

Original Article

Classifying children's participation in occupations in school contexts from the occupational therapy perspective¹

Classificação da participação de crianças em ocupações nos contextos escolares na perspectiva da terapia ocupacional

Débora Ribeiro da Silva Campos Folha^a , Patrícia Carla de Souza Della Barba^b 

^aUniversidade do Estado do Pará – UEPA, Belém, PA, Brasil.

^bUniversidade Federal de São Carlos – UFSCar, São Carlos, SP, Brasil.

How to cite: Folha, D. R. S. C., & Barba, P. C. S. D. (2022). Classifying children's participation in occupations in school contexts from the occupational therapy perspective. *Cadernos Brasileiros de Terapia Ocupacional*, 30, e2907. <https://doi.org/10.1590/2526-8910.ctoAO21962907>

Abstract

Early childhood education is characterized by occupations related to playing, self-care and learning. For occupational therapy, the participation in these occupations reflects on the physical, cognitive, social, affective and occupational development of children. This study aimed to analyze forms of child participation in occupations in school contexts and to propose criteria for classifying this participation, from the perspective of occupational therapy. A qualitative research was carried out, with participant observation using the technique of Narrative Descriptions. Four children with typical development (TD) and four children who were part of the Target Audience Students of Special Education (TASE) participated in this study, one with physical disability and three with Autism Spectrum Disorder (ASD). For data analysis, the Content Analysis technique revealed four forms of participation, based on elements such as: involvement in the occupation, necessary assistance or autonomy in participation, tolerance, social interactions, motivation and initiative. These forms of participation were called full participation, assisted active participation, rudimentary participation and restricted participation. Full participation was preponderantly manifested by TD children and assisted active participation was manifested by TASE children with physical disabilities. Rudimentary participation and restricted participation were evidenced exclusively by TASE children with ASD. The results are considered relevant for the early identification of facilitators and barriers to participation, as well as for the adequate provision of conditions and interventions that enhance the participation of all

¹ This article is part of the Doctoral Thesis “Occupational perspective of children’s participation in early childhood education and implications for Occupational Therapy” from the Graduate Program in Occupational Therapy (PPGTO/DTO/UFSCar).

Received on Nov. 18, 2020; 1st Revision on May 21, 2021; 2nd Revision on Aug. 13, 2021; Accepted on Aug. 23, 2021.



This is an Open Access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

children in school environments and for the strengthening and expansion of the work of occupational therapists in these scenarios.

Keywords: Occupational Therapy, Child, Child Rearing, Developmental Neuropsychological Assessment, Social Participation, Activities of Daily Living.

Resumo

A Educação Infantil é caracterizada por ocupações relacionadas ao brincar, ao autocuidado e à aprendizagem. Para a terapia ocupacional, a participação nessas ocupações reflete no desenvolvimento físico, cognitivo, social, afetivo e ocupacional das crianças. Este estudo objetivou analisar formas de participação infantil em ocupações nos contextos escolares e propor critérios para classificação dessa participação, na perspectiva da terapia ocupacional. Foi realizada uma pesquisa qualitativa, de observação participante a partir da técnica das Descrições Narrativas. Participaram deste estudo quatro crianças com desenvolvimento típico (DT) e quatro crianças que faziam parte do Público-Alvo da Educação Especial (PAEE), sendo uma com deficiência física e três com Transtorno do Espectro Autista (TEA). Para a análise dos dados, a técnica de Análise do Conteúdo fez emergir quatro formas de participação, a partir de elementos como envolvimento na ocupação, assistência necessária ou autonomia na participação, tolerância, interações sociais, motivação e iniciativa. Essas formas de participação foram denominadas de participação plena, participação ativa assistida, participação rudimentar e participação restrita. A participação plena foi preponderante manifestada pelas crianças DT e a participação ativa assistida esteve relacionada à criança PAEE com deficiência física. Já a participação rudimentar e a participação restrita foram evidenciadas exclusivamente por crianças PAEE com TEA. Consideram-se os resultados relevantes para a identificação precoce de facilitadores e barreiras para a participação, bem como para o adequado provimento de condições e intervenções que potencializem a participação de todas as crianças nos ambientes escolares e para o fortalecimento e ampliação da atuação dos terapeutas ocupacionais nestes.

Palavras-chave: Terapia Ocupacional, Criança, Educação Infantil, Avaliação do Desenvolvimento Neuropsicológico, Participação Social, Atividades Cotidianas.

Introduction

Child occupations are understood as intentional actions that children perform throughout their development (Folha & Della Barba, 2020; Abjornslett et al., 2015). When carrying out occupations with family, friends or other people, children begin to build an occupational repertoire that will allow them to develop different roles as a child by playing, studying, relating to other people and taking care of themselves (Mandich & Rodger, 2006).

Occupational therapists are professionals who consider, in their practices, the interaction of people with the environments they attend and with the occupations in which they are involved. Based on this, they can think of interventions that enable these people to perform occupations that they want, need to or that the community in general expects them to do.

Among the occupations frequently performed by children, this study highlights those related to school contexts. Resolution no. 500/2018 of the Federal Council of Physiotherapy

and Occupational Therapy (COFFITO) recognizes the occupational therapist as a professional that is able to work in regular and/or special education in an inclusive perspective, in multifunctional resource rooms, and in other educational contexts, formal and non-formal, in all modalities, stages and levels of education (Brasil, 2018).

In this sense, the school environment presents itself as a context in which children carry out different occupations. In the daily practice of Early Childhood Education, children develop occupations aimed at playing, self-care and learning school content (Gartland, 2001; Mulligan, 2012). Participation in these occupations is considered to contribute to the child's physical, cognitive, social, affective and occupational development (Mandich & Rodger, 2006). Thinking about identifying and analyzing the participation of children with and without disabilities in occupations related to school contexts, this study discusses elements that allow classifying child participation in this context.

Participation in children's occupations at school and in the community is essential for their growth and development, as it is through them that children develop skills, engage in occupations and situations shared with other people, learn to express themselves, build values, learn to play the occupational role of student and develop aspects related to playing and interpersonal relationships (Law et al., 2006; Ziviani & Muhlenhaupt, 2006).

Thus, school contexts are structured around different occupations, which can constitute "school occupations". Authors who have carried out this discussion from an occupational perspective usually approach this concept from the types of occupations they performed in school contexts, namely: playing, self-care and formal learning (Gartland, 2001; Ziviani & Muhlenhaupt, 2006; Mulligan, 2012). In this study, school occupations are understood as:

[...] occupations that make up everyday educational life and that promote learning, socialization and development through participation in them, as well as require this participation to promote learning, socialization and, therefore, the occupational development of students (Folha, 2019, p. 180).

Brazilian studies are already focusing on studying children's participation in school. Among the axes frequently studied are: environmental analysis and its implications for the development of children who attend day care centers, considering it an environment of protection for child development (Jurdi et al., 2017; Joaquim & Rizzo, 2018); contributions of occupational therapy to promote the inclusion of children with Autistic Spectrum Disorders (ASD) (Della Barba & Minatel, 2013), Cerebral Palsy (CP) (Rocha & Deliberato, 2012) and Attention Deficit Hyperactivity Disorder (ADHD) (Silva et al., 2012), among other target audiences, referring to consonant results related to increased child participation in educational activities and fostering dialogue with teachers, so that they develop activities adapted to the needs of students; perceptions of teachers and family members about the participation of children with physical disabilities in school (Oliveira et al., 2015; Zafani et al., 2016), occupational therapy actions for teacher training with a view to implementing inclusive education (Martinez et al., 2016; Folha & Carvalho, 2017).

