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From Symptom Recognition to Referral Readiness: Teachers' Diagnostic Literacy for Attention-Deficit/Hyperactivity Disorder in a Mainstream South African Primary School

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ABSTRACT

Teachers are "primary identifiers" in Attention-Deficit/Hyperactivity Disorder (ADHD) identification in schools, yet evidence suggests that recognising symptoms does not automatically translate into evidence-based referral practices. This study examines how mainstream primary teachers construct and enact diagnostic literacy and what supports strengthen referral readiness. A qualitative narrative inquiry case study was conducted in a public primary school in Phoenix, Durban. Six teachers, each representing a different classroom, generated data through collage elicitation, reflective journals, and semi-structured interviews; data were re-analysed thematically with attention to diagnostic talk, artefacts and system constraints. Results show a consistent pattern: teachers demonstrated strong symptom recognition and classroom accommodations but uneven engagement with diagnostic processes, including role boundary confusion, reliance on informal checklists, and limited confidence using DSM-based constructs. Teachers located referral breakdowns in overcrowding, limited specialist access, and weak school–clinic feedback loops. This article proposes a preliminary Referral Readiness Framework derived from the thematic re-analysis of arts-based narrative data and informed by existing literature on teacher diagnostic literacy, referral decision-making, inclusive education implementation, and teacher professional development. The framework offers a conceptual interpretation of how symptom recognition, diagnostic literacy, referral practices, school support structures, and feedback processes may interact within a mainstream primary school context.

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INTRODUCTION

Attention-Deficit/Hyperactivity Disorder (henceforth referred to as ADHD) remains one of the most frequently discussed neurodevelopmental conditions in relation to schooling, not only because of core features such as inattention and hyperactivity/impulsivity but because these features intersect with classroom norms (e.g., sustained seatwork, turn-taking, and compliance with routines) that are structurally demanding for many learners. Ward et al. (2021) argue that teachers experience ADHD as a "high friction" phenomenon because it is embedded in the everyday mechanics of classroom life and thus repeatedly becomes a matter of instructional flow, discipline, and peer climate rather than solely a medical concern. In addition, evidence indicates that ADHD-related classroom behaviors and executive function demands become more salient during transitions to more complex instructional contexts, and without adequate school-based supports, these challenges can compound into academic underachievement,

strained teacher–learner relationships, and negative peer perceptions. McDougal et al. (2023) show that teachers' accounts often cluster around classroom-general versus child-specific strategies and highlight how heterogeneity in strategies reflects the unevenness of teacher knowledge and institutional support.

In practice, the central challenge for schools is not whether Attention-Deficit/Hyperactivity Disorder (ADHD) exists as a diagnostic category, but whether educational systems can respond effectively and promptly to learners' functional impairments across home and school contexts. The American Academy of Pediatrics (2022) emphasizes that support for learners with ADHD should be integrated into a broader multidisciplinary care plan and that teacher rating scales and other validated assessment tools can provide valuable information for diagnostic decision-making. Similarly, Peterson et al. (2024) highlight the importance of multi-informant assessment approaches in improving diagnostic accuracy and differentiating ADHD from other conditions that may present with overlapping symptoms. However, effective identification and support depend on ongoing collaboration between schools, families, and healthcare providers, as well as the implementation of appropriate classroom accommodations and behavioral interventions (American Academy of Pediatrics, 2022; Russell et al., 2023). These processes can be particularly challenging in resource-constrained educational contexts where access to specialist services, assessment pathways, and coordinated support systems may be limited (Chirowamhangu, 2024; Pillay & Tlale, 2024).

South Africa's inclusive education agenda expects mainstream schools to accommodate learners with diverse learning needs, including neurodevelopmental barriers, through structured support systems and referral pathways. Recent South African research demonstrates that inclusive education remains unevenly implemented, with teachers reporting inadequate preparation, high workload, and structural limitations that reduce their capacity to provide differentiated support (Nembambula et al., 2023; Govender & Rubbi Nunan, 2023). Mokhampanyane (2024), for example, argues that teachers often lack preparation and in-service training to implement inclusive education effectively, especially where resources and specialist supports are constrained. Similarly, Chirowamhangu (2024) shows that even where policy commitment is strong, system constraints (such as infrastructure, scarcity of psychosocial support, and uneven provision) slow implementation and weaken learners' access to educational rights—conditions that shape what teachers can realistically do in mainstream classrooms.

A key operational mechanism for translating inclusive policy into practice is the Screening, Identification, Assessment and Support (SIAS) policy. However, studies indicate that SIAS implementation can be experienced by teachers as administratively heavy and insufficiently supported (Govender & Rubbi Nunan, 2023). Maree et al. (2023) report that teachers may disengage from SIAS documentation because they feel inadequately trained and perceive the process as an additional administrative burden, contributing to a disconnect between inclusive policy ideals and classroom practices. Pillay and Tlale (2024) similarly identify inadequate teacher knowledge of SIAS and the challenge of overcrowding as key barriers to teachers' role as "case managers" within SIAS processes, recommending regular workshops and clearer stakeholder roles.

For the purposes of this study, *diagnostic literacy* is conceptualised as teachers' understanding of diagnostic and referral processes, rather than the ability to make clinical diagnoses. A formal diagnosis of Attention-Deficit/Hyperactivity Disorder (ADHD) remains the responsibility of appropriately qualified healthcare and psychological professionals. Within this conceptualisation, teachers' roles involve recognising learner difficulties, documenting observable behaviours and functional impairment, contributing referral-relevant evidence, and collaborating with carers and support professionals throughout referral processes. Teachers are therefore positioned as observers, evidence providers, and referral partners rather than diagnosticians.

This policy context is particularly relevant to ADHD referral processes because teachers play an important role in documenting learner difficulties, communicating with carers, and initiating support procedures within the SIAS framework (Department of Basic Education, 2014). However, studies of SIAS implementation have identified challenges such as limited training, procedural uncertainty, administrative burden, and overcrowded classrooms, all of which may influence teachers' capacity to enact these responsibilities effectively (Maree et al., 2023; Pillay & Tlale, 2024; Govender & Rubbi Nunan, 2023). Consequently, further research is needed to understand how teachers navigate referral-related responsibilities and how their knowledge and experiences shape referral readiness in mainstream school contexts. Maree et al. (2023) describe this pattern precisely as a policy–practice collision, in which teachers' worldviews and workload realities intersect, reducing implementation fidelity.

A key contribution of the recent literature is the distinction between *knowing about ADHD* (general awareness) and *diagnostic literacy* (knowing what evidence supports referral, how diagnosis is made, and the teacher's appropriate role). Ward et al. (2022) demonstrate that teacher training programmes can substantially increase teachers' ADHD knowledge in the short term, yet knowledge gains can deteriorate at follow-up, indicating that ongoing supports and refreshers are needed (Ohan et al., 2008). Ward et al. (2021) extend this point qualitatively, showing that staff want practical, role-relevant knowledge and a "toolkit of strategies" rather than abstract information, highlighting that knowledge is enacted in complex school ecosystems rather than applied in a linear way.

