

**Qualis A1**

<http://dx.doi.org/10.23925/1983-3156.2026.v28.e68554>

## **Hospital educational service in the federal district: hospital classes and pedagogical work with mathematics from an inclusive perspective**

*Servicio educativo hospitalario en el distrito federal: clases hospitalarias y trabajo pedagógico con matemáticas desde una perspectiva inclusiva*

*Service éducatif hospitalier du district fédéral : cours hospitaliers et travail pédagogique avec les mathématiques dans une perspective inclusive*

*Atendimento educacional hospitalar no distrito federal: as classes hospitalares e o trabalho pedagógico com a matemática na perspectiva inclusiva*

Karla Vanessa Gomes dos Santos<sup>1</sup>

Universidade de Brasília-UnB

Doutoranda em Educação

<https://orcid.org/0000-0001-6813-2913>

Ellen Michelle Barbosa de Moura<sup>2</sup>

Universidade de Brasília- UnB

Doutora em Educação

<https://orcid.org/0000-0001-6664-6419>

Dulcimária Ferreira da Cunha Marçal<sup>3</sup>

Universidade de Brasília- UnB

Doutoranda em Educação

<https://orcid.org/0000-0001-6158-4175>

Geraldo Eustáquio Moreira<sup>4</sup>

Universidade de Brasília

Doutor em Educação Matemática

<https://orcid.org/0000-0002-1455-6646>

### **Abstract**

The aim of the research was to understand how Hospital Educational Care takes place in the Distrito Federal in Hospital Classes and if/how the teaching of Mathematics is considered in the care of children in long-term hospitalization. Methodologically, it was

---

<sup>1</sup> [prof.karlasantos@gmail.com](mailto:prof.karlasantos@gmail.com)

<sup>2</sup> [ellenmou@gmail.com](mailto:ellenmou@gmail.com)

<sup>3</sup> [dfcmarcal@gmail.com](mailto:dfcmarcal@gmail.com)

<sup>4</sup> [geust2007@gmail.com](mailto:geust2007@gmail.com)

characterized as qualitative research. Data was collected through a semi-structured interview, a technical visit and analysis of documents on this type of care. The research participant was a teacher from the Distrito Federal State Department of Education who works in a Hospital Class. The analysis was documentary and interpretative. Analysis of the documents on Hospital Classrooms in the Distrito Federal showed that there is specific legislation that guarantees and organizes the service in general terms. However, the documents leave doubts about the specifics of this service and are not sufficient to organize and guarantee the rights of all those involved. The Interpretive Analysis showed the reality experienced by a teacher and helped to understand the educational procedures adopted in the Hospital Educational Care situation, ranging from the visit to the beds to the implementation of the pedagogical intervention, in this case, in the area of Mathematics, which considers the various crossings in the face of the adverse situation. It is concluded that the pedagogical practices in Mathematics fall within the scope of Inclusive Mathematics Education, as they aim to guarantee the inclusion of these students by enabling them to continue their schooling, even in a situation of hospitalization, guaranteed by the Currículo em Movimento. Thus, it is possible to infer that the teaching of Mathematics is considered relevant and differential in Hospital Educational Care in the Distrito Federal in Hospital Classes.

**Keywords:** Hospital education, Pedagogical work, Hospital classes, Inclusive mathematics education.

## Resumen

El objetivo de la investigación fue conocer cómo se da la Atención Educativa Hospitalaria en el Distrito Federal en las Clases Hospitalarias y si/de qué manera se considera la enseñanza de las Matemáticas en la atención a los niños en hospitalización prolongada. Metodológicamente, se caracterizó como una investigación cualitativa. Los datos se recolectaron a través de entrevistas semiestructuradas, una visita técnica y un análisis de documentos relacionados con este tipo de atención. El participante de la investigación fue un profesor de la Secretaría de Educación del Estado del Distrito Federal que trabaja en un Aula Hospitalaria. El análisis fue documental e interpretativo. El análisis de los documentos sobre atención de clase hospitalaria en el Distrito Federal mostró que existe una legislación específica que garantiza y organiza la atención en términos generales. Sin embargo, los documentos dejan dudas sobre las especificidades de ese servicio y no son suficientes para organizar y garantizar los derechos de todos los involucrados. El Análisis Interpretativo mostró la realidad vivida

por una profesora y ayudó a comprender los procedimientos educativos adoptados en la situación de Atención Educativa Hospitalaria, que van desde la visita a las camas hasta la implementación de la intervención pedagógica, en este caso en el área de Matemática, que considera los diversos cruces frente a la situación adversa. Se concluye que las prácticas pedagógicas en Matemática se inscriben en el ámbito de la Educación Matemática Inclusiva, ya que tienen como objetivo garantizar la inclusión de estos alumnos al permitirles continuar su escolaridad, incluso en situación de hospitalización, garantizada por el Currículo em Movimento. Así, es posible inferir que la enseñanza de las Matemáticas es considerada relevante y diferencial en la Atención Educativa Hospitalaria en el Distrito Federal en las Clases Hospitalarias.

