

PHENOMENOLOGY OF "SLOW LEARNERS".
REFLECTIONS AND CRITERIA FOR GOING BEYOND THE NOSOGRAPHIC

FENOMENOLOGIA DEI "LENTI APPRENDENTI".
RIFLESSIONI E CRITERI PER ANDARE OLTRE IL NOSOGRAFICO.



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ABSTRACT

Disability certifications in Italian schools have tripled in approximately thirty years, from an initial 123,000 to nearly 360,000 in the 2023-2024 school year. Among these, diagnoses related to the student's emotional dimension are certainly on the rise, but *mild intellectual disability* remains the most commonly certified. This article, focusing specifically on the developmental condition that characterizes students with *Borderline Intellectual Functioning* (FIL), known as *slow learners*, bordering on pathological, offers some reflections and criteria for shifting the focus from symptoms to the individual, relationships and to its most functional and emancipatory adaptation to the world.

Le certificazioni di disabilità nella scuola italiana sono triplicate in un trentennio circa, passando dalle iniziali 123mila a quasi 360mila nell'anno scolastico 2023-2024. Fra queste, sono certamente in aumento le diagnosi legate alla dimensione emotiva dello studente, ma la *disabilità intellettiva lieve* risulta essere ancora la più certificata. Questo articolo, ragionando in particolare attorno alla condizione evolutiva che caratterizza gli studenti con *Funzionamento Intellettivo Limite* (FIL), gli *slow learners*, al confine con il patologico, propone alcune riflessioni e criteri per spostare lo sguardo dai sintomi alla persona, alle relazioni e al suo più funzionale ed emancipativo adattamento al mondo.

KEYWORDS

Intelligenza, *Funzionamento Intellettivo Limite* (FIL), affettività, comportamento adattivo.

Intelligence, *Borderline Intellectual Functioning* (BIF), affectivity, adaptive behavior.

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1. The numbers of certified disabilities in Italian schools

To speak consciously about disability in contemporary society, that is, in the years of the “liquefaction” of emotionally significant relationships (Bauman, 2002), of the culture of narcissism (Lasch, 2004) and of the new emergencies that particularly concern minors of the third millennium (alexithymia, helpless childhood and adolescence, knife crime, baby gangs, urban guerrilla warfare, project mortification, etc.), it is certainly necessary to improve the defects of an astigmatic view, if not downright short-sighted, of the complex condition that we wish to critically investigate here and, therefore, invest in new reflections from which to gain greater epistemological and methodological clarity.

In order to grasp the historical and scientific evolution of a fundamental field of investigation for special education and teaching, precisely the disability, it is essential to read “between the lines” of the various documents and dossiers available to us and, at the same time, to treasure the interventions implemented in learning and life contexts to highlight evidence, research avenues and criteria useful for orienting special education and, even before that, the diagnostic-clinical process in an original way.

Starting from this premise, in May 2019 the MIUR, with reference to the previous school year and to all school levels and orders, released the main data relating to students with certified disabilities in Italy (Salvini, 2019).

The data shows that the number of students with disabilities attending our schools, whether state, private, or non-private, amounted to 268,246 (188,191 males and 80,055 females), an increase of almost 14,000 compared to the previous year (*ivi*, p. 3).

Compared to twenty years earlier, that is, in the 1997/1998 school year, certified disabilities have more than doubled, since at the time there were 123,862 units.

Of a total of 8,664,367 students across all levels of education, the percentage of students with certified disabilities is 3.1%, an increase compared to the 2016/2017 school year when it stood at 2.9%; twenty years earlier the percentage was just 1.4%.

Always considering a twenty-year survey period, also due to a school system that is increasingly accepting certified children, the percentage has gone from 0.8% to 2.1% in *preschools*, from 1.8% to 3.5% in *primary schools*, from 2.4% to 4.1% in *lower secondary schools* and, finally, from 0.6% to 2.6% in *upper secondary schools*.

In detail, students with certified disabilities are: 31,724 out of a total of 1,491,290 in *preschool*, 95,801 out of a total of 2,754,057 in *primary school*, 71,065 out of a

total of 1,731,272 in *lower secondary school*, 70,376 out of a total of 2,687,748 in *upper secondary school* (ivi, p. 5).

With regards to gender, there are 23,429 males with certified disabilities compared to 8,295 females in *preschool*, 69,228 males compared to 25,853 females in *primary school*, continuing with 48,618 males compared to 22,447 females in *lower secondary school* and finally 46,916 males compared to 23,460 females in *upper secondary school* (Salvini, p. 5).