Evidence also suggests that teachers' referral decisions are influenced by salient trait patterns (e.g., hyperactivity, visible disruption) and achievement cues, which can be problematic when ADHD presentations are less overt. In a large vignette experiment, Tamsut et al. (2024) found that high ADHD-related traits strongly increased the likelihood of referral, whereas low academic achievement had a smaller effect and interacted with trait presentation, suggesting that teachers and counsellors may rely most heavily on behavioural salience when deciding to refer (Sciutto et al., 2016). This is especially relevant for under-recognised presentations and gendered patterns; a review by Olsson (2023) concludes that teachers' identification and assessment can be associated with pupil gender and that diagnostic processes and treatment recommendations can be uneven in gendered ways.

Additionally, measurement of "teacher knowledge" is itself contested. Golson et al. (2023) demonstrate that assessing teacher ADHD knowledge remains methodologically complex due to the wide range of available measures and their uneven psychometric support. Although such measures can provide useful information about knowledge levels, they offer limited insight into how knowledge is interpreted and enacted in practice. In addition, qualitative research has highlighted the importance of understanding teachers' experiences, decision-making processes, and contextual realities when examining ADHD-related support and referral practices (Ward et al., 2021; Soroa et al., 2016). For this reason, a qualitative approach was considered appropriate for exploring how teachers understand diagnosis, navigate referral processes, and negotiate professional role boundaries within their specific school context.

ADHD referral is not only a technical process; it carries social meaning. Metzger and Hamilton (2021) show that an ADHD label can function as a "double-edged sword": it may enable access to school supports but can activate negative stereotypes in teacher perceptions, potentially lowering teachers' expectations of student performance regardless of measured ability. Stigma dynamics also show gendered features: Visser et al. (2024) report that women with ADHD often describe scepticism and delayed diagnosis, while men describe rejection and nondisclosure, indicating that stigma interacts with help-seeking and recognition trajectories. Together, these findings suggest that referral readiness requires not only procedural knowledge but also bias-aware communication and relational competence.

The data from this study provide a rare opportunity to examine referral readiness through visual and narrative methods rather than surveys alone. The original study found that teachers generally show strong symptom recognition and accommodation practices but a variable understanding of diagnoses, and that they perceive professional development and support as insufficient. The data reported in this article were originally generated as part of a master's dissertation that explored mainstream primary school teachers' understandings of Attention-Deficit/Hyperactivity Disorder (ADHD) and their experiences of supporting learners presenting with ADHD-related challenges. The broader study employed collage elicitation, reflective journals, and semi-structured interviews to examine teachers' knowledge, perceptions, and classroom practices. Rather than presenting the full range of findings from the master's study, the present article constitutes a focused secondary analysis of the original dataset. Specifically, the analysis concentrates on teachers' diagnostic literacy and referral readiness, including how teachers understand diagnosis-related concepts, interpret their professional roles within referral processes, and navigate the contextual factors that influence referral practices.

The focus on primary school teachers is particularly important because ADHD-related difficulties often become more visible during the primary school years, when increasing academic, behavioural, and social demands require learners to demonstrate sustained attention, self-regulation, and organisational skills (Li et al., 2022; McDougal et al., 2023). Primary school teachers spend extended periods with learners across a range of learning activities and are therefore frequently among the first professionals to observe persistent patterns of inattention, impulsivity, hyperactivity, and associated functional impairments. As a result, their observations, documentation, and communication with carers often contribute to decisions regarding learner support, referral, and further assessment (American Academy of Paediatrics, 2022; Peterson et al., 2024; DuPaul & Stoner, 2014). Diagnostic literacy is therefore particularly important at the primary school level because teachers are often involved in the early stages of identifying concerns, gathering referral-relevant evidence, and initiating support processes within inclusive education systems.

Despite growing research on teachers' knowledge of ADHD and inclusive education practices, limited attention has been paid to how teachers understand and enact referral-related responsibilities in mainstream South African school settings (Maree et al., 2023; Pillay & Tlale, 2024). Little is known about how teachers interpret diagnostic concepts, identify referral-relevant evidence, and navigate referral procedures within the constraints of everyday school practice. By re-analysing the master's dissertation data through the conceptual lenses of diagnostic literacy and referral readiness, this article seeks to provide a more focused understanding of the factors that shape referral practices in a mainstream primary school context.

This focus aligns strongly with current international concerns about the sustainability of the effects of teacher training and the need for joined-up school systems that support early identification and response. Ward et al. (2022) show training impacts can decay, while Ward et al. (2021) argue for training that meets the needs of all staff and supports school-wide coordination. The South African SIAS literature similarly shows that lack of knowledge and administrative burden reduce implementation, which can weaken referral processes for learners with barriers.

Although a substantial body of literature has examined teachers' knowledge of Attention-Deficit/Hyperactivity Disorder (ADHD), attitudes towards inclusion, and classroom-based support strategies, less attention has been given to how teachers translate symptom recognition into referral-related decision-making (Golson et al., 2023; Ward et al., 2021). Existing studies suggest that teachers are generally able to recognise common ADHD symptoms; however, knowledge of symptoms does not necessarily equate to an understanding of diagnostic procedures, referral requirements, or the types of evidence needed to support assessment

processes (Ward et al., 2022; Tamsut et al., 2024). Consequently, an important gap remains regarding teachers' diagnostic literacy, namely their understanding of referral-relevant evidence, professional role boundaries, and participation in multi-informant diagnostic processes (American Psychiatric Association, 2022).

Furthermore, in the South African context, research has primarily focused on the implementation of inclusive education policies, teacher preparedness, and barriers to providing support (Maree et al., 2023; Mokhampanyane, 2024; Pillay & Tlale, 2024). While these studies provide valuable insights into challenges associated with inclusive education, they offer limited understanding of how mainstream teachers navigate referral processes for learners presenting ADHD-related difficulties. Little is known about how teachers understand their responsibilities within referral pathways, the extent to which they engage with diagnostic frameworks, and how contextual factors such as overcrowding, limited access to specialists, and administrative demands influence referral readiness (Nembambula et al., 2023).

Addressing this gap is important because teachers are often among the first professionals to observe persistent patterns of inattention, impulsivity, hyperactivity, and related functional impairments within school settings (McDougal et al., 2023; American Academy of Paediatrics, 2022). Their observations, documentation practices, and communication with carers frequently constitute an important component of referral and assessment processes (DuPaul et al., 2014). If teachers lack confidence or procedural knowledge regarding referral practices, opportunities for early identification and support may be delayed, particularly in resource-constrained educational contexts (Maree et al., 2023; Pillay & Tlale, 2024).

The present study was therefore undertaken to explore how mainstream primary school teachers understand and enact diagnostic literacy in relation to ADHD referral processes and to identify the contextual factors that facilitate or constrain referral readiness. By focusing on teachers' lived experiences in a South African mainstream primary school, the study provides contextually grounded evidence on the relationship among symptom recognition, referral decision-making, and the implementation of inclusive education.

The aim of this study was to explore how mainstream primary school teachers understand and enact diagnostic literacy in relation to Attention-Deficit/Hyperactivity Disorder (ADHD) referral processes and to identify the barriers and enabling factors that shape referral readiness within a South African inclusive education context.