Furthermore, research on occupational therapy school interventions have been observed with two main emphases: school performance and rehabilitation, having the

school as the locus of observation and intervention, but focusing on functional performance. Some studies relate functionality to school performance (Pelosi & Nunes, 2011; Della Barba & Minatel, 2013); others prioritize aspects related to functionality and occupational performance (Carrasco, 2005; Moreira et al., 2014).

These interventions in the spaces of schools, although demonstrating a strong clinical-rehabilitative bias, collaborate to expand the fields of practice of occupational therapists. However, they often do not approach the discussion about child participation in school, as they focus on the study of specific skills and/or neuropsychomotor development, without considering children as occupational beings.

This study is based on the occupational perspective, characterized by understanding human beings as occupational beings, that is, people who are constantly involved in occupations that come to make up their daily lives. Furthermore, it is based on the belief that people have an intrinsic need to carry out occupations that are significant in their cultural and socioeconomic context.

This participation in occupations occurs regardless of age group and affects performance and human development. From this perspective, people also influence and are influenced by occupations that make up their daily lives, such as those related to self-care, social participation, education, work or leisure (Mandich & Rodger, 2006).

Regarding the adopted concept of participation, Law et al. (2006) conceive that, according to the literal definition, the term means, "to be a part of". From an occupational perspective, participation is both a process and a result of the interaction between people and the environments they attend. These authors consider that there are elements that directly interfere with participation, such as motor, social, communicative and cognition skills, in addition to the environments and the people who live with the children.

Thus, this study aimed to analyze forms of child participation in occupations in school contexts and propose criteria for classifying this participation, from the perspective of occupational therapy.

Method

This is a study with a qualitative approach, which corresponds to the clipping of a Doctoral Thesis developed within the scope of a Post-Graduate Program at a Public University in the interior of the State of São Paulo.

Location and participants

Data collection was carried out in four Early Childhood Education Units (UEI) linked to the Municipal Education Department (SEMEC) in the municipality of Belém (PA), from June 2017 to January 2018².

The sample of this research was constituted by: children of the Target Audience Students of Special Education (TASE), children regularly enrolled in UEI of SEMEC of Belém (PA), one per UEI; and children aged 4 and 5 years, with typical development,

² The research project to which this study is linked was approved by a Research Ethics Committee (CEP) with human beings of the Center for Biological and Health Sciences (CCBS) of the State University of Pará (UEPA), under opinion no. 1.8555.178. After the CEP approval, the Informed Consent Form was signed by the guardians of the participating children.

regularly enrolled in UEI of SEMEC de Belém (PA), from the same class as the selected TASE child in each UEI, as shown in Table 1:

Table 1. Characterization of children participating in the research.

| Children ¹ | Age | Gender | Uei | Diagnostic impression | |
|----------------------------------|-----|---------|--------|-----------------------|---|
| Children TASE² | MG | 5 years | Male | A | Congenital malformation of the upper right limb |
| | F | 5 years | Male | B | Autism Spectrum Disorder |
| | AM | 4 years | Male | C | Autism Spectrum Disorder |
| | AL | 5 years | Female | D | Autism Spectrum Disorder |
| Children TD³ | I | 5 years | Male | A | Typical development |
| | PV | 5 years | Male | B | Typical development |
| | CE | 5 years | Male | C | Typical development |
| | J | 5 years | Female | D | Typical development |

Source: Own elaboration (2020). ¹Named from the initials of their names, in order to ensure the privacy of the study participants. ²Target Audience for Special Education Children, based on the Brazilian policies. ³Children with Typical Development.

This study included children with typical development (TD) and TASE children, who were between 4 and 5 years old, and were regularly enrolled and assiduous in the educational stage of Early Childhood Education in the Municipal Education Network; they were also asked to present a medical certificate³, in the case of TASE children; and whose legal guardians agreed with the child's observation, registering their acceptance by signing the Informed Consent Form for parents. Children who did not meet the aforementioned inclusion criteria or who had comorbidities, such as more than one disability, were excluded.

Data collection

Participant observation was used as a field immersion technique for data collection. The requirement of rigor for careful observation led us to adopt the Narrative Description method (Bentzen, 2012) to capture the data related to children's behavior. This method consists of recording, continuously and in detail, what the child does and says, to themselves and in interaction with other people, environments or objects. The main purpose of the narrative record is to obtain a detailed and objective analysis of behavior without inferences, interpretations or evaluations. In this method, the recorded video or audio (and its subsequent transcription) can be used alone or in combination with written notes to record an ongoing analysis of the child's behavior.

The narrative description recommends that records must preserve descriptions of behavior, chronological sequences and contexts, with the following benefits in the context of Early Childhood Education: a) Lack of selectivity; b) Providing a full account of what occurred during the time that it was in a child's behavior stream; c) Understanding the context (scenario and situation), along with behavior; d)

³ Although it is agreed that the medical report should not be a requirement for children to enjoy the services of Specialized Educational Services (AEE), it was decided to adopt this inclusion criterion to ensure, for scientific credibility purposes, that there would be representatives of the TASE responsible for this research.

Understanding of behaviors based on the situations experienced; and e) Capture of all behaviors and contexts under naturalistic conditions (Bentzen, 2012).

Data collection for this study took place from June 2017 to January 2018, from every Monday to Friday, in the morning shift in three UEI and in the afternoon shift in one UEI. The morning collection time was from 7:30 AM to 11:30 AM; in the afternoon, it was from 02:00 PM to 05:30 PM. The observation was recorded in audio, using a voice recorder, and written notes were also made at times when the audio recording would interfere with the development of school activities by the observed class.

This phase had the participation of the main researcher and three research assistants, who were trained by the researcher to use the narrative description method in three training meetings on the method. These meetings involved individual and collective training to use the method, in order to favor the standardization of observation and records, among all observers, ensuring the apprehension of as detailed information as possible about the observed reality. During the period of data collection, supervision and periodic monitoring of these research assistants by the main researcher were also carried out.

Data analysis

For the systematization and analysis of the research material, the thematic content analysis method was used (Bardin, 2011), and it involved three basic steps: pre-analysis, analytical description and inferential interpretation.

In the pre-analysis, narrative descriptions were organized, a process in which data collected in audio were transcribed and data collected in written notes were organized together in a Microsoft Word document for Windows files, by child and in chronological order. This movement produced a narrative description report of each child participating in the research. This step was carried out by the main researcher and the three research assistants.

In the analytical description stage, an in-depth reading of the narrative descriptions was performed, identifying themes, occupations, behaviors and other elements that were presented and repeated about each child. This movement started the codification, classification and categorization of occupations, routines, environments, observed behaviors and forms of participation manifested by the children, composing frames of reference capable of agglutinating the results of the study. This step was carried out by the main researcher and supervised by the research supervisor, who fulfilled the role of a professional expert to judge the relevance of the categories that emerged from the analysis.

Inferential interpretation, on the other hand, consisted of deepening the analysis of data derived from the previous phase, identifying the contents brought in each category and leading the researcher to establish relationships between the researched problem and the object of the study. This research excerpt brings results about the contents related to child participation and discusses them in the light of relevant theoretical references.