Since the male gender presents a higher percentage of certified disability than that reported by the female gender across all levels of education, it would nevertheless be useful to interpret these data also in light of the eternal maturation and the tendency of contemporary adults to decline authority (Furedi, 2012).

The Ministry of Education, University and Research (MIUR) distinguishes between certifications for *visual, hearing, motor and intellectual disabilities*, on the one hand, and *specific learning disabilities* (SLD) — when certified as comorbid with other disorders — *attention deficit hyperactivity disorder* (ADHD) and other problems such as *early psychiatric conditions*.

Of a total of 96.4% of certified disabled students attending state and non-state schools of all levels in Italy, 68.4% have an *intellectual disability*, 3.2% have a *motor disability*, while 24.8% have *another disability* (Salvini, p. 13).

Intellectual disability, the most common at the time of the survey, accounts for 70.3% of all certified students in *primary school* and 72.6% in *lower secondary school*; however, it appears to be more limited in *preschool* and *upper secondary school* (65.7% and 59.5%, respectively) (*ibidem*).

To be clear, starting from *primary school* and continuing up to *upper secondary school*, 67 out of 100 disabled students have a cognitive delay.

Furthermore, in *upper secondary schools* the percentage of students with certified disabilities out of the total number of students attending that type of school is: decidedly low in *high schools*, 1.3% (16,651 students), significantly higher in *technical institutes*, 2.2% (19,037 students), and even tripled in *professional institutes* where the percentage reaches 6.6% (34,162 students) (ivi, p. 19).

In terms of percentage composition by type of school, 23.8% of the total students with disabilities attend a *high school*, 27.3% a *technical institute*, 48.9% a *professional institute* (*ibidem*).

The percentage of students with *intellectual disabilities*, i would say extremely high, reaches 52% in *professional institute*.

These data certainly deserve attention and pedagogical reflection, especially if we consider how there are more students enrolled in *high schools* and *technical institutes* and fewer students with disabilities, and fewer students enrolled, but many more certified students, in *professional institutes*.

In line with these data, the number of support teachers also appears to be increasing over time, going from 139,554 to 155,977 units between the 2016/2017 and 2017/2018 school years, across all school levels and for a total number of teachers equal to 872,286 units (ivi., p. 24).

Specifically, there are 17,743 support teachers out of a total of 101,136 in *preschool*, 56,000 out of a total of 278,640 in *primary school*, 41,512 out of a total of 196,770 in *lower secondary school*, and finally 41,144 out of a total of 295,772 in *upper secondary school*.

Even in July 2022, the new *Ministry of Education and Merit* (Mim) generally confirmed the growth trend recorded in previous years (Salvini, 2022).

With reference to the 2020/2021 school year, in detail by individual education levels, there were 32,314 students with disabilities in *preschool*, 113,545 in *primary school*, 76,226 in *lower secondary school* and 81,931 in *upper secondary school*.

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If we return to the data we started with to frame this discussion on disability, that is, those referring to the 2017/2018 school year, the number of students with certified disabilities increased in this short period from 268,246 to 304,016, out of a total number of students, albeit decreasing, of 8,363,291.

Looking at the types of disabilities, in the 2020/2021 school year, 69.5% had an *intellectual disability* (an increase of one percentage point compared to the 2017/2018 school year), 24.5% had *another type of disability*, 2.8% had a *motor disability*, 1.9% had a *hearing disability*, and 1.3% had a *visual disability*.

In 2023, the *Istat Annual Report*, with reference to the previous year, now counts 316,000 functional diagnoses in our schools (Istat, 2023) and in the following school year it records almost 359,000 (Istat, 2024).

2. Intellectual disability versus emotional disability

The data that emerged offer the opportunity to explore issues of undoubted educational, didactic and clinical importance, both regarding the complexity of a delicate topic such as developmental disability, and regarding the need to facilitate

the transition, which can no longer be postponed, from a *school-business*, interested in selection and performance, to a *school-community*, which bets on the 'entrepreneurship of the Self', thus focusing on the inclusion of the most vulnerable and on strengthening their social skills (Fiorin, 2021).