Accordingly, this study asks: (1) How do mainstream primary teachers enact ADHD diagnostic literacy (knowledge of diagnosis/referral evidence and role boundaries) in everyday school practice? (2) What barriers and enabling conditions shape teachers' referral readiness in the South African mainstream context? (3) What practice-oriented model can guide professional development and school–clinic collaboration to strengthen ADHD referral pathways?

RESEARCH METHOD

Research Approach

The study was positioned within an interpretive paradigm and employed a qualitative narrative inquiry approach to explore how teachers construct meaning about Attention-Deficit/Hyperactivity Disorder (ADHD), diagnosis, and referral through lived experience. Narrative inquiry was considered appropriate because diagnostic literacy and referral readiness involve more than factual knowledge; they require teachers to interpret learner behavior, make sense of referral-related evidence, negotiate professional role boundaries, and respond to contextual factors influencing decision-making (Golson et al., 2023; Tamsut et al., 2024). Existing research suggests that referral decisions are shaped not only by recognized ADHD traits but also by teachers' interpretations of learner behavior and their understanding of referral processes (Olsson, 2023; Tamsut et al., 2024). Narrative inquiry, therefore, provided a suitable approach for examining how teachers understand and enact referral-related responsibilities in their everyday professional contexts (Clandinin & Connelly, 2000).

Data were generated through collage elicitation, reflective journals, and semi-structured interviews, which encouraged participants to share experiences, reflections, and stories of practice. The narrative orientation was further reflected in the analysis, which examined how teachers described recognizing ADHD-related difficulties, engaging in referral processes, and negotiating professional role boundaries. Although themes were identified across participants' accounts, emphasis was placed on understanding the meanings teachers attached to these experiences within their specific school context. The findings are therefore presented as accounts of teachers' lived experiences and interpretations of diagnostic literacy and referral readiness, providing insight into how referral-related knowledge is understood and enacted in practice (Ward et al., 2021; McDougal et al., 2023).

Design and Setting

A qualitative case study was conducted in one public primary school in Phoenix, Durban. The school was selected through purposive sampling because it provided an information-rich context for exploring teachers' experiences of identifying, supporting, and referring learners who displayed patterns of inattention, hyperactivity, impulsivity, and related learning difficulties commonly discussed in the ADHD literature. Site selection was informed by preliminary consultation with school management, who indicated that teachers regularly encountered learners presenting such behaviours and experienced challenges associated with support and referral processes. Importantly, the study did not assume that these learners had ADHD diagnoses; rather, the focus was on teachers' experiences and interpretations of behaviours that they perceived as requiring additional support or referral. Purposive sampling was considered appropriate because the study sought to examine diagnostic literacy and referral readiness in a setting where these issues were likely to arise in everyday practice (Patton, 2015). The case study design was similarly appropriate for investigating these phenomena within their real-life context, where teachers' experiences are shaped by institutional routines, inclusive education policies, referral procedures, and resource constraints. Focusing on a single school enabled an in-depth exploration of how teachers understood and enacted referral-related responsibilities within that setting.

Participants and Sampling

Six teachers were selected through purposive sampling based on their experience of teaching learners who had either received a formal ADHD diagnosis, were undergoing referral or assessment processes, or displayed behavioural and learning difficulties commonly associated with ADHD, such as persistent inattention, hyperactivity, impulsivity, and difficulties with task completion. Participants were identified in consultation with school management and represented a range of teaching experience levels (4–35 years). The sample size was considered appropriate because the study addressed a focused research aim and generated rich data through collage elicitation, reflective journals, and semi-structured interviews. Information power was deemed sufficient as participants had direct experience of the phenomenon under investigation and provided detailed accounts across multiple data sources (Malterud et al., 2016). Consequently, the purpose was not statistical generalisation but the development of a nuanced understanding of diagnostic literacy and referral readiness within a specific school context (Clandinin & Connelly, 2000).

Data Production Tools and Procedures

Data were generated through three complementary tools designed to access different dimensions of teachers' understandings and experiences. Collage elicitation was conducted over a five-day period, during which participants created visual representations of their perceptions and experiences of ADHD and then reflected on the meanings of the images, symbols, and words they selected. The collages served as discussion prompts and helped

surface assumptions, beliefs, and experiences that may not have emerged through direct questioning alone. For example, several participants represented ADHD through images associated with disruption, overload, or support needs, providing insight into how they conceptualised learner difficulties and referral responsibilities. Reflective journals were completed over a two-week period and captured teachers' ongoing reflections on classroom experiences, learner behaviours, support strategies, and referral-related concerns. Semi-structured interviews, lasting approximately 45–60 minutes each, were conducted after the completion of the collages and journals, allowing participants to explain their visual representations, elaborate on journal reflections, and discuss their understanding of diagnosis, referral processes, DSM-related knowledge, and support needs.

The three data sources complemented one another during analysis. Collages provided insight into participants' underlying perceptions and meanings associated with ADHD, journals captured reflections on practice over time, and interviews enabled clarification and deeper exploration of these experiences. Themes were developed through the triangulation of visual, written, and verbal data. For example, teachers' representations of ADHD in colleges frequently aligned with journal entries and interview accounts describing uncertainty about referral procedures, role boundaries, and support structures, thereby contributing to interpretations of diagnostic literacy and referral readiness.

These tools were selected because visual methods can surface tacit assumptions and emotional dimensions that may not emerge through direct questioning, while journals capture reflection over time and interviews enable clarification and elaboration of participants' experiences. Following data generation, the collages, reflective journals, and interview transcripts were analysed collectively rather than as separate datasets. Initial codes were identified within each data source and then compared across sources to identify recurring patterns and areas of convergence. For example, visual representations in the collages often reflected teachers' perceptions of learner difficulties and support needs, which were subsequently elaborated in journal entries and explained in greater detail during interviews. Themes were developed by examining how ideas relating to ADHD identification, referral practices, role boundaries, and support needs appeared across the visual, written, and verbal data. This process of triangulation enhanced the depth and credibility of the findings by allowing themes to be supported by multiple forms of evidence. Consistent with Ward et al. (2021), the use of multiple qualitative tools enabled a richer understanding of how teachers' experiences and contextual realities shaped their understandings of ADHD, diagnostic literacy, and referral readiness.

Trustworthiness and Ethics

Trustworthiness was supported through audio recording and verbatim transcription of interviews, use of pseudonyms, triangulation across tools, and maintenance of confidentiality. Ethical attention to confidentiality and participant autonomy is particularly important when teachers discuss barriers such as parental denial, system delays, and gaps in institutional support.

Data Analysis

The present article reports a focused secondary analysis of data originally generated for a master's dissertation that explored mainstream primary school teachers' understandings of ADHD and their experiences of supporting learners presenting with ADHD-related challenges. While the broader study examined teachers' knowledge, perceptions, and classroom practices, the current analysis specifically explored diagnostic literacy and referral readiness. The rationale for the secondary analysis was to examine in greater depth how teachers understood referral-related evidence, diagnosis, professional role boundaries, and referral processes.