Results and Discussion

This section brings together the research results that allow us to understand and analyze how children with Typical Development (TD) and children of the Target Audience Students of Special Education (TASE) participate in occupations related to Early Childhood Education. Likewise, it intends to integrate the discussion of these

results, contributing to the constitution of this field that is still under theoretical construction: the field of occupational therapy in school contexts.

In the childhood context, participation can be understood as the product of the progress of transactions between the child, the environment and their occupations (Law et al., 2006; Ziviani & Muhlenhaupt, 2006). The occupational perspective can favor the perception of different forms of participation. It allows recognizing elements that characterize this notion of belonging, such as social interaction and interest, initiative and motivation to engage in an occupation. Thus, it makes it possible to identify how each person participates in a given environment.

Current definitions of participation emphasize meaning, expanding the literal definition to understand participation as sharing, engaging, being active or experiencing something (Law et al., 2006; Chien & Brown, 2017; Lane, 2012). It is worth emphasizing that this study did not intend to explore meaning, as this term has a subjective dimension that cannot be grasped only by observation, requiring that it be self-reported by those who participate. As the age group of the participants in this research was between 4 and 5 years old, it was decided not to involve this dimension, given the methodological difficulty of apprehending self-reports from such young children.

It is worth considering that this study also did not aim to assess, measure or compare the participation of children with typical and atypical development, but, rather, to know the different forms of participation and characterize them, in a comprehensive perspective, based on the immersion experience in the daily life of Early Childhood Education.

Pontes et al. (2018) highlight the concept of activity pattern, characterized by regular or repeated performance, individual or collective, of groups of activities connected by similar characteristics and/or as socially established.

The reading of the research data, using the Content Analysis technique (Bardin, 2011), gave rise to four thematic categories, capable of configuring some patterns of activity, as participation profiles identified in the research, described in Table 2, as shown below:

Table 2. Classification of children's participation in occupations in school contexts.

| Type of participation | Definition |
|--------------------------------------|--|
| Full participation | Autonomous participation, minimally supervised, in which the children express mastery of the necessary sequence to fulfill the tasks, understanding and obeying commands, showing motivation, creativity, initiative and dexterity, in carrying out occupations. |
| Active assisted participation | Active participation in consolidation, with motivation and initiative, moderately supervised and at its own pace, adapted and flexible, according to the child's needs |
| Rudimentary participation | Rudimentary and permanently supervised participation that, although involves motivation, also involves a limited, impoverished, of imitation or repetitive occupational repertoire; or even when the child does not express complete understanding and response to commands or initiates participation, but interrupts it before reaching the purpose of the activity. |
| Restricted participation | Participation marked by supervision with frequent assistance and permanent and direct intervention by the teacher (or the intern) or by dependence and/or non-performance of the activity. |

Source: Own elaboration (2020).

According to the results presented, it was found that full participation was observed as a characteristic of the participation of TD children. The active assisted participation was shown, predominantly, as a characteristic of the TASE child with physical disability.

Rudimentary participation and restricted participation were unique characteristics of TASE children with ASD.

The presentation of the results and discussion of this study are organized based on the three structural axes of Early Childhood Education: self-care, playing and formal learning.

The participation of children in self-care activities was observed in different environments: in the classroom, during activities such as dressing and undressing, drying, combing their hair, managing personal use materials, removing and putting on shoes and sandals; in the cafeteria, during food activities at snack time, lunch and dinner; and in the bathroom, during the shower, using the toilet, washing hands and brushing teeth.

Occupations related to self-care are conceptualized as basic self-care tasks – such as eating, using the bathroom and dressing –, also called Activities of Daily Living (ADL) in occupational therapy. Regarding them, it was possible to identify the close relationship of ADL with school contexts, which reinforces the intention of developing the occupational perspective for the work of occupational therapists in this field (Gartland, 2001; Mulligan, 2012).

Playing, in the occupational perspective adopted in this study, appears as the main occupation performed during childhood and corresponds both to an end in itself and to a means for the acquisition of skills and for occupational engagement in other occupations that will become structuring in children's everyday life (Bundy, 2012; Lynch & Moore, 2016). In addition, Brazilian educational legislation advocates the transversality of playing as a structuring and guiding axis for early childhood education practices (Brasil, 2009).

Ferland's (2006) perspective understands playing as an action to incorporate, in which pleasure, curiosity, a sense of humor and spontaneity are characterized, designating a behavior chosen freely and from which no specific performance is expected. Thus, playing involves pleasure, discovery, mastery of reality, creativity and expression. This author considers that playing involves different performance components, with emphasis on sensory, motor, cognitive, affective and social components.

Also called learning session or situation, formal content learning activities refer to pedagogical activities that intend to teach a certain content. They were advocated from the National Curriculum Framework for Early Childhood Education (RCNEI – Brasil, 1998) and ratified by the National Curriculum Guidelines for Early Childhood Education (Brasil, 2009).

They provide for the direct intervention of the teacher so that the children have contact with different knowledge that is both based on the teachers' proposals and on listening to the children themselves. This teacher's intervention is advocated aiming at the expansion of children's abilities to appropriate concepts, social codes and different languages (Brasil, 1998).

Next, participation patterns from these three structuring axes are discussed, analyzing them from an occupational perspective.

Full participation

The participation of TD children in school occupations was called within the scope of full participation.

In occupations related to self-care, this full participation, mostly autonomous and minimally supervised, can be illustrated by the following excerpts from the narrative descriptions, about the moment of undressing:

10:01 AM – The teacher calls up the girls to change their clothes. J grabs the backpack, removes the towel and hangs the backpack back in the corresponding space, removes the clothes, folds them, puts them under the chair and wraps herself in the towel (J, November 29, 2017).

9:56 AM – The teacher announces bath time. CE takes off his clothes, shirt first and shorts later, and grabs his robe, putting it on. He puts on his robe, zipping it up, and waits for his turn to be called to take a bath (CE, November 10, 2017).

In moments of hygiene, this autonomy was also observed, in the face of an activity supervised by the teacher:

10:24 AM – J takes off the towel and puts it under the sink, turns on the shower faucet, wets herself by jumping. The teacher asks the girls to turn off the shower, puts liquid soap in their hands and advises them to scrub their body parts well, mentioning them (armpits, groin and neck). J scrubs as instructed, then turns on the shower and rinses off, talking to the other girls. 10:33 AM – J turns off the shower, grabs her towel from the sink, dries herself off (J, November 29, 2017).

The dressing moment was also marked by the full participation of the TD children, who demonstrated, in addition to dressing skills, ability and habit in managing their own belongings:

10:17 AM – After the shower, the teacher hands over I's clean underwear, he puts the towel on his left shoulder and wears the underwear while standing up, balancing himself, looking at the garment on both sides and choosing the correct one to wear. Then, he wraps himself in the towel. 10:27 AM – The teacher starts to distribute the clothes, always asking whom each piece belongs to by showing them to the students. I identifies his clothes, gets up, picks them up with the teacher and puts them on, sitting down, talking to a colleague, deftly and quickly (I, February 5, 2018).