**Palabras clave:** Educación hospitalaria, Trabajo pedagógico, Clases hospitalarias, Educación matemática inclusiva.

### Résumé

L'objectif de la recherche était de comprendre comment les soins éducatifs hospitaliers se déroulent dans le Distrito Federal dans les classes d'hôpitaux et si/comment l'enseignement des mathématiques est pris en compte dans les soins aux enfants hospitalisés à long terme. D'un point de vue méthodologique, il s'agit d'une recherche qualitative. Les données ont été collectées par le biais d'entretiens semi-structurés, d'une visite technique et d'une analyse des documents relatifs à ce type de soins. Le participant à la recherche était un enseignant du Département de L'éducation de l'État du Distrito Federal qui travaille dans une classe d'hôpital. L'analyse a été documentaire et interprétative. L'analyse des documents sur les soins en classe d'hôpital dans le Distrito Federal a montré qu'il existe une législation spécifique qui garantit et organise les soins en termes généraux. Cependant, les documents laissent des doutes sur les spécificités de ce service, et ne sont pas suffisants pour organiser et garantir les droits de toutes les personnes impliquées. L'analyse interprétative a montré la réalité vécue par un enseignant et a aidé à comprendre les procédures éducatives adoptées dans la situation de soins éducatifs hospitaliers, depuis la visite des lits jusqu'à la mise en œuvre de l'intervention pédagogique, dans ce cas, dans le domaine des mathématiques, qui prend en compte les différents passages face à la situation défavorable. On peut conclure que les pratiques d'enseignement des mathématiques s'inscrivent dans le cadre de l'enseignement inclusif des mathématiques, car elles visent à garantir l'inclusion de ces élèves en leur permettant de poursuivre leur scolarité, même lorsqu'ils sont hospitalisés, ce qui est garanti par le Currículo em

Movimento. On peut donc en déduire que l'enseignement des mathématiques est considéré comme pertinent et différencié dans les soins éducatifs hospitaliers du Distrito Federal dans les classes d'hôpitaux.

**Mots-clés :** Éducation hospitalière, Travail pédagogique, Classes d'hôpitaux, Enseignement inclusif des mathématiques.

### **Resumo**

A pesquisa teve como objetivo compreender como acontece o Atendimento Educacional Hospitalar no Distrito Federal em Classes Hospitalares e se/como o ensino da Matemática é considerado nos atendimentos as crianças em internação prolongada. Metodologicamente, caracterizou-se como pesquisa de abordagem qualitativa. A produção de dados ocorreu mediante entrevista semiestruturada, visita técnica e análise dos documentos acerca desse atendimento. A participante da pesquisa foi com uma docente da Secretaria de Estado de Educação do Distrito Federal que atua em Classe Hospitalar. A análise foi a Documental e a Interpretativa. A Análise dos documentos sobre o atendimento em Classe Hospitalar no Distrito Federal demonstrou a existência de legislação específica que garante e organiza, em linhas gerais, o atendimento. Contudo, os documentos deixam dúvidas acerca de especificidades desse serviço, não sendo suficientes para organizar e garantir os direitos de todos os envolvidos. A Análise Interpretativa mostrou a realidade vivenciada por uma docente e auxiliou na compreensão dos procedimentos educacionais adotados na situação de Atendimento Educacional Hospitalar que vão desde a visita aos leitos até a efetivação da intervenção pedagógica, nesse caso, na área da Matemática, que considera os diversos atravessamentos diante da situação adversa. Conclui-se que as práticas pedagógicas em Matemática se configuram no escopo da Educação Matemática Inclusiva, pois visam garantir a inclusão desses estudantes ao possibilitar continuidade da escolarização, mesmo em situação de internação, garantida pelo Currículo em Movimento. Destarte, é possível inferir que o ensino da Matemática é considerado relevante e diferencial no Atendimento Educacional Hospitalar no Distrito Federal em Classes Hospitalares.