Data from the colleges, reflective journals, and semi-structured interviews were analyzed inductively using thematic analysis. The researchers first familiarized themselves with all data sources before generating initial codes relevant to participants' understandings of ADHD, diagnosis, referral practices, support needs, and contextual influences. Codes were then compared across the visual, written, and verbal datasets and grouped into broader categories from which themes were developed. The analysis was iterative, with themes reviewed and refined through repeated engagement with the data to ensure that they accurately reflected participants' accounts.

The collages were analyzed both as visual artifacts and alongside participants' explanations of them during interviews. Attention was given to recurring images, symbols, words, and visual metaphors used to represent ADHD, support needs, referral challenges, and teachers' professional roles. These visual representations were compared with journal entries and interview narratives to identify areas of convergence and divergence. For example, images depicting disruption, confusion, support, or learner needs were often accompanied by interview explanations and journal reflections relating to uncertainty about referral procedures, diagnostic processes, and support structures. The collages therefore contributed not only illustrative examples but also conceptual insights that informed the development of the theme.

Analytical rigor was enhanced through triangulation across the three data sources, the use of verbatim interview transcripts, ongoing comparison of codes and themes across datasets, and the maintenance of an audit trail documenting analytical decisions. By integrating visual, written, and verbal data, the analysis provided a richer understanding of how teachers constructed and enacted diagnostic literacy and referral readiness within their school context.

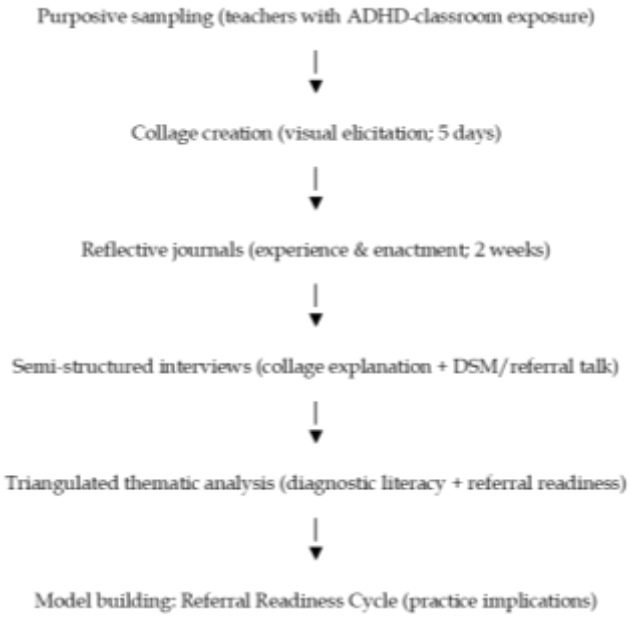

Figure 1. Research design flowchart

RESULTS AND DISCUSSION

Participant Profile

Table 1. Participant profile

Participant (pseudonym)	*Highest qualification*	*Years teaching*
Samo	B.Ed.	4
Ricco	B.A., B.Ed. (Hons), UPHE, PGCE	33
Kally	B.Sc., PGCE	13
Chad	J/S Ed Diploma, B.A.	35

Participant (pseudonym)	*Highest qualification*	*Years teaching*
Tom	B.A. Psych (Hons), PGCE	11
Sandy	B.A., H.de	25

Overview of Findings: Diagnostic Literacy as a "Missing Middle"

Across the collages, reflective journals, and interviews, participants demonstrated awareness of commonly recognised ADHD symptoms and described a range of classroom accommodations used to support learners experiencing attention, behavioural, and learning difficulties. During the focused secondary analysis, however, differences emerged in how teachers described referral processes, diagnosis-related concepts, evidence gathering, and professional role boundaries. While participants generally appeared confident discussing symptom recognition and classroom support practices, their accounts of referral procedures and diagnostic processes varied considerably. This pattern informed the authors' interpretation of diagnostic literacy as a conceptual "middle layer" between symptom recognition and referral action.

The notion of diagnostic literacy as a "missing middle" did not emerge as a formally measured construct, nor was it established a priori. Rather, it represents an interpretive framework developed through the reanalysis of the data and informed by the literature that distinguishes between general knowledge of ADHD and understanding of diagnostic and referral processes (Golson et al., 2023; Ward et al., 2022). Specifically, participants differed in their descriptions of referral-related evidence, engagement with diagnostic frameworks, and understanding of their role within referral pathways. These variations were more evident in the dataset than differences relating to symptom recognition or classroom accommodations.

Existing literature provides a useful context for interpreting these observations. For example, previous studies have reported that teachers often demonstrate greater familiarity with ADHD symptoms than with diagnostic procedures, referral requirements, or formal assessment processes (Golson et al., 2023; Ward et al., 2022). Although the present study does not seek to confirm these findings, the literature helps situate participants' experiences within broader discussions concerning teacher knowledge, diagnostic literacy, and referral practices.

Theme 1: "I Can't Diagnose": Professional Role Boundaries and Referral Uncertainty

Participants consistently distinguished their role from that of clinicians, emphasising that teachers should observe learner behaviour, document concerns, and initiate referrals, but not diagnose Attention-Deficit/Hyperactivity Disorder (ADHD). This position emerged across the interviews and reflective journals.

For example, Ricco explained:

> "*We are not at liberty to diagnose. Our role is to observe the learner, gather information, complete the required documentation, and refer the learner to the appropriate professionals*."

Similarly, Chad stated:

> "*As teachers, we can identify that something is not right, but diagnosis must come from specialists. We can only provide information and observations from the classroom*."

Several participants expressed uncertainty about what constitutes sufficient evidence for referral. Kally noted:

> "*I know when a learner is struggling with attention and behaviour, but I am not always sure what information should be included before making a referral*."

Likewise, Tom explained:

> "*I would need more guidance on what evidence is required and how to document it properly because we are told not to diagnose, but we still need to contribute to the referral process*."

These accounts suggest that while participants generally understood that diagnosis falls outside their professional role, there was variation in how confidently they described their responsibilities as providers of referral-related evidence. In particular, differences emerged

regarding documentation practices, the use of referral tools, and understanding of the information required to support referral decisions.

This finding informed the interpretation that diagnostic literacy extends beyond symptom recognition to include knowledge of referral-related evidence, documentation requirements, and professional role boundaries. Previous studies have similarly reported that teachers often feel more confident recognizing ADHD-related behaviors than navigating formal referral and assessment processes (Ward et al., 2022; Golson et al., 2023). In the present study, however, these studies are used to contextualize rather than validate participants' accounts.

Theme 2: DSM Engagement is Artefact-Driven Rather than Concept-Driven

Three teachers reported some engagement with DSM-based processes (e.g., completing forms, using DSM as a guide in referrals), while three reported no practical familiarity and proposed internet research or specialist guidance as ways to learn. This yields a two-tier pattern: some teachers hold procedural knowledge (how forms work), while others hold only general awareness (DSM exists) but little operational competence (how to use DSM concepts without "diagnosing").