During meal times, full participation can be explained in the following excerpts:

10:10 AM – All the children are sitting in the cafeteria, the teacher distributes the dishes with food, PV holds his plate and puts it on the table, takes the spoon with his right hand and eats, slowly, while talking to a colleague. 10:15 AM – The teacher distributes fruit (oranges cut in half), PV takes it from the tray, puts it in his mouth and crushes it with both hands, sucking. He sticks his finger in to pull out the fruit stone and goes back to eating (PV, December 6, 2017).

10:40 AM – The teacher delivers the dishes with food (rice, shredded chicken and black beans), I eats without talking, observes the colleagues. He asks for more chicken, the teacher gives him more, he goes back to eating while making a “hum,

hum, hum, hum” *sound and rotates the plate with his left hand, with the spoon in his right hand. He pinches the beans and puts them in his mouth. 10:51 AM – I finishes the meal and waits for his colleagues* (I, January 29, 2018).

Studies that have already been carried out indicate that the acquisition of skills to carry out occupations related to self-care occur at the age of 4 and 5 years (Mulligan, 2012; Shepherd, 2012). These data corroborate the full participation of the TD children participating in this study and who are in this age group.

It is important to recognize the need to provide opportunities for children to experience such participation, so that children who do not have the opportunity to do so, even if they are typically developing, can demonstrate other forms of participation. Thus, it can be thought that TD children tend to have more opportunities than TASE children to practice the skills required for self-care, as studies frequently suggest this conduct by the family and other caregivers (Chapparo & Lowe, 2012; Chapparo & Hooper, 2005).

As for participation in occupations related to playing, the TD children also showed full participation, as illustrated in the following excerpts from the narrative descriptions:

The children are close to the table, sitting on chairs or standing. PV is standing up, putting together pieces of assembly, and says he has assembled a “flying car”, and makes flying movements with his arms. PV disassembles the car and fits the parts together differently, referring to building a bus. Then he makes movements on the table, sliding the assembled toy (PV, November 22, 2017).

The teacher organizes the children leaning against the walls to run a race. She fills balloons and gives them to the girls, explaining that they must walk with the balloon between their legs, without dropping or pooping them; if the balloons were to be dropped, they they had to put them between their legs again, in order to walk to the finish line. The children start the dispute, two by two, while the others are sitting on the floor with their backs to the wall. The children cheer, shouting for the participants' names. J competes with a colleague and wins the race. Students run to her and hug her (J, November 20, 2017).

Although restricted to the MG child, it was also possible to observe moments of full participation in the TASE children's play, as exemplified by the excerpts from the narrative descriptions of MG, below:

09:44 AM – Playing in the open area, MG sees a child from another class with a dinosaur toy, approaches him and asks if he can play along. The other boy allows, MG smiles happily, grabs the dinosaur, hits it on the ground, drags it to the chair and other spaces in the park. 09:48 AM – He picks up the dinosaur, walks through the park, then decides to sit further away, plays alone with the toy, points at people, hits the ground, walks with the toy, picks up a flower petal from the ground and puts it the dinosaur's mouth. 9:55 AM – A colleague approaches MG and asks to play with him, he agrees and the two play sitting down. MG drags the toy away, runs and smashes it, while his colleague watches and they talk and laugh. 09:58 AM – MG puts the dinosaur on the slide, then he slides too. Repeats the game with the dinosaur on the slide several times (MG, September 13, 2017).

04:25 PM – The teacher gathers small groups around each table and distributes puzzles over them. She guides the children to assemble it in teams. Thus, groups of 4 children gather around each table. MG handles the parts and assembles some. He uses his left hand to move the piece to the place where it will be placed in and uses his right hand to crumple and, in fact, place it in. He seems to be quite involved in the activity, tries to put the pieces together, not always right, but he is entertained and seems motivated to carry out the assembly (MG, August 30, 2017).

In occupational therapy, playing is a natural enhancer of child development. Through it, the child experiences pleasure and discovery, develops mastery of reality and creativity, and learns to express themselves (Ferland, 2006). Some researches, carried out in the field of occupational therapy, highlight the centrality that playing occupies in early childhood education practices and the contributions of occupational therapists in this area (Gartland, 2001; Graham et al., 2014). In addition, some studies have already pointed out the benefits of the occupational perspective in this sense, considering it capable of approaching the child in its entirety, contemplating the complexity involved in educational processes in early and second childhood (Case-Smith, 2001; Davis & Polatajko, 2006).

Emmel et al. (2001) consider that adults have a fundamental role as mediators of games, enhancing the child's relationship with the environments they attend. This mediation includes: 1) the organization of spaces for children's games and experiences, establishing rules and conditions for the development of activities; 2) Helping in the distribution of roles, allowing children to acquire autonomy in an environment of security, trust and affection; 3) Helping children, showing them how to proceed through gestures and verbal instructions in interactive situations and providing them with experiences and discoveries; 4) Encouraging everyone to participate safely; 5) Observation of the group and the possibility of working with the difficulties encountered; 6) Offering materials and suggesting activities; 7) Encouraging the organization of games, mediating problems that the group cannot solve by themselves.

Both in relation to self-care and playing, the TD children showed full participation, while the TASE children, with the exception of MG, varied their forms of participation among the three other categories of participation.

Similar characteristics were noticed regarding the participation of TD children in formal learning activities, showing full participation, as narrated in the excerpts from the narrative descriptions, below, during the pedagogical round and the learning sessions:

08:53 AM – The teacher sings songs that are immediately sung along by the children. PV participates and smiles in some parts of the songs, singing along with the children, paying attention to the mural with images of printed songs. Then, the teacher calls him up to choose a song on the panel, he gets up and chooses “Escravos de Jó”. 08:58 AM – The teacher and the children continue to sing, this time with choreographies. PV sings along to all the songs, smiling and performing all the choreographies (PV, November 22, 2017).

8:44 AM – The teacher distributes papers to the children and announces the task, which was to draw the character from the story of the day before (“Coração tum-

tum”). She also distributes crayons with different shades of red. I holds the sheet to the table with his left forearm and holds the red crayon in his right hand. He paints slowly, first painting the edges, then filling in the figure. Then, he scratches the center harder and says the drawing is done. 8:58 AM – The teacher then distributes cutout EVA squares, and drips glue onto the drawing, guiding the children to glue it along the outline of the heart. I holds the sheet on the table with his fingertips and glues it to completion, apparently focused (I, January 31, 2018).

Active assisted participation

As for most TASE children, participation in self-care activities was characterized in two predominant ways: assisted active participation or restricted participation. Active assisted participation was predominant in the MG child:

3:50 PM – The teacher turns on the showers, MG gets wet. The teacher distributes shampoo on the heads of all students. She puts shampoo on MG’s head, telling him to scrub himself. He obeys, uses both upper limbs, both hands, deliberately, to wash his head. The teacher begins to distribute liquid soap in the children’s hands, instructing them to soap their bodies. MG joins hands to receive his quantity of liquid soap and begins to spread it over his body, using both hands. Partially soapy, the teacher turns the shower on again and directs them to wash themselves. The children finish their baths and the teacher starts to distribute the towels. MG takes his towel with his left hand and starts to dry himself off. The teacher helps him put on his underwear, lowering the clothes so that he can put his legs on them. For the other children, she just handed the underwear for them to wear. She then helps him wrap the towel around his body to return to the classroom. The other boys wrapped themselves in their towels (MG, August 23, 2017).