**Palavras-chave:** Educação hospitalar, Trabalho pedagógico, Classes hospitalares, Educação matemática inclusiva.

# Hospital Educational Service in the Federal District: hospital classes and pedagogical work with Mathematics from an inclusive perspective

## Introduction

Inclusive Mathematics Education focuses primarily on knowledge production/discussion to ensure mathematical learning for all. Its subjects are marginalized/minority groups who, for social, cultural, and economic reasons, are often silenced and disregarded in society and, consequently, in matters of schooling.

In addition to the groups mentioned above, there is an adjacent concern in this subarea of mathematics education, which is ensuring the continuity of studies/learning for students who, for health reasons, are unable to attend school and therefore need to be taught in hospitals, which is done through Hospital Educational Services/Hospital Classes (AEH/CH).

Hospital Educational Services in Brazil began in 1600 (Januzzi, 2004) when the Jesus Municipal Hospital in Rio de Janeiro began to provide educational services not only to people with disabilities but also to others with serious health issues.

In a historic move, the most recent national legislation on the subject is the Law No. 13,716, dated September 24, 2018. This amends Law No. 9,394/96 (Law on Guidelines and Bases for National Education), in its Article 4-A, in order to ensure Educational Services for students from Basic Education who are hospitalized for health treatment in a hospital or at home for a prolonged period. It is part of public policies that seek to guarantee rights and the pursuit of equitable education for all (Moura et al., 2021).

In this sense, AEH/CH has been growing gradually, but it is still far from being a guaranteed right for all, as shown in the following table:

**Table 1**

*Number of Hospital Classes in Brazil*

<b>Year in which information became available</b>	<b>Number of hospital classes</b>	<b>Number of federal units offering services</b>
<b>1999</b>	30	11
<b>2011</b>	128	19
<b>2018</b>	157	25

Source: Fonseca (1999), Oliveira (2013), Gomes (2020) e Lara (2021).

The figures shown in Table 1 indicate that the number of Hospital Classes has been increasing; however, they are not yet present in all states (Sergipe and Roraima)<sup>5</sup>, and based on the numbers, it can be inferred that they are unable to cover the entire school-age population undergoing prolonged hospitalization.

Given this fact, there is an urgent need for studies that discuss AEH/CH and their specificities from the perspective of education as a fundamental human right, since it fights to ensure the continuity of schooling (Favoretto, Bôas, & Ens, 2023). This text will provide an overview of the reality of the Federal District with a focus on mathematics learning in AEH/CH, since it is concerned with ensuring that everyone can learn, regardless of adverse situations, whether social, cultural, or health-related, that is, within the scope of discussions on Inclusive Mathematics Education.

The relevance and justification for works on this theme stems from the need to highlight and discuss the right of everyone to learn and continue their education, including in the area of mathematics, in any situation and regardless of adversity, which includes hospitalization.

In view of the above, the aim of this article was to understand how mathematics teaching is considered in Hospital Educational Services in the Federal District in Hospital Classes. The specific aims were: a) to analyze the documents/opinions on Hospital Educational Services/Hospital Classes in this Federal Unit, b) to understand how hospital classes are conducted in the Federal District based on data from the reality experienced by a teacher, and finally, c) to identify whether/how pedagogical practices in mathematics are conducted in order to ensure the inclusion of these students.

The research conducted for this study was qualitative in nature with an exploratory approach, i.e., it sought to gather information on a topic and enable its definition and delineation (Triviños, 1987), culminating in three sections, presented below.

### **Methodological aspects**

Qualitative research approach, as it considers the context in which data production is inserted and is concerned with a reality that cannot be quantified, seeking to expand knowledge about the theme in question and its relationship with the reality of which it is a part (Minayo, 2001 & Prodanov & Freitas, 2013). In terms of objectives,

---

<sup>5</sup> In 2007, a hospital classroom was implemented in Boa Vista on an experimental basis. Until 2023, no regulations had been formulated regarding care, which weakens its provision. <https://periodicos.ufms.br/index.php/intm/article/download/19759/13782/>

the article is descriptive/exploratory, which, according to Triviños (1987), seeks to describe the facts and phenomena of a given reality, while exploratory research is used when the research topic or problem is little known or studied.