The literature suggests that this gap is common. Ward et al. (2022) report teacher training programs substantially improve knowledge initially, but without reinforcement, gains can decline, which may explain why teachers rely on "artefacts" rather than internalized conceptual understanding. In addition, Golson et al. (2023) caution that "knowledge" is often measured inconsistently and that many ADHD knowledge instruments lack strong psychometric evidence, implying that what looks like "knowledge" may not translate into actionable, context-sensitive competence.

Theme 3: Referral Readiness is Constrained by Systemic Challenges

Data from the reflective journals and interviews indicated that participants perceived referral processes as being influenced by broader contextual and systemic factors. Across participants' accounts, four recurring challenges emerged: large class sizes, limited ADHD-specific training, restricted access to specialist support services, and delays or difficulties within referral pathways.

Several participants described the impact of large classes on their ability to support learners and engage effectively in referral-related practices. Reflecting on her experiences, Samo noted:

> "*In a classroom of 45–50, there are at least three to four learners that are ADHD ... I have to accommodate these learners as they constantly disrupt lessons, are touchy, cannot sit for long lessons, many are loud and are constantly talking, and require individual attention and teaching strategies. This behaviour also takes time away from instruction and disrupts the entire class.*"

Similarly, Chad explained:

> "*Large class sizes make it difficult to give individual attention to learners with specific problems, namely ADHD. Teachers are expected to complete a syllabus*."

Participants also identified limited training and support as barriers to effective referral and support practices. Sandy reflected:

> "*The greatest challenge for me as an educator is that I am not trained to identify or teach learners with ADHD, but I do accommodate them. Therefore, I am doing much research to overcome this challenge*."

Tom expressed similar concerns during the interviews:

> "*There are few, if not no workshops offered to assist teachers in managing learners that have ADHD. Approaches and strategies used within the classroom are basically trial and error*."

Several participants further highlighted challenges associated with referral processes and access to specialist services. Chad reported:

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"*Parents are sometimes in denial. It takes months, sometimes even years, to convince them that their child needs to be assessed*."

He further explained:

"*Even when they do get an appointment to see the psychologist, parents fail to avail themselves. As an educator your hands are tied*."

These accounts suggest that participants viewed referral readiness as dependent not only on individual teacher knowledge and practice but also on broader school and system-level conditions. Participants described difficulties balancing curriculum demands, documentation requirements, learner support responsibilities, and referral processes within resource-constrained environments. Collectively, these experiences indicate that referral readiness was shaped by both teacher-related and systemic factors within the school context.

Previous South African research has reported comparable challenges within inclusive education and SIAS implementation contexts (Maree et al., 2023; Pillay & Tlale, 2024). These studies provide a useful context for understanding the experiences described by participants, particularly regarding teacher workload, training needs, and procedural challenges. However, the present findings are derived from participants' accounts and should be interpreted as experiences within this specific case-study setting rather than as evidence of broader system-wide trends.

Moreover, data from the reflective journals and interviews indicated that participants viewed parental engagement as an important factor influencing referral processes. Several teachers described situations in which parents were reluctant to pursue assessment, inconsistent in following recommendations, or hesitant to accept the school's concerns.

For example, Ricco reflected:

"*Some parents believe that it is just a phase that the child is going through and that he will grow out of it*."

He further explained:

"*Parents refuse to accept that their child needs additional support and so refuse to take the child for an assessment*."

Similarly, Chad noted in his reflective journal:

"*Parents are sometimes in denial. It takes months, sometimes even years, to convince them that their child needs to be assessed*."

Sandy also highlighted the importance of parental involvement in supporting learners and navigating referral processes:

"*We have to engage with stakeholders, parents and SMT, to manage these learners*."

These accounts suggest that participants experienced parental acceptance, engagement, and follow-through as important factors shaping referral pathways within their school context. Several teachers described delays in assessment and support processes when concerns raised by the school were not acted upon or when communication between home and school was limited.

Previous research provides a broader context for understanding these experiences. For example, Li et al. (2022) found higher teacher-reported screening rates than parent-reported screening rates among primary school learners, suggesting that differences in awareness and perceptions of ADHD-related difficulties may influence identification and referral processes. The findings of the present study do not confirm this relationship but indicate that participants perceived parental engagement as an important factor affecting referral-related decision-making and follow-through.

Table 2. Diagnostic literacy matrix (cross-tool evidence)

Teacher	DSM/diagnostic engagement	How referral is described	Key uncertainty	Training/support requested
Samo	Not knowledgeable; proposes learning via	Requests practical manuals/workshops	What DSM is "for" and when	Hands-on PD; structured guidance;

Teacher	DSM/diagnostic engagement	How referral is described	Key uncertainty	Training/support requested
	research/specialists		to use it	parent collaboration
Ricco	Reports years of engagement; clarifies not at liberty to diagnose	Checklist/testing + teacher/parent info into DSM-based forms	System access constraints	Multi-day practical training; PLCs
Kally	No DSM completion; would "look it up"	Parent meets specialist; classroom rules focus	Referral evidence specificity	Specialist-led workshops; "tried-and-tested" methods
Chad	Some engagement; emphasises observe and refer	Reports/referral letters; state delays	Parent denial; access delay	Pre-service module + PD; early referral
Tom	No DSM completion; seeks specialist explanation	Management emphasis; limited referral detail	Diagnosis evidence and documentation	ADHD-focused workshops; behaviour strategies
Sandy	Uses DSM-5 as referral guide	DSM-informed referral guidance	Lack of formal training	Campaigns, resources, adaptable lesson plans