As only the MG child evidenced assisted active participation in formal learning activities, in this study, physical disability was revealed as a minor impediment to the participation of children in Kindergarten, when compared to ASD, based on the participation of MG. This may be related to the type of physical disability presented by the child participating in the study, unrelated to impairments in mobility and cognition, as other studies have identified physical disability as a proportionally limiting condition for the participation of children in school contexts (Pfeifer et al., 2011; Graham et al., 2014).

Regarding the TASE children’s type of play, there was motivation for involvement and an active participation assisted in different moments of free play, although with an impoverished or repetitive play repertoire. The following excerpts explain these situations:

8:00 AM – The teacher passes the tables distributing a puzzle per table and the children start handling the pieces to assemble them. 8:10 AM – AL approaches the teacher, who pulls out a chair and places it beside her, calling her to sit down. AL sits in that chair. She handles the pieces of the puzzle, tries to assemble them, the teacher congratulates and motivates her. She manages to fit 4 pieces together. Occasionally, she picks up a single piece and explores it with both hands in front of her face, arms bent and elbows on the table. Sustains interest in this exploration for approximately 5 minutes (AL, August 31, 2017).

9:40 AM – The intern takes a bowling game, with 6 pins and a ball, and calls F to play with it. She places the pins on the ground and extends her arm with the ball so F catches and throws it, knocking the pins down. F looks at it, catches the ball and throws it towards the pins, but does not drop any of them. She repeats the action 2 times and he throws the ball again both times. The second time, he drops 3 of the pins, but each time he jumps up and down, smiling and clapping whenever he throws the ball, to which the intern celebrates (F, June 21, 2017).

The need to promote the participation of children in occupations related to playing at school presupposes the collaborative work of occupational therapists together with teachers in the context of Early Childhood Education. This need has already been identified and addressed by occupational therapists in previous studies (Chapparo & Lowe, 2012; Sant'Anna, 2016).

Among the types of play, it is possible to observe that TASE children with ASD commonly expressed more effective participation in more concrete play, to the detriment of symbolic play. Symbolic play refers to the way of playing characterized by make-believe and abstraction, signaling cognitive skills developed and consolidated to represent everyday experiences, with imagination and creativity, through play, which may also be related to more complex skills that are still under development by TASE children with ASD (Rutherford et al., 2007; Hobson et al., 2013; Fiaes & Bichara, 2009). Also with regard to concrete play, as the excerpts from AL and F make explicit, adult mediation is often necessary to promote participation, even if assisted.

Active assisted participation was also observed in TASE children during occupations related to formal learning, as mentioned below:

8:28 AM – The teacher distributes paper and crayons to each child. AM immediately holds the paper when handed out by the teacher. AM starts taking chalk by chalk and scribbling the paper quickly, forcefully, even though the teacher tells him to paint slowly to avoid breaking the chalk. He changes crayons, paints with several, breaks a few. The teacher approaches him, advises him to paint slowly again. She holds her hands over the crayons and lightly makes tractions on the paper. Then, she walks away and AM continues scratching the paper with the crayons. Sometimes he hold a pencil in each hand. Paints strokes in general. The other children paint environments and people (AM, August 28, 2017).

8:55 AM – The UEI teachers organize themselves to carry out collective painting activities in the backyard. One of the teacher distributes brushes to all children. AM takes paint and applies it to a brush, walks to the panel that is nailed to the wall and makes strokes with the brush. He repeats this process repeatedly, picking different colors and painting with his right hand. Children make circles, faces and other scribbles. AM draws only lines, which shows that he is well focused on this activity (AM, August 23, 2017).

The participation of TASE children with ASD in learning sessions also suggests the need for an occupational perspective that analyzes occupational engagement and ways to promote it, aiming at an effective participation of all children in educational environments, as well as achieving the goals of learning.

This process suggests an effective pedagogical planning for the provision of Specialized Educational Services (AEE) in Early Childhood Education (Brasil, 2015), with a view to facilitating the participation of TASE students in educational activities. It is up to the AEE teacher to identify the needs and abilities of each child based on a case study, in order to propose ways to eliminate existing barriers. With this information, this teacher will be able to prepare a specialized/individualized educational service plan that will guide the actions of child care. For the development of these actions, this document provides that the AEE teacher should seek to strengthen an “intersectoral support network for the integral development of children” (Brasil, 2015, p. 5). Occupational therapists are professionals known to be able to compose this intersectoral team (Brasil, 2018).

Rudimentary participation

On the other hand, the types of rudimentary and restricted participation of TASE children were predominantly observed in AL, F and AM and characterize a participation marked by a permanent and direct intervention by the teacher (or the intern, in the case of F) or even by dependence.

The following excerpts show the rudimentary participation found during occupations related to self-care:

11:00 AM – F walks around the cafeteria, back and forth. The intern calls him to wash his hands at the sink in the cafeteria itself. He walks to the sink and stands in front of it, raising his arms and placing his hands under the faucet. She turns on the faucet and he wets his hand. She splashes liquid soap on his hands and he rubs them briefly and then leaves his arms outstretched, resting on the counter, and waits for her to finish the wash. So she does (F, June 23, 2017).

9:45 AM – After showering, the teacher leads the children back to the room. The children's clothes are on the tables in the classroom. When they return to the classroom, the teacher calls AM and puts on his diaper, while he manipulates his shirt, which is inside out, trying to place his arm in an uncoordinated way. The teacher, after putting on the diaper, takes the shirt from his hands and hands him the shorts, giving him a verbal command for him to wear it. AM takes the shorts with both hands, as if he were going to put them on. He remains with the clothes in his hands, while the teacher organizes the towels for the children who are already dressed and watches him, repeatedly giving him the verbal command to get dressed. After much insistence by the teacher, he starts to lower his clothes, trying to put one of his legs in the corresponding hole, but he loses balance several times, and gives up. The teacher crouches down beside him, directing what he must do to get dressed and he obeys. He supports one of his arms on the teacher's leg and tries to put one of his legs in the shorts, still unsuccessfully. He sits on the floor and finally manages to get one leg into his shorts, albeit in the wrong side. The teacher then helps him by placing the leg correctly, in the correct hole, and he dresses the other side. Then he stands up, with his shorts at the knee, lifts them up and closes the Velcro in place of a zipper. Then, the teacher puts the blouse through the neck hole and directs him to finish dressing, putting his arms in there. He puts his left arm in correctly,

but puts his right arm in the same hole as the neck's. The teacher calls him up and helps him dress his right arm correctly (AM, August 17, 2017).

Although authors find that the performance of occupations related to self-care occurs at the age of 4 and 5 years (Mulligan, 2012; Shepherd, 2012), some studies emphasize aspects that can influence these acquisitions and, consequently, the child's participation, such as the existence of disabilities, environments that are not development-promoting and adults that mediate these occupations and that develop them for children instead (Shepherd, 2012; Hemmingsson et al., 2003).

Rudimentary participation was also observed in the learning sessions:

9:00 AM - At the time of roll call, children must recognize and pick up the name tag. The teacher leaves AL's name on the table and calls her. The teacher points out which name she should get, but she gets another one. Then the teacher says "no, AL, that is your name". And hands the correct name into the child's hands. AL takes her name and puts it in the call panel diagonally. The teacher adjusts the fit on the panel while saying "very well, AL" (AL, September 20, 2017).