From now on we propose two different types of disability, easier to remember for our discussions, out of a total disability percentage of 96.4% detected by the Miur in May 2019, we have observed that there is a *certified intellectual disability* that reaches approximately 70% overall for all school levels, compared to approximately 25% of disability in other areas that we could define, if the term is permissible, as *emotional*.

Looking at the data collected, one initially observes a sort of *polarization on the cognitive dimension* of students, also because it is precisely the assessments of cognitive functions and cognitive development that have prevailed as the primary interest among scholars who for over a century have attempted to define the construct of 'intelligence'.

Interest in man's ability to understand external reality and not simply submit to it, from the Latin *intelligere*, within a *general meaning of intelligence*, has in fact pushed numerous authors over the decades to take an interest in mental processes, among which *thought* and *reasoning* have always aroused primary interest.

Around the 1980s, while the metaphor of the "calculating" mind was losing its effectiveness, as it became increasingly evident that the mind was capable of coming into contact with reality, even transforming it, radical *cognitivism* was epistemologically ousted by a more sustainable scientific orientation, the so-called *neo-cognitivism*, capable of grasping and considering the innumerable environmental variables alongside which the individual is born and develops (Lostia, 1994).

In 1976, through the pages of *Cognition and Reality*, U. Neisser encouraged the emergence of two more moderate currents of cognitivism, namely *constructivism* and *environmentalism*, which strongly criticized those scholars confined to laboratories and, according to the author, incapable of grasping the impact of educational and socialization processes on the mental processes of the individual.

From that moment on, the study of cognitive functions (perception, attention, memory, language, motivation, etc.) could no longer ignore the environment in which the individual lives; which conditions them from birth and is in turn conditionable by them.

This is a very important lesson – since, particularly in the processes of child schooling, *neural plasticity* (Maffei, 2014) should distance social, health and school workers from those logics of *linear causality* that overestimate the genetic and

biological component in the etiology of developmental psychopathologies and disability in general – which we sometimes struggle to recall when faced with students who undergo a psycho-diagnostic evaluation precisely during the primary school years.

Even defining intelligence has not been a simple task since the first scientific approach to the construct, so much so that differing theoretical positions still fuel debate among experts.

Referring to a *differential understanding of intelligence*, scholars have often wondered what makes individuals different when they tackle cognitive tasks such as reading.

Reading requires perceiving the printed text before one's eyes, recognizing letters, groups of letters, words and sentences, attributing meaning and purpose to words and sentences, recognizing the syntactic functions of noun, prepositional and verbal phrases, retrieving episodic and semantic information from long-term memory, activating working memory, forming an overall picture of the text one is reading, making predictions about the future of events and characters based on the setting and circumstances in which a story is told, even empathizing with some of them, ultimately becoming emotionally moved, perhaps even wanting to read more or even become a writer one day.

However, not everyone is able to perform such complex mental operations, and this difference in the performance of tasks has led scholars over the decades to construct different theoretical models to make distinctions between individuals.

According to C. Cornoldi (2007) it is possible to classify the theories of intelligence developed over the years into five classes: *unitary or unidimensional, global-maturative, multi-componential or multiple, hierarchical and cognitive*.

Without going into the specifics of the classification and referring for further details to another book (Romeo, *in press*), we can immediately state that the assessment of intelligence, at the preschool and school levels and then in the years between preadolescence and adolescence, has almost entirely adopted a *cognitive-centric approach*, interested in identifying a specific score to understand whether a child has skills in 'understanding the world', so to speak, equal or different from their peers.

The *cognitive-centric approach* to the evaluation of intelligence, within an idea of a certainly global-maturational type, originates in fact in the first studies of W. Stern (1912) on the construct, which then over time and thanks to the contribution of other authors such as A. Binet and T. Simon (1904) will flow into the famous calculation of IQ obtained by dividing the *Mental Age* (M.E.), calculated in years and

months, by the *Chronological Age* (C.E.), also calculated in years and months, and multiplying the result by 100.

This calculation method has been completely overcome over the years since today we understand IQ as a deviation score, in which reference is no longer made to other ages, but to the same age group as the child undergoing the evaluation process, in terms of how much it differs from the IQ value understood as the average value (Cornoldi, *op. cit.*, p. 92).

The statistical distribution of IQ scores can be grouped, for each age group, within a symmetric curve with a characteristic bell shape, typical of the so-called normal or *Gaussian* distribution, which by convention and analogy with the original IQ has a mean score of 100 and a deviation index, the so-called *standard deviation*, of 15.