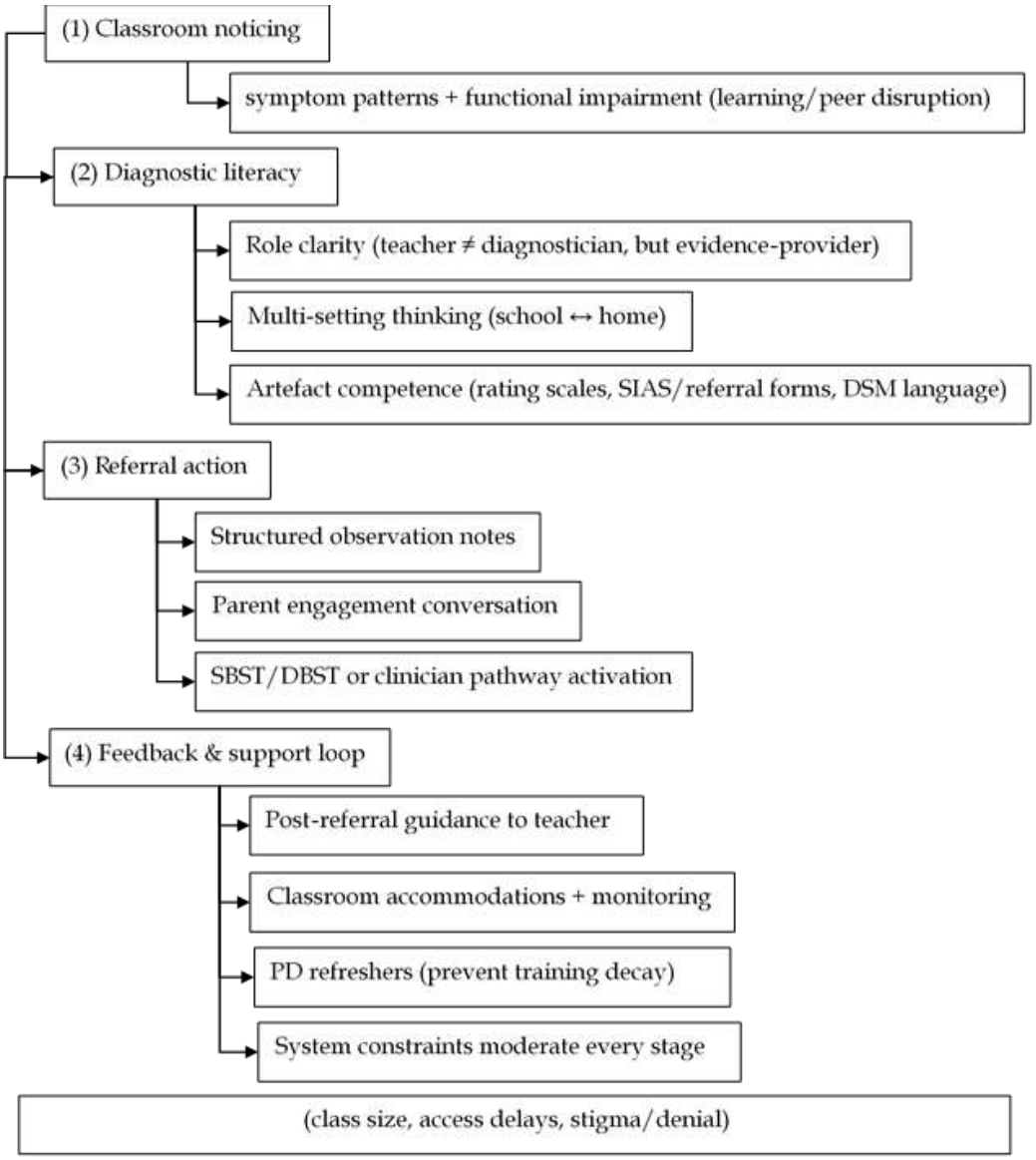

Figure 2. Preliminary referral readiness framework derived from thematic analysis

The framework presented in Figure 2 was developed as an interpretive synthesis of the study findings rather than as an empirically validated model. Following thematic analysis, key themes relating to symptom recognition, diagnostic literacy, referral practices, and contextual influences were examined to identify recurring relationships across participants' accounts. The constructs included in the framework were derived from patterns that appeared consistently across the collages, reflective journals, and interview data. For example, teachers described identifying behavioral difficulties before documenting concerns, engaging caregivers, and seeking support through referral processes. Participants also highlighted the influence of contextual factors such as overcrowding, limited access to specialists, and inconsistent feedback after referrals. These recurring patterns informed the organization of the framework.

The sequencing of the framework reflects the progression described by participants, beginning with classroom observation and moving toward referral-related actions and subsequent support processes. The directional arrows do not imply causation but are intended to represent the relationships and interactions identified within participants' narratives. Similarly, the cyclical structure reflects participants' descriptions of referral as an ongoing process that involves repeated observation, monitoring, feedback, and adjustment rather than a single linear event. The framework should therefore be understood as a conceptual representation of the findings that may be refined and tested in future research involving broader samples and multiple school contexts.

Discussion

Interpreting the "Missing Middle": Why Symptom Knowledge Does Not Equal Referral Readiness

A core contribution of this article is the argument that the major friction point is not symptom recognition but the translation of symptoms into referral-ready evidence. The dataset indicates that teachers routinely identify inattention/hyperactivity patterns and implement accommodations yet show uneven confidence in describing diagnostic processes and their role as evidence providers. This aligns with evidence that teacher knowledge frequently clusters around observable symptoms rather than diagnostic procedures and that teachers perceive themselves as undertrained for ADHD-related demands. Ward et al. (2021) report that staff often feel ill-equipped and want training that is practical, role-relevant, and applicable to classroom complexity.

The "missing middle" matters because diagnosis and referral are multi-informant and multi-setting processes. Teacher evidence is not optional—it is often central, because ADHD must be evidenced across contexts and functional impairment is most visible in school routines. Staff et al. (2021) show that teacher rating scales have convergent validity when compared with clinical interviews (especially for hyperactive–impulsive behaviors), while observations can provide additional information on inattention, reinforcing that both structured ratings and observational evidence are important for robust assessment.

Role Boundary Talk ("I Can't Diagnose"): Professional Role Boundaries and Referral-Related Uncertainty

Participants consistently distinguished their role from that of clinicians and emphasised that diagnosis falls outside teachers' professional responsibilities. This finding emerged primarily from the collage explanations, interviews, and reflective journals.

For example, Chad explained during the college interview:

"As an educator, one cannot or should not diagnose a learner with ADHD. Instead, you should observe and prepare a report to attach to your referral to an educational psychologist."

Similarly, Ricco stated:

"Yes, I think I would be fairly knowledgeable from being engaged with it over the years. However, as I am not a health professional, I would not be at liberty to diagnose."

Participants generally understood that diagnosis requires specialist assessment; however, their accounts differed regarding their understanding of referral-related responsibilities and the evidence needed to support referral processes. While some participants referred to documentation, checklists, referral forms, and DSM-related processes, others expressed limited familiarity with these procedures. For example, Samo reported:

"*My knowledge on the many alleged mental disorders is not broad enough*."

Likewise, Kally indicated:

"*No, I have not completed the Diagnostic and Statistical Manual of Mental Disorders document*."

These accounts suggest that participants were generally aware of professional role boundaries but varied in their confidence regarding referral-related knowledge and procedures. Differences emerged in participants' descriptions of documentation requirements, referral practices, and engagement with diagnostic frameworks.

Previous research provides a useful context for understanding these findings. Ward et al. (2021) reported that teachers often express a desire for practical knowledge, confidence, and guidance when supporting learners with ADHD. Similarly, studies examining SIAS implementation have identified challenges relating to procedural uncertainty, training needs, and teacher confidence in support and referral processes (Maree et al., 2023; Pillay & Tlale, 2024). These studies do not validate the present findings but help situate participants' experiences within broader discussions of teacher preparedness, referral practices, and the implementation of inclusive education.

Diagnostic Artefacts: Why DSM Engagement Becomes "Form Completion"

Engagement with diagnostic frameworks varied across participants. Specifically, three of the six teachers reported prior engagement with the DSM or DSM-informed referral processes, while three reported limited familiarity and indicated that they would need to acquire knowledge through independent research, internet resources, or consultation with specialists. For example, Sandy reported using the DSM "as a guide when referring learners for assessment", whereas Kally stated, "I have not completed the Diagnostic and Statistical Manual of Mental Disorders document." These findings suggest variation in participants' familiarity with diagnosis-related tools and referral procedures. This pattern is consistent with the broader literature indicating that teachers often seek practical resources and applied guidance to support learners with ADHD. Ward et al. (2022) found that teacher training programmes can improve ADHD-related knowledge, although gains may diminish over time without reinforcement, suggesting the value of sustained professional development and ongoing communities of practice.