8:20 AM – The teacher distributes cards with the children's names on the floor in the middle of the circle in which the children are sitting. Each child must recognize their name, written on the corresponding tag. One of the children points out AM's name, but he does not recognize it when it is his turn. A classmate recognizes the card and points to it, which AM goes and takes (AM, September 4, 2017).

The predominance of characteristics prior to those expected for their age group (Ferland, 2006) suggests the need for greater investments in promoting opportunities and mediation so that these children have an effective participation, with motivation, so that they can develop initiative and social interaction in play situations in the school environments. In addition, the very coexistence and reciprocal interaction of these TASE children with the TD children in educational practices already represents possibilities for expanding this playful repertoire, from the imitation and assimilation of new skills through social interaction and playing.

It is considered that the results of this study point to a confluence of factors that may have interfered with the participation of TASE children, such as: the need for mediation as assistance and training, rather than performed by the adult as caregiver; the provision of adapted conditions for each child according to their needs and abilities; and the provision of environmental conditions for learning and carrying out self-care activities with increasing autonomy by TASE children.

Restricted participation

Restricted participation was observed exclusively in TASE children with ASD, as exemplified by excerpts referring to self-care occupations:

10:35 AM – The girls go to the bathroom together, led by the teacher and each wrapped in a towel. When they reach the bathroom, the teacher collects the towels and they all go to the showers, except for AL, who remains beside the teacher. The

teacher wets her and AL smiles. The teacher soaps AL's body and commands her to soap her arm and then her legs. She partially scrubs the soap. The teacher soaps a little more, then washes and dries her off (AL, September 5, 2017).

7:35 AM – The children indicate that AM is defecated. The teacher checks it, suspending his blouse, and confirms the information. AM does not seem to notice what is going on. He only gets up to go to the bathroom when the teacher gently pulls him by the arm (AM, August 28, 2017).

For Mulligan (2012), children of preschool age generally continue to require some level of supervision for reasons of safety, supervision or assistance. It can be seen that, with TASE children, this supervision, and often mediation, occurs for reasons of need for assistance.

When a child manifests a severe disability, independent performance in occupations is often challenging. Many of them can be completed with adaptive devices or only partially performed by the child. In these cases, caregivers (family members or, in this case, teachers) need guidance so that they can assume the role of mediators during times of dressing and feeding, for example (Shepherd, 2012). This mediation provided by the caregiver tends to involve the child in these occupations, making them feel like they are actually a part of it.

In addition to the degree of severity of the disability, family values and patterns of interaction also contribute to variations in the level of independence of young children, so opportunities to practice self-care skills and reinforcement for such behaviors, such as dressing independently or manage belongings, are variable (Mulligan, 2012).

Other excerpts bring findings of the restricted participation of these same children in occupations related to playing:

8:00 AM – The teacher guides each child to grab a toy and sit at one of the tables to play with it. All the children get up and start walking towards a big toy basket that is in a corner of the room. Each one chooses a toy and sits at one of the tables. AM walks with the children towards the area of the room that has tables and chairs, without picking up any toys. He sits in a chair, against the wall, outside the tables. He sits cross-legged on the chair while the children play at the tables. He is silent, alone, looking at the tables where the children play next to him. 8:07 AM – AM keeps watching the kids playing. The teacher notices that he is sitting without a toy and asks him: “AM, where is your toy?”. He looks at her and smiles, not responding. He sat without a toy, silent, just watching the children playing (AM, August 17, 2017).

10:15 AM – Children play sitting at tables. The teacher fills a balloon and hands it to AL. She picks it up, gets up, manipulates it, squeezes it, then lets go. Then she walks and tries to leave the room, but the teacher calls her and distracts her again with the balloon, throwing it into the air. AL looks at it and tries to catch it. She gets distracted for a moment, but then tries to leave the room again. The teacher calls her, says again that she “cannot”, AL looks at her, whimpers and vocalizes. The teacher leads her to the table, along with the other classmates, who assemble a puzzle. She is initially interested, leaves the teacher's lap and sits in the chair beside her, handles the pieces, tries to put them together, but cannot assemble any. The

teacher helps her. After approximately 2 minutes, AL gets up, walks around the room, returning to the teacher's lap, and is welcomed (AL, August 24, 2017).

Ferland (2006) describes that there are play behaviors that are observable in preschool children. Approximately between 18 months and 3 years old, children demonstrate playing behaviors related to repetition, exploration, imitation, acquisition of a sense of ownership, pretending, being with other children, starting to share toys and asserting themselves as a person in interaction with the environment. Between 3 and 6 years old, children's games are expected to involve the attitudes of imagining, dressing up, drawing, socializing and collaborating.

Based on this framework, we observed that the playful attitude of TASE children with ASD showed a restricted personal playful repertoire for what is expected for their age group. This suggests that TASE children, especially those with ASD, need environmental conditions and mediation to promote their participation in playing, in the context of Early Childhood Education. Some of these aspects have already been addressed by other research in the field and suggest results compatible with the findings of this study (Murdock & Hobbs, 2011; Memari et al., 2015; Klinger & Souza, 2015).

Also, the restricted participation of TASE children was recorded during the learning sessions:

9:17 AM – The teacher introduces the activity of the day and advises all the children to organize themselves in front of the television to listen to a song about the letter P. The children sit and AL is walking around the room. 9:20 AM – The video starts and the teacher places a chair for AL in the front row and calls her to sit. She obeys and sits down, looking at the television. The is played once. The second time, the teacher pauses it in each scene, to explore the images and the words with the letter P. The children interact verbally with the teacher's questions. AL looks at the television, at the ceiling and walls of the room, at her colleagues. She does not verbalize or look at the teacher while she explains, shows the objects with the letter P and asks questions (AL, September 19, 2017).

This result indicates the need for support, adaptation and mediation by an adult, in order to favor participation and, consequently, learning. The situations of mediation between TASE teacher and student are fundamental for the effectiveness of the TASE child's participation in school activities, according to Oliveira & Araujo (2019), who highlight examples of pedagogical mediations from an activity planning with space organization, from time, materials and, fundamentally, with strategies capable of contemplating the use of communication in order to promote interaction.

Despite the data that point to a restricted participation of TASE children, it is considered that the criticism should not fall on this profile of participation, even less on the diagnoses presented by them, but on the need to provide conditions, such as structure, environments and material and human resources to enhance this participation.

Final Considerations

With the objective of analyzing forms of child participation in occupations in school contexts and proposing criteria for classifying this participation, from the perspective of

occupational therapy, it is considered that the main occupations performed in Early Childhood Education were contemplated and analyzed: playing (as an axis practices), self-care and formal learning.

The methodological approach used favored this movement, since the technique of Narrative Descriptions provided the meeting, in-depth experience, horizontal contact and the full possibility of getting to know the children, in all their complexity and richness, understanding what they do, how and when they do, and often with whom they carry out these occupations.

Adopting the occupational perspective allows occupational therapists to see opportunities or barriers for the participation of children in occupations in Early Childhood Education, contributing to the multiplicity of looks that should be directed to children in this age group of intense development and potential, whether they present typical development or atypical. This perspective tends to contribute to the implementation of practices that are sensitive, inclusive and based on evidence resulting from previous studies.