The bell curve shows that the majority of the population, approximately 70%, has an IQ between 85 and 115; also known as the *normal range*.

Scores between 70 and 85 indicate individuals with *Limit Intellectual Functioning* (FIL), also known as *Borderline Intellectual Functioning* (BIF) or simply *cognitive borderline*.

Although confusion still arises among curricular teachers when it is discussed, the term *borderline* does not refer in this case to the specific *personality disorder* (Cancrini, 2006) – not by chance a personality organization that suffers greatly in its affective component and is increasingly frequently diagnosed also due to current educational emergencies (Romeo, 2018) – but from these it takes its metaphorical meaning of “border zone”, of “edge”, between a “territory” of typical intellectual development, namely normality, and another that is on the contrary compromised, namely *intellectual disability*.

As I have argued extensively on other occasions, bringing together the educational and psychological perspectives (Romeo, 2016), it would be interesting to hypothesize a relationship, certainly not linear, but certainly possible, between what we have defined as *emotional disability* during developmental age – which can manifest itself, for example, with the appearance of mood swings already in a child or pre-adolescent who is reactive to a family that is generally incapable of responding to his or her existential needs – and a worsening pattern of symptoms in adolescence that can evolve precisely in the pathological direction of a *borderline personality disorder*.

This is to say that personality disorders in adulthood — aside from that genetic predisposition, which, let's remember, can always be addressed through healthy parenting and attachment styles — always have a long history: they can originate within family contexts, for example, where the relationship between a man and a woman has not been given the right value, it has not been understood as a model

that can subsequently be generalized to other relationships in life that a child learns daily by observing, listening to and imitating them.

For the inclusive pedagogical and didactic discussion we have undertaken, we will use the label *slow learner* to refer to students who fall within the IQ bell curve scores between 70 and 85.

Furthermore, we will try to understand whether *cognitive borderline* in school, outside of a recognized psychiatric condition, also have *emotional borderline* disabilities, for example, in terms of their knowledge and management of their emotions.

Although this group represents more than 13% of the overall population, and since a diagnosis of *slow learner* requires highlighting a whole series of weaknesses in the individual's daily life and social relationships, it would appear that very few students actually receive this diagnosis.

Moving down the left side of the bell-shaped IQ curve, we find people with scores between 55 and 70, approximately 2.14% of the overall population, or those who could be diagnosed with *mild intellectual disability* (Vio & Lo Presti, 2014); while below a score of 55, intellectual disability first becomes *moderate*, then *severe* and then *profound or extreme*.

As an empirical basis for the evaluation of intelligence, authors observe that in its measurement it is always advisable to consider an error of approximately 5 points above or below (+/-).

It follows that an IQ of 70 on the *Wechsler scale* is understood to represent a range of 65 to 75 points.

This is because the scores obtained are not exact measures of a person's cognitive functioning, nor are they precise, but only estimates of an expected range of fluctuations between one performance and the next (Groth-Marnat, 2003).

In other words, in subjects with an IQ between 70 and 75 points, or just below 70, *mild intellectual disability* can be diagnosed only in the presence of significant deficits in adaptive behavior (Vio & Lo Presti, p. 56).

According to R. Vianello and Cornoldi (2017), *slow learner* intellectual functioning can be diagnosed when the student not only has measurable cognitive deficiencies, but also adaptive problems which in some way, without however completely precluding it, make his/her school and relational life difficult.

Adaptive functioning is defined as a compromised quality of life for the student, including their ability to make independent decisions, communicate, access and use community resources, manage their free time, be independent and care for

themselves. This should be assessed on a case-by-case basis based on their age and the family, school and community contexts.

However, *slow learners* do not currently appear to be worthy of clinical attention since some authors argue that a further nosographic label could complicate the order of others already in use to identify different psychopathologies in the developmental context.

Since they do not reflect the severity and consequently the need for specialized support required by law for *mild, moderate and severe intellectual disabilities*, nor do they represent a clinical picture characteristic of *specific learning disabilities*, a significant portion of *slow learners* may be diagnosed with a *language disorder, mild intellectual disability* or in other cases may not even be considered.