The measurement literature further cautions against treating teacher knowledge as a uniform or stable construct. Golson et al. (2023) identified numerous ADHD knowledge measures with varying levels of psychometric support and limited validation across diverse populations, raising questions about what such measures capture in practice. Consequently, teachers may demonstrate awareness of ADHD symptoms while differing substantially in their understanding of referral procedures, diagnostic frameworks, and evidence requirements. Within the present study, the collage, journal, and interview data suggest that participants' uncertainty was less a reflection of unwillingness to support learners and more a reflection of uneven exposure to diagnosis-related knowledge and referral processes. Viewed in this way, variation in diagnostic literacy may be understood as a product of differing training experiences and opportunities for professional learning rather than a lack of commitment to supporting learners.

Referral Decisions are Influenced by Salience, Achievement Cues, and Bias Risks

Data from the collages and reflective journals indicated that participants frequently described ADHD in terms of overt and observable behaviours, including hyperactivity, impulsivity, classroom disruption, excessive talking, fidgeting, and emotional outbursts. For example, Chad's collage primarily depicted learners struggling with attention and behavioural control, while Samo, Tom, and Sandy described learners who interrupted lessons, moved around the classroom, acted impulsively, or displayed emotional outbursts. Conversely, fewer examples were provided of learners whose difficulties manifested primarily through less visible forms of inattention.

This pattern may be relevant to referral processes because teachers are often required to identify and document concerns before referral can occur. Previous research has similarly found that referral decisions are influenced by the visibility and salience of ADHD-related behaviours. Tamsut et al. (2024) reported that stronger ADHD-related traits were associated with increased referral likelihood. When considered alongside the present findings, this suggests that more overt behavioural presentations may be more readily recognised and discussed by teachers than less disruptive forms of impairment. However, the current study did not directly examine referral outcomes and therefore cannot determine whether learners presenting primarily with inattentive difficulties were less likely to be referred. Rather, the findings indicate that participants most frequently described behaviours that were highly visible within the classroom context.

Parent–Teacher Communication and Referral Processes

Data from the reflective journals and interviews indicated that several participants experienced challenges related to parental engagement during referral processes. Participants described situations in which caregivers were hesitant to pursue assessments, delayed responding to referral recommendations, or differed from teachers in their interpretation of learners' difficulties.

For example, Ricco reflected:

"*Some parents believe that it is just a phase that the child is going through and that he will grow out of it.*"

He further explained:

"*Parents refuse to accept that their child needs additional support and so refuse to take the child for an assessment.*"

Similarly, Chad noted:

"*Parents are sometimes reluctant. It takes months, sometimes even years, to convince them that their child needs to be assessed.*"

These accounts suggest that participants perceived differences between school and home understandings of learner difficulties as factors that could influence referral processes and access to support services. Teachers often described themselves as initiating concerns regarding behaviour, learning, and attention difficulties, while some carers required additional information or reassurance before pursuing further assessment.

Research provides useful context for understanding these experiences. Li et al. (2022) found differences between parent and teacher screening outcomes for ADHD symptoms, suggesting that awareness and recognition of ADHD-related difficulties may vary across home and school contexts. The authors also reported that parental awareness was influenced by sources of information, including healthcare professionals and media exposure. When considered alongside the present findings, this highlights the importance of effective communication between teachers and carers during referral processes.

Several participants therefore viewed parent–teacher communication as an important aspect of referral readiness. Rather than reflecting unwillingness on the part of carers, their accounts suggest that referral processes may be influenced by differing interpretations of

learner behaviour, levels of ADHD-related knowledge, and access to information about assessment and support pathways. In this regard, building shared understanding between teachers and carers may support more effective referral-related decision-making within school contexts.

Professional Development: What "Works" and Why "One-Off Workshops" are Insufficient

Participants consistently identified professional development as an important mechanism for strengthening their understanding of ADHD and referral-related practices. Across the interviews, teachers requested workshops, practical guidance materials, and hands-on support to assist them in supporting and referring learners experiencing ADHD-related difficulties. These findings are consistent with the broader teacher-training literature in two respects. First, targeted training programmes have been shown to improve teachers' knowledge of ADHD and their classroom support practices. Second, evidence suggests that training effects may diminish over time in the absence of ongoing reinforcement. For example, Ward et al. (2022) reported substantial improvements in teacher knowledge following training interventions, although some gains decreased at follow-up, highlighting the importance of sustained professional learning opportunities.

Previous research also supports the value of practical, classroom-focused strategies. Staff et al. (2022) found that antecedent-based and consequence-based teacher techniques were associated with improvements in teacher-rated ADHD symptoms and classroom functioning. This suggests that professional development initiatives may benefit from emphasising practical strategies that can be implemented within everyday classroom practice. Similarly, Jarque Fernández et al. (2021) reported that a long-term ADHD training programme improved both teachers' knowledge and perceived self-efficacy, indicating that ongoing professional support may be particularly valuable for developing confidence in supporting learners with ADHD.

While the present study did not evaluate the effectiveness of professional development programmes, participants' accounts suggest a perceived need for sustained, practically oriented training that goes beyond awareness of ADHD symptoms to include referral procedures, documentation practices, and classroom support strategies.

Linking Referral Readiness to SIAS: Integrating ADHD into South Africa's Support Architecture

A major publishable contribution here is the connection between ADHD referral readiness and SIAS implementation. SIAS is the system mechanism for identifying barriers and structuring support, yet multiple studies show teachers are not consistently trained to implement it. Maree et al. (2023) identify teacher reluctance, administrative burden, and inadequate DBST training as key reasons for SIAS disengagement. Pillay and Tlale (2024) similarly show that inadequate knowledge and overcrowding impede case management and recommend role clarification and workshops.

These SIAS findings are consistent with your teachers' calls for practical guidance and more support. Therefore, rather than proposing "ADHD training" as a standalone intervention, the article argues for Referral Readiness PD embedded into SIAS practice so that ADHD referrals become part of routine inclusive case management rather than exceptional or ad hoc processes.

Preliminary Referral Readiness Framework: Theoretical and Practical Value

The framework proposed in this paper synthesises the findings of this exploratory case study with relevant literature to illustrate how teachers described the relationship between symptom identification, diagnostic literacy, referral practices, and support processes. This framing responds directly to evidence of training decay (Ward et al., 2022) by positioning refresher PD and feedback as structural necessities rather than optional extras. It also responds to SIAS

implementation findings (Maree et al., 2023; Pillay & Tlale, 2024) by embedding referral readiness within the realities of administrative load and school-based support structures.

Implications for Practice: A Preliminary Conceptualisation of Diagnostic Literacy

Drawing on the findings of this exploratory case study and relevant ADHD literature, we offer a preliminary conceptualisation of diagnostic literacy as it may relate to referral readiness in mainstream school settings. This conceptualisation should be interpreted as an exploratory, literature-informed proposal rather than a validated competency framework or professional standard.