It is considered that these relevant results help to trace paths in order to sensitize people to the specificities that permeate the forms of child participation in occupations in school contexts; to recognize forms of participation that occasionally show themselves apart from the skills expected for a certain age group, valuing the developed strategies and also the potential for new possibilities; to identify early facilitators and barriers to participation, as well as demands for the adequate provision of conditions, such as structure, environments and material and human resources, aiming to enhance the participation of all children in school environments and to strengthen and expand the performance of occupational therapists in these.

References

- Abjornstlett, M., Engelsrud, G. H., & Helseth, S. (2015). How children with disabilities engage in occupations during a transitional phase. *Journal of Occupational Science*, 22(3), 320-333. <http://dx.doi.org/10.1080/14427591.2014.952365>.
- Bardin, L. (2011). *Análise de conteúdo*. São Paulo: Edições 70.
- Bentzen, W. R. (2012). Descrições Narrativas. In W. R. Bentzen. *Guia para observação e registro do comportamento infantil* (pp. 99-116). São Paulo: CENGAGE.
- Brasil. (1998). *Referencial curricular nacional para a educação infantil*. Brasília: MEC/SEF.
- Brasil. (2009, 17 de dezembro). Resolução nº 5, de 17 de dezembro de 2009. Fixa as Diretrizes Curriculares Nacionais para a Educação Infantil. *Diário Oficial [da] República Federativa do Brasil*, Brasília, seção 1, p. 18.
- Brasil. (2015). *Nota técnica conjunta nº 02/2015/MEC/SECADI/ DPEE – SEB/DICEI. Orientações para a organização e oferta do atendimento educacional especializado na educação infantil*. Brasília: MEC.
- Brasil. Conselho Federal de Fisioterapia e Terapia Ocupacional – COFFITO. (2018, 26 de dezembro). Resolução nº 500, de 26 de dezembro de 2018. Reconhece e disciplina a especialidade de Terapia Ocupacional no Contexto Escolar, define as áreas de atuação e as competências do terapeuta ocupacional especialista em Contexto Escolar e dá outras providências. *Diário Oficial [da] República Federativa do Brasil*, Brasília, p. 81.
- Bundy, A. (2012). Children at play: can I play, too? In S. J. Lane, & A. C. Bundy. *Kids can be kids: a childhood occupations approach* (pp. 28-43). Philadelphia: F.A. Davis Company.

- Carrasco, B. G. (2005). Retrato de uma creche: possibilidades da atuação da Terapia Ocupacional na educação infantil (0-2 anos). *Cadernos de Terapia Ocupacional da UFSCar*, 13(2), 117-121.
- Case-Smith, J. (2001). Development of childhood occupations. In J. C. O'Brien & H. Kuhaneck. *Case-Smith's Occupational Therapy for Children* (pp. 71-94) Missouri: Mosby.
- Chapparo, C., & Hooper, E. (2005). Self-care at school: perceptions of six-year-old children. *The American Journal of Occupational Therapy*, 59, 67-77. <http://dx.doi.org/10.5014/ajot.59.1.67>.
- Chapparo, C., & Lowe, S. (2012). School: participating in more than just the classroom. In S. J. Lane, & A. C. Bundy. *Kids can be kids: a childhood occupations approach* (pp. 83-100). Philadelphia: F. A. Davis Company.
- Chien, C. W., & Brown, T. (2017). Assessing children's occupations and participation. In S. Rodger & A. Kennedy-Behr (Eds.), *Occupation-centred practice with children: a practical guide for Occupational Therapists* (pp. 133-163). Reino Unido: Wiley Blackwell.
- Davis, J., & Polatajko, H. (2006). Occupational development of children. In S. Rodger & J. Ziviani (Eds.), *Occupational Therapy with children: understanding children's occupations and enabling participation* (pp. 136-157). Malden: Blackwell Publishing.
- Della Barba, P. C. S., & Minatel, M. (2013). Contribuições da Terapia Ocupacional para a inclusão escolar de crianças com autismo. *Cadernos de Terapia Ocupacional da UFSCar*, 21(3), 601-608. <http://dx.doi.org/10.4322/cto.2013.062>.
- Emmel, M. L. G., Pereira, E. C., & Oliveira, A. A. E. (2001). *Avaliação de materiais lúdicos para crianças normais e especiais: relatório final de pesquisa*. São Carlos: DTO/UFSCar.
- Ferland, F. (2006). *O modelo lúdico: o brincar, a criança com deficiência física e a terapia ocupacional*. São Paulo: Roca.
- Fiaes, C. S., & Bichara, I. D. (2009). Brincadeiras de faz-de-conta em crianças autistas: limites e possibilidades numa perspectiva evolucionista. *Estudos de Psicologia*, 14(3), 231-238. <http://dx.doi.org/10.1590/S1413-294X2009000300007>.
- Folha, D. R. S. C. (2019). *Perspectiva ocupacional da participação de crianças na Educação Infantil e implicações para a Terapia Ocupacional* (Tese de doutorado). Universidade Federal de São Carlos, São Carlos.
- Folha, D. R. S. C., & Carvalho, D. A. (2017). Terapia Ocupacional e formação continuada de professores: uma estratégia para a inclusão escolar de alunos com transtornos do neurodesenvolvimento. *Revista de Terapia Ocupacional da Universidade de São Paulo*, 28(3), 281-289.
- Folha, D. R. S. C., & Della Barba, P. C. S. (2020). Produção de conhecimento sobre terapia ocupacional e ocupações infantis: uma revisão de literatura. *Cadernos Brasileiros de Terapia Ocupacional*, 28(1), 227-245. <http://dx.doi.org/10.4322/2526-8910.ctoar1758>.
- Gartland, S. (2001). Occupational Therapy in preschool and childcare settings. In J. C. O'Brien & H. Kuhaneck. *Case-Smith's Occupational Therapy for Children* (pp. 731-755). Missouri: Mosby.
- Graham, N., Truman, J., & Heather, H. (2014). An exploratory study: expanding the concept of play for children with severe cerebral palsy. *British Journal of Occupational Therapy*, 77(7), 358-365. <http://dx.doi.org/10.4276/030802214X14044755581781>.
- Hemmingsson, H., Borell, L., & Gustavsson, A. (2003). Participation in school: school assistants creating opportunities and obstacles for pupils with disabilities. *OTJR: Occup Particip Health*, 23(3), 88-98. <http://dx.doi.org/10.1177/153944920302300302>.
- Hobson, J. A., Hobson, R. P., Malik, S., Bargiota, K., & Caló, S. (2013). The relation between social engagement and pretend play in autism. *British Journal of Developmental Psychology*, 31(1), 114-127. <http://dx.doi.org/10.1111/j.2044-835X.2012.02083.x>.
- Joaquim, R. H. V. T., & Rizzo, I. C. (2018). Crianças na creche: o cuidado e a educação. In C. M. S. Martinez & C. R. Silva (Orgs.), *Redes de cooperação em creches: sete histórias sobre a integralidade do cuidado na infância e intersetorialidade em ação* (pp. 93-103). São Carlos: EdUFSCar.
- Jurdi, A. P. S., Teixeira, P. A., & Sá, C. S. C. (2017). Vulnerabilidade sócio ambiental e o cuidado na primeira infância: o olhar da terapia ocupacional para o trabalho em creche. *Revista de Terapia*