Documentary analysis, semi-structured interviews, and an exploratory visit were used to produce data. In the document analysis, nine documents were examined in whole or in part, including legislation, ordinances, and pedagogical guidance. The documents analyzed were: i) Law No. 2,809, of October 29, 2001, ii) Law No. 4,927 of 2012, iii) Law No. 5,743, of 2016, vi) Law No. 6,199, of 2018, v) Joint Ordinance No. 09, of July 20, 2021, vi) Joint Ordinance No. 10, of September 16, 2021, vii) Joint Ordinance No. 08, of March 24, 2023, viii) Joint Ordinance No. 16 of June 25, 2024, and iv) Special Education Pedagogical Guidance (excerpt that explains hospital classes). The means of analysis was documentary analysis, i.e., reading the documents in their entirety, rereading them to understand them, and analyzing their content in detail in order to understand how they guarantee and organize AEH/CH.

In June 2024, a technical visit was made to the Federal District State Department of Education (SEEDF), specifically to the Subsecretariat of Basic Education (SUBEB), with the aim of obtaining information about this service. To this end, we spoke with the manager who is currently responsible for this service, as it is in the process of being transferred to the Learning Support Management Department (Gatap). During the conversation, she explained that she is receiving this service and agreed to arrange an interview with a teacher who works in the service. In addition, she forwarded an internal document entitled "Subeb in Action 2020/2023 planning for the future," which was analyzed.

The semi-structured interview was conducted with a teacher who has been working in Hospital Classes in the Federal District for over a decade, previously scheduled by telephone. The initial proposal was for a face-to-face meeting, however, due to the interviewee's demand, it was necessary to conduct the interview via Google Meet in June 2024, which lasted an average of one hour.

Based on the above, to understand the interview data, we used Interpretive Analysis (Soares, 2022), which involves description and interpretation. The data were read several times in order to learn about and understand the reality beyond the available documents. In addition to analyzing how the development of mathematics occurs in the daily routine of pedagogical interventions carried out in Hospital Classes.

## **Hospital Educational Services in the Federal District: a brief history**

Hospital Classes in the Federal District (DF) have a history spanning almost six decades, although this is little known and publicized. According to Silva (2014), this service began in 1965 at the Federal District Base Hospital (HBDF) with the implementation of a small school in the hospital, based on the international experience of pediatrician Dr. Oscar Mendes Moren. He argued that the hospitalization of children was different from that of adults and required different protocols (Almeida, n.d. & Silva, 2014).

The work carried out by pediatrician Dr. Moren, who headed the pediatrics department at the Base Hospital for 30 years, changed the landscape of pediatric care in Brasília on a large scale, including contributing to the implementation of Hospital Classes<sup>6</sup>.

In 1969, through an agreement with the Federal District Educational Foundation, currently the Federal District State Department of Education (SEEDF), he formalized this offering in the Federal District for the first time through a partnership between the Federal District State Department of Health (SESDF) and SEEDF, with the participation of a teacher from the Foundation (Delza Moura Guimarães), working 20 hours a week at the HBDF. (Lara, 2021 & Gomes, 2020).

In 1985, responsibilities were detailed and expanded (Lara, 2021). Since then, this intersectoral work has been fundamental for consolidating the provision of basic education to students who, due to illness, remain hospitalized in the Federal District.

In terms of training, a notable action was that in 2018, the Subsecretariat for Continuing Education of Education Professionals (EAPE) offered the course Home Care and Hospital Class. At the time of the course, Dr. Moren gave an interview about the beginnings of this service.

Over the following decades, despite limited documentation, it can be inferred that AEH/CH occurred continuously, but on an experimental basis in a few hospitals. Historically, in 2021, this service was regulated through intersectoral work between SESDF and SEEDF, with the drafting of Ordinances aimed at implementing legislation on this service, namely Joint Ordinance No. 09, of July 20, 2021.

In order to ensure the availability of specialized professionals, in 2022, SEEDF established a three-stage aptitude test in the Simplified Process for Federal District

---

<sup>6</sup> Information available at: <https://www.hcb.org.br/depoimentos/foi-uma-luta-para-chegar-aonde-chegamos> Accessed on: July 23, 2024.

Public Teaching Career Servants, consisting of registration, document analysis, and an interview in which permanent servants could apply for aptitude in Hospital Educational Services/Hospital Class. The purpose of this action was to ensure that professionals were prepared to meet the needs of Hospital Classes. In addition, it aimed to increase the number of teachers qualified for a possible expansion in the provision of services.

### **Hospital Educational Services in the Federal District: documentary analysis**

This section provides a documentary analysis of the laws, ordinances, and pedagogical guidelines provided by SEEDF related to Hospital Educational Services offered in the Federal District to hospitalized students who receive pedagogical assistance in Hospital Classes.