3. Clinical and pedagogical criteria to go beyond the nosographic

But if, as we have seen, to be able to effectively speak of *slow learners* it would be necessary to ascertain, in addition to a cognitive deficiency, an adaptive problem related to transitory environmental, emotional and social conditions for which the diagnosis could be lost; if still the certified disability in general has tripled in about thirty years, specifically the *mild intellectual disability* now reaches 83-85% (Vio & Lo Presti, pp. 58-59); if the choices of social and health care direction risk producing *false positives* or *negatives* depending on whether or not the label of *mild intellectual disability* is passed on, why not interpret and treasure all this information by promoting an intentional *culture of affectivity* in schools that can train and encourage teachers to *invest from an emotional-affective point of view in the teaching-learning processes?* (Romeo, 2021).

Given the nosographic uncertainty of *slow learners*, why don't we focus on their limited adaptability, like that of any other struggling student, which should truly be empowered, supported, and developed in life and learning contexts and not hindered by them? What criteria do we need to equip ourselves with?

To go beyond nosographic diagnosis and reiterate once again the limited informative value of IQ, during the evaluation process we recommend always considering: the chronological age of the person undergoing a diagnostic examination; their history 'intertwined' with that of their parents, who are the true teachers of the feeling of protection, but also of the sense of autonomy – so much so that in the first three years of life we should speak more of a relational disorder than an individual psychological disorder since we cannot consider the child separated from his primary life context (Codispoti & Bastianoni, 2002) –; continuing the ancient emotional history of his parents, therefore the 'educational legacies' transmitted as relational "scripts" from generation to generation (at least

trigenerational) (Byng-Hall, 1998); finally, remember that tests never provide absolute measures, but rather relative to the abilities demonstrated by the subject precisely at the moment in which the social health worker presents him with stimuli.

It should also be remembered that the presence of a psychopathological disorder in childhood does not necessarily lead to a stable alteration in adulthood, since both *neuronal plasticity* and the quality of family care and that coming from external contexts such as school, can often contribute to the partial or total remission of symptoms and the development of resilience understood as the individual's ability to adapt in the face of unfavorable events.

This observation obviously also applies to the intergenerational continuity of a disorder, since the logic of *linear causality* that overestimated the genetic component in the etiology of psychopathology no longer applies.

It would then be necessary to evaluate the most appropriate time to administer a developmental and intelligence test at the healthcare facility, since negative emotions in children or preadolescents, such as anxiety or low self-esteem, can nullify the results of the test, with the risk of arriving at *false positive* or *negative* diagnoses.

For this reason, those administering the tests should further foster this relationship of trust, including through two or more introductory interviews with all family members, observation sessions of free play and free drawing sessions with the child; these sessions help the child see them as allies, not distant healthcare professionals in their usual white coats.

Furthermore, it is advisable to precede the cognitive assessment, which must in any case be explained to the family and the child to allow them to express their consent to undergo it, with tests designed for an affective-relational assessment, such as those that explore the child's attachment to the mother or other significant figures through the completion of stories starting from human figures.

This time from a pedagogical perspective, it is also necessary to adequately respond to the exploratory and educational questions and needs that *slow learners* bring through the adoption of truly inclusive teaching methods.

At school, on the basis of studies according to which emotional and cognitive aspects are dimensions of existence that influence each other reciprocally and continuously and therefore cannot be considered separate (Kellerman, 1983), it must be kept in mind that teaching especially for *slow learners* must be re-thought as *experience-dependent* (Greenough & Black, 1992), that is, as teaching-learning processes aware that both the pupil's cerebral maturation and his overall

intellectual, affective and relational development take place within a significant social matrix.

To avoid the so-called *paradigm effect* (Zappella, 2021), and therefore to avoid completely equating the image of the student with his or her disability or temporary fragility, we must ultimately feel part of that slow and not simple process of building the "inner cores of trust" that are essential for seeing and transforming the world, especially in a complex time in which the *dynamics of building trust relationships* in our communities seem to have reversed: if for much of the twentieth century trust was mutual and unquestioned between people, now we need to understand, perhaps gradually, whether the other truly deserves it (Paparella, Romeo & Tarantino, 2022).

If health and social workers and school teachers fail to understand how crucial it is for young people today to adapt to the world through a critical yet creative perspective, one that is learned through existential closeness rather than diagnostic or disciplinary considerations, which can act as a barrier to that now widespread *distrust/challenge* to instead recover a sense of *trust/confidence*, first of all towards oneself and one's own abilities, it is very likely that disability in our country will continue to increase in the future.

Not so much because there is greater awareness of the issue, or more diagnostic tools available, but rather because we are dealing with it without contextualising it and therefore in the wrong way.

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