- Ocupacional da Universidade de São Paulo*, 28(3), 281-289. <http://dx.doi.org/10.11606/issn.2238-6149.v28i3p281-289>.
- Klinger, E. F., & Souza, A. P. R. (2015). Análise clínica do brincar de crianças do espectro autista. *Distúrbios da Comunicação*, 27(1), 15-25.
- Lane, S. J. (2012). Occupation and Participation: the heart of pediatric occupational therapy: Kids want to do things. In S. J. Lane, & A. C. Bundy. *Kids can be kids: a childhood occupations approach* (pp. 3-9). Philadelphia: F.A. Davis Company.
- Law, M., Petrenchik, T., Ziviani, Z., & King, G. (2006). Participation of children in school and community. In S. Rodger & J. Ziviani (Eds.), *Occupational Therapy with children: understanding children's occupations and enabling participation* (pp. 67-90). Malden: Blackwell Publishing.
- Lynch, H., & Moore, A. (2016). Play as an occupation in occupational therapy. *British Journal of Occupational Therapy*, 79(9), 519-520. <http://dx.doi.org/10.1177/0308022616664540>.
- Mandich, A., & Rodger, S. (2006). Doing, being and becoming: their importance for children. In S. Rodger & J. Ziviani (Eds.), *Occupational Therapy with children: understanding children's occupations and enabling participation* (pp. 115-135). Malden: Blackwell Publishing.
- Martinez, C. M. S., Fontaine, A. M. G., Santos, J. F. L., Marini, B. P. R., & Manzini, M. G. (2016). Redes de colaboração e intersetorialidade nas creches públicas do estado de São Paulo. *Cadernos de Terapia Ocupacional da UFSCar*, 24(4), 673-680. <http://dx.doi.org/10.4322/0104-4931.ctoAO0717>.
- Memari, A. H., Panahi, N., Ranjbar, E., Moshayedi, P., Shafiei, M., Kordi, R., & Ziaee, V. (2015). Children with autism spectrum disorder and patterns of participation in daily physical and play activities. *Neurology Research International*, 2015, 1-7. <http://dx.doi.org/10.1155/2015/531906>.
- Moreira, D. S., Vitta, A., Penitente, L. A. A., & Vitta, F. C. F. (2014). Influência de procedimentos educativos sobre os conceitos de berçários. *Revista de Terapia Ocupacional da Universidade de São Paulo*, 25(3), 217-224. <http://dx.doi.org/10.11606/issn.2238-6149.v25i3p217-224>.
- Mulligan, S. (2012). Preschool: I'm learning now! In S. J. Lane & A. C. Bundy. *Kids can be kids: a childhood occupations approach* (pp. 63-82). Philadelphia: F.A. Davis Company.
- Murdock, L. C., & Hobbs, J. Q. (2011). Picture me playing: increasing pretend play dialogue of children with autism spectrum disorders. *Journal of Autism and Developmental Disorders*, 41, 870-878. <http://dx.doi.org/10.1007/s10803-010-1108-6>.
- Oliveira, J. P., & Araujo, M. A. (2019). A participação de uma criança com Síndrome de Down em práticas pedagógicas na Educação Infantil. *Revista Ibero-Americana de Estudos em Educação*, 14(Esp. 1), 869-882. <http://dx.doi.org/10.21723/riaee.v14iesp.1.12212>.
- Oliveira, P. M. R., Dutra, L. R., Melo, P. P. T., & Rezende, M. B. (2015). Facilitadores e barreiras no processo de inclusão escolar de crianças com necessidades educativas especiais: a percepção das educadoras. *Revista de Terapia Ocupacional da Universidade de São Paulo*, 26(2), 186-193. <http://dx.doi.org/10.11606/issn.2238-6149.v26i2p186-193>.
- Pelosi, M. B., & Nunes, L. R. D. P. (2011). A ação conjunta dos profissionais da saúde e da educação na escola inclusiva. *Revista de Terapia Ocupacional da Universidade de São Paulo*, 22(1), 52-59. <http://dx.doi.org/10.11606/issn.2238-6149.v22i1p52-59>.
- Pfeifer, L. I., Pacciullo, A. M., Santos, C. A., Santos, J. L., & Stagnitti, K. E. (2011). Pretend play of children with cerebral palsy. *Physical & Occupational Therapy in Pediatrics*, 31(4), 390-402. <http://dx.doi.org/10.3109/01942638.2011.572149>.
- Pontes, T. B., Almeida, C. P., Polatajko, H. J., & Davis, J. A. (2018). Diferenças e semelhanças nos repertórios ocupacionais de crianças brasileiras e canadenses. *Journal of Occupational Science*, 25(4), 530-541. <http://dx.doi.org/10.1080/14427591.2018.1551049>.
- Rocha, A. N. D. C., & Deliberato, D. (2012). Atuação do terapeuta ocupacional no contexto escolar: o uso da tecnologia assistiva para o aluno com paralisia cerebral na educação infantil. *Revista de Terapia Ocupacional da Universidade de São Paulo*, 23(3), 263-273. <http://dx.doi.org/10.11606/issn.2238-6149.v23i3p263-273>.

- Rutherford, G. S., Young, S. H., & Sally, J. R. (2007). A longitudinal study of pretend play in autism. *Journal of Autism and Developmental Disorders*, 37, 1024-1039. <http://dx.doi.org/10.1007/s10803-006-0240-9>.
- Sant'Anna, M. M. M. (2016). *Formação continuada em serviço para professores da Educação Infantil sobre o brincar* (Tese de doutorado). Universidade Estadual Paulista, Marília.
- Shepherd, J. (2012). Self-care: a primary occupation. In S. J. Lane & A. C. Bundy. *Kids can be kids: a childhood occupations approach* (pp. 125-158). Philadelphia: F.A. Davis Company.
- Silva, C. C. B., Jurdi, A. P. S., & Pontes, F. V. (2012). Transtorno do déficit de atenção e hiperatividade: possibilidades de atuação da Terapia Ocupacional em contextos educacionais. *Revista de Terapia Ocupacional da Universidade de São Paulo*, 23(3), 283-288. <http://dx.doi.org/10.11606/issn.2238-6149.v23i3p283-288>.
- Zafani, M. D., Omote, S., & Baleotti, L. R. (2016). Opinião de mães e professoras sobre o uso de um protocolo de observação do desempenho de crianças com deficiência física. *Revista de Terapia Ocupacional da Universidade de São Paulo*, 27(1), 36-41. <http://dx.doi.org/10.11606/issn.2238-6149.v27i1p36-41>.
- Ziviani, J., & Muhlenhaupt, M. (2006). Student participation in the classroom. In S. Rodger & J. Ziviani (Eds.), *Occupational Therapy with children: understanding children's occupations and enabling participation* (pp. 241-260). Malden: Blackwell Publishing.

Author's Contributions

Débora Ribeiro da Silva Campos Folha: Project design, data collection, text design, data systematization and categorization, analysis, organization of sources, text writing. Patrícia Carla de Souza Della Barba: conception and orientation of the research, elaboration of the analyses, text revision. All authors approved the final version of the text.

Funding Source

Universidade do Estado do Pará (UEPA).

Corresponding author

Débora Ribeiro da Silva Campos Folha
e-mail: debora.folha@uepa.br

Section editor

Profa. Dra. Tatiana Pontes