Disponível em: <<http://www.seer.ufu.br/index.php/revistaeducaopoliticas/article/viewFile/31309/17043>>. Acesso em: 30 mai.2018.

MELETTI, S. M. F. *Educação escolar da pessoa com deficiência mental em instituições de educação especial: da política à instituição concreta*. 2006, 100f. Tese de doutorado. Universidade de São Paulo, São Paulo, 2006.

MORGADO, S.Q. Atendimento pedagógico em hospital psiquiátrico infanto juvenil- HCFMUSP. Boas Práticas na perspectiva da Educação Especial Inclusiva. v.1. p.1-9, 2015.

OBERSTEIN, S.G. Hospital-based educational services and the well-being of children with chronic illness: a self-study. College of Education, 2012. Disponível em: <http://via.library.depaul.edu/soe_etd/26>. Acesso em: 26 jun.2019.

ORTIZ, L. C. M.; FREITAS, S. N. Classe hospitalar: caminhos pedagógicos entre saúde e educação. Santa Maria: UFSM, 2005.

PACCO, A.F.R. Panorama das classes hospitalares brasileiras: formação e atuação docente, organização e funcionamento. 2017. 158f. Dissertação de Mestrado. Universidade Federal de São Carlos, São Carlos, 2017.

REIS, L. V. dos. *Trabalho docente e identidade nas classes hospitalares em Goiás*. 2017. 130f. Dissertação de Mestrado, Universidade Federal de Goiás, Catalão, 2017. Disponível em: <<https://repositorio.bc.ufg.br/tede/handle/tede/7677>>. Acesso em: 15 mar. 2018.

SÃO PAULO. Resolução SE 71, de 22-12-2016. *Dispõe sobre o atendimento escolar a alunos em ambiente hospitalar*. Secretaria da Educação do Estado de São Paulo, 2016. Disponível em: <http://siau.edunet.sp.gov.br/ItemLise/arquivos/71_16.HTM?Time=06/06/2019%2020:15:49>. Acesso em: 06 jun.2019.

TÁNNUS-VALADÃO, G. *Inclusão escolar e planejamento educacional individualizado: avaliação de um programa de formação continuada para educadores*. 2013. 245f. Tese de Doutorado. Universidade Federal de São Carlos, São Carlos, 2013.

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