The participant data suggest that diagnostic literacy may include:

1. Recognising and documenting observable learning, behavioural, and attentional difficulties;
2. Understanding professional role boundaries, including the distinction between identifying concerns, gathering evidence, making referrals, and making diagnoses;
3. Engaging appropriately with referral procedures and documentation requirements; and
4. Collaborating with carers and school-based support structures during referral processes.

In addition, the broader literature suggests that diagnostic literacy may also involve familiarity with structured observations, teacher rating scales, multi-informant assessment approaches, and other referral-related evidence-gathering practices (Golson et al., 2023; Peterson et al., 2024). These elements did not emerge directly from participant accounts and are therefore presented as literature-informed considerations rather than findings of the present study.

Consequently, the proposed conceptualisation should be viewed as a tentative framework for thinking about diagnostic literacy and referral readiness, requiring further refinement and empirical testing across broader educational contexts.

Limitations and Transferability

This is a single-site case study with six participants, so findings are not statistically generalisable; however, the patterns align with diverse international and South African evidence on teacher training needs, SIAS implementation constraints, and stigma/label dynamics. The strength of the study lies in triangulation across arts-based and narrative tools, which enhances credibility and provides a rich account of teachers' enacted diagnostic literacy. The proposed Referral Readiness Framework should be interpreted as a preliminary conceptual representation derived from a small, single-site qualitative study. The framework has not been empirically validated and should therefore be viewed as a heuristic for understanding referral readiness rather than as a definitive model of referral practice. Future research involving multiple schools and stakeholder groups is needed to test, refine, and evaluate the framework's applicability across diverse educational contexts.

CONCLUSION

This exploratory case study examined how six mainstream primary school teachers understood and enacted diagnostic literacy and referral readiness regarding Attention-Deficit/Hyperactivity Disorder (ADHD) in a South African school context. Across the collages, reflective journals, and interviews, participants demonstrated confidence in recognising ADHD-related behavioural and attentional difficulties and described a range of classroom accommodations used to support learners.

However, the findings suggest greater variation in teachers' understanding of referral-related processes, diagnosis-related concepts, documentation requirements, and professional role boundaries. Participants generally recognised that teachers are not responsible for making clinical diagnoses but differed in their familiarity with referral procedures, diagnosis-related frameworks, and the types of evidence that may support referral processes. Variation was also

evident in participants' engagement with diagnosis-related tools and their understanding of referral documentation.

Participants further described contextual challenges that they perceived as influencing referral-related practices, including large class sizes, limited ADHD-specific training, restricted access to specialist services, inconsistent parental engagement, and uncertainty regarding referral procedures. Collectively, these findings suggest that symptom recognition and classroom support practices may not necessarily be accompanied by equivalent confidence in referral-related responsibilities and processes.

While the present findings align with the broader literature on teacher preparedness, professional development needs, and referral practices, they should be interpreted in the context of a small, single-site qualitative study and should not be generalised beyond similar contexts.

Given the exploratory nature of this single-site qualitative case study, the following considerations should be interpreted as tentative implications drawn from participants' accounts and the broader literature, rather than as evidence-based recommendations.

1. Strengthening referral-related documentation
   Participants reported uncertainty regarding referral procedures, evidence requirements, and documentation practices. This suggests that teachers may benefit from clearer guidance on documenting observable behaviours, functional impairments, and classroom-based support strategies when ADHD-related concerns arise.
2. Supporting evidence-informed referral practices
   Several participants described uncertainty regarding diagnosis-related processes and referral documentation. Professional development activities that strengthen teachers' understanding of referral-related evidence, including observations and school-based documentation procedures, may support confidence in referral practices.
3. Providing sustained professional development
   Participants consistently identified a need for ADHD-related training, practical guidance, and ongoing support. The findings suggest that professional development focusing on referral procedures, classroom support strategies, and diagnostic literacy may be beneficial for teachers working within inclusive education settings.
4. Encouraging collaboration among support structures
   Teachers highlighted the importance of support from carers, School-Based Support Teams (SBSTs), specialists, and other stakeholders. Opportunities for collaborative discussion of learner support needs may strengthen referral-related decision-making and support planning.
5. Strengthening parent–teacher communication
   Several participants described challenges related to parental engagement during referral processes. The findings suggest that communication strategies that promote shared understanding of learner difficulties and support needs may assist referral-related discussions.
6. Promoting awareness of diverse learner presentations
   Participants discussed a range of behavioural and attentional difficulties associated with ADHD. Continued professional learning may assist teachers in recognising the variability in learner presentations and in understanding how different patterns of difficulty may require support and consideration for referral.
7. Improving communication following referrals
   Participants reported frustration with delays and limited feedback during the referral process. Improved communication between schools, support services, and healthcare professionals may help teachers better understand referral outcomes and support learners following assessment.

The findings of this exploratory case study suggest that participants perceived challenges not only in recognising ADHD-related difficulties but also in navigating referral-related responsibilities, documentation requirements, and support processes. Across the collages, reflective journals, and interviews, teachers reported uncertainty about aspects of referral procedures, limited access to ADHD-specific training, and challenges in collaborating with carers and support structures. These findings suggest that referral readiness may involve more than awareness of ADHD symptoms and may also include familiarity with referral procedures, documentation practices, and communication processes.

Participants also consistently identified a need for practical and ongoing professional support. Rather than relying solely on awareness-raising initiatives, professional development may benefit from including opportunities for teachers to strengthen their understanding of referral-related processes, documentation requirements, and collaborative support practices. However, the present study did not evaluate the effectiveness of specific training approaches, and any implications for professional development should therefore be regarded as tentative.

This article contributes to the growing literature on ADHD and inclusive education by highlighting teachers' experiences of diagnostic literacy and referral readiness in a South African mainstream primary school context. Through a focused secondary analysis of a master's dissertation dataset, the study highlights how participants described the relationship between symptom recognition, referral-related knowledge, professional role boundaries, and contextual constraints.

The study further suggests that ADHD referral-related challenges may be understood within the broader context of the implementation of inclusive education. Previous studies have identified barriers such as administrative burden, overcrowding, limited training, and uncertainty regarding SIAS implementation (Maree et al., 2023; Pillay & Tlale, 2024). The experiences reported by participants in the present study indicate that such contextual factors may also influence referral-related practices. The proposed Referral Readiness Framework should therefore be viewed as a preliminary conceptual interpretation of the findings rather than a validated model. It is offered as a heuristic for understanding how teachers described the interaction between symptom recognition, referral processes, school support structures, and contextual influences within this case-study setting.

Future research could explore diagnostic literacy and referral readiness across multiple schools, educational phases, and stakeholder groups. Research involving teachers, school-based support teams, caregivers, district officials, educational psychologists, and healthcare professionals may provide a more comprehensive understanding of referral processes within inclusive education systems.

Further studies could also examine how professional development influences teachers' understanding of referral procedures, documentation practices, and collaborative support processes over time. In addition, the preliminary Referral Readiness Framework proposed in this study would benefit from further refinement and empirical exploration in diverse educational contexts.

Finally, future research may investigate additional factors that were not examined directly in the present study, including stigma, diagnostic labeling, caregiver experiences, and other influences on referral-related decision-making. Such work may help extend understanding of how learners gain access to assessment and support services within inclusive education contexts.

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