With regard to legislation, the law that provides for the guarantee of educational and school services in hospitals is Law No. 2,809, of October 29, 2001, which provides for the guarantee of the right of children and adolescents to educational and school services in hospital care in the Federal District, which was amended by Law No. 4,927, of August 29, 2012, Decree No. 5,743, of December 9, 2016, and Law No. 6,199, of July 31, 2018.

Thus, the AEH/CH began its initial activities in 1995, and since 2001, there has been a law that guarantees this care for children and adolescents admitted to public and affiliated hospitals in the Federal District that provide pediatric care. The law states that students who are hospitalized for long periods are entitled to education/schooling, regardless of their health condition, and for this reason, there is a collaboration agreement between SEEDF and SESDF.

According to the law, SEEDF is responsible for: providing education professionals to work in Hospital Classes, providing recreational and educational services in Hospital Classes at all stages of Basic Education and in Special Education, provided that potential students are able to participate in teaching and learning situations.

According to the law, the teaching staff must provide details of the care provided in a dedicated database that includes: the necessary records with adequate identification of the student; the procedures adopted; assessments; attendance records; communications sent to the educational establishment to which the

student/patient is linked. In administrative terms, AEH/CH is equivalent to that offered in conventional classes, attendance is recorded and accounted for.

According to the aforementioned laws, it is the obligation of SESDF to guarantee the physical conditions for the implementation of Hospital Classes and to monitor the health conditions of the students/patients who will be served.

An analysis of the aforementioned laws shows that the text that underwent the most changes was Article 2, which deals with the responsibilities of SEEDF. The changes clarified who the target audience is, since Law No. 2,809 did not mention the target audience, Law No. 4,927 explicitly stated each stage of Basic Education, Decree No. 5,743 returned to the nomenclature of Basic Education, and the fourth and last, Law No. 6,199, listed each stage by name and included Special Education.

The hypothesis for analysis is that these changes may demonstrate an attempt to guarantee the right of all Basic Education students to receive services. From this perspective, the inclusion of Higher Education is also defended, since cases of hospitalization occur at all stages of life, and students do not choose when and in what school situation they will become patients.

In general terms, the laws specify those responsible (who) as SEEDF and SESDF, where highlighting public and affiliated hospitals in the Federal District as the location for the implementation of Hospital Classes, and how this is done through a partnership between SEEDF and SESDF. SESDF provides space and conditions, and SEEDF provides professionals to carry out pedagogical work through educational interventions, registration, and monitoring of care. It also legislates on the equivalence of hospital care with regular care.

The laws are enforced through the publication of ordinances by SEEDDF. Joint Ordinance No. 09, dated July 20, 2021, provides for mutual cooperation between SEEDF and SESDF in order to implement the AEH. It specifies that services are guaranteed for Early Childhood Education and the early years of Elementary School. It points to future action to provide services in the other stages of Basic Education. Joint Ordinance No. 10, dated September 16, 2021, establishes the Management Committee, and Joint Ordinances No. 8, dated March 24, 2023, and No. 16, dated June 25, 2024, change its representatives over the years.

According to Joint Ordinance No. 9, the objectives of Hospital Educational Services are: a) to develop strategies and guidelines to implement Hospital Educational Services in Hospital Classes in order to contribute to the development and learning process; b) to continue the educational activities developed by School Units, observing the possibility of a flexible and adapted curriculum, offering individual or collective Hospital Educational Services for Early Childhood Education and the early years of Elementary School to hospitalized students.

To work as a teacher in a Hospital Classroom, teachers must undergo a specific aptitude process that requires them to be permanent employees, have at least three years of experience, be qualified in Specialized Educational Services, and have completed a 40-hour course in Hospital Education.

It defines the eight obligations of the SESDF, among which the following stand out: provision of adequate physical space; guarantee of teaching, without deviation from duties and compliance with the 40-hour weekly workload; guarantee of service to students/patients five days a week from 8 a.m. to 12 p.m. or from 2 p.m. to 6 p.m.; providing teachers with the necessary documents to support the writing of reports.

The main common obligations are: ensuring AEH/CH for students in early childhood education and the early years of elementary school, adapting the annual school calendar, providing guidance to reassigned teachers on the need to comply with the Work Plan, and monitoring and supervising educational activities through their representatives on the Management Committee.

With regard to teachers, the main duties are: preparing and submitting a semi-annual report on AEH/CH to the Management Committee; participating in continuing education courses in the area; complying with the 40-hour work week in accordance with the Work Plan; mapping the demand for services on a semi-annual basis; conducting AEH/CH with a focus on play; establishing a pedagogical link with the school unit of origin of the student being treated; preparing, if necessary, together with the school unit, the adaptation of the necessary experiences; conducting and submitting the evaluation of the AEH/CH; transcribing educational information into the electronic records of the children and adolescents treated, in accordance with SESDF guidelines. In addition to presenting an individual report on the student/patient upon discharge.

In establishing the need for the Management Committee, Joint Ordinance No. 09 stipulates that it shall be composed of two representatives from SESDF who must be assigned to the pediatrics unit and three from SEEDF, one from the Subsecretariat for Basic Education (SUBEB), one from the Subsecretariat for Inclusive and Comprehensive Education (SUBIN), and one from the Subsecretariat for Personnel Management (SUGEP).

The Management Committee's duties are emphasized as follows: coordinating the planning and organization of future services for the other stages of Basic Education, the final years of Elementary School, and High School; to prepare, forward, coordinate, and monitor the Notice and Simplified Selection Process for civil servants to work in Hospital Classes; to monitor the implementation of the Work Plan; to prepare semi-annual reports; to prepare and make available to reassigned teachers management tools for recording, monitoring, and evaluating care.

These ordinances establish mutual cooperation between SEEDF and SESDF, specify the duties of each of the agencies involved, as well as those of the professionals who work with students/patients, and emphasize the need for partnership between agencies, teachers, and the students' schools of origin.

The creation of the Management Committee seeks to ensure systematic monitoring of this service. By proposing the participation of three people from three different SEEDF sub-secretariats, it demonstrates a desire for collaborative work that encompasses the monitoring needs of this action. On the other hand, by not explicitly stating which subsecretariat should be responsible for overseeing and further specifying the provision of care in Hospital Classes, based on daily demands, a gap may be created or this obligation may be individualized among the representatives of the Management Committee. In addition, the civil servants who participate in the Committee do not work exclusively on it, which can lead to work overload, given that there are several committees within SEEDF and daily work to be done in each sector.

The Special Education Pedagogical Guidelines (OP) is a 2010 document containing 140 pages, of which only two refer to Hospital Classes under the heading: Special Education Services. This document revisits the concept of the National Guidelines for Special Education in Basic Education to argue/justify the need for the service and

explains the agreement between SEEDF and SESDF to make it possible. In this document, teachers are considered the link between the school of origin and the student. They need to provide educational support based on the SEEDF curriculum and the guidance of the school of origin, preferably in a group, in a specific classroom, or at the bedside when the child/adolescent is unable to move.

The Pedagogical Guidelines apparently contain outdated information, such as stating that the sector responsible for monitoring is the Special Education department, when in fact the ordinances state that it is the Management Committee. On the positive side, it clarifies the role of teachers and emphasizes the pedagogical nature and guarantee of access to the curriculum through a partnership between the Hospital Classroom teacher and the school of origin, as well as working with all areas of knowledge, including Mathematics.

In short, the legislation relating to AEH/CH as a whole guarantees the right and provides a broad and indicative overview for its implementation. The ordinances specify and detail how to execute the partnership, the duties of each entity or professional involved in the services and establish a Management Committee to monitor and control it. The Pedagogical Guidance for Special Education explains the duties of teachers, emphasizing pedagogical aspects and guaranteeing the right to schooling through content from all areas. The Work Plan also explains the duties of teachers who are part of the AEH/CH, but we were unable to access the document and therefore could not analyze it.

Reading all this material provides a broader view of the service, but also leaves many questions that need to be answered so that SEEDF employees and the school community understand and know how to request this service when needed. Other issues include the lack of regulations on how the services should be provided, the lack of detail and guidance for those who manage the administrative aspects of SEEDF employees' lives, and who is responsible for financing the materials to enable educational activities, as pointed out. (Lara, 2021)

A noteworthy point is the failure to comply with the law that provides for AEH/CH for all Basic Education, as the ordinance only covers Early Childhood Education and the

early years of Elementary School, leaving the expansion to all for the future, with no date and no specification.

With regard to mathematics, it is not mentioned directly in any of the documents analyzed, but appears indirectly in the OP when it explicitly refers to all areas of knowledge and in the documents when they refer to the Curriculum in Motion. It is understandable that mathematics is not mentioned by name due to the breadth of the documents. However, this gap may leave loopholes for the non-implementation of this component and others in the educational services provided in Hospital Classes. Another perceived shortcoming is the lack of discussion about whether this service falls within the scope of Inclusive Education (Moura, et al., 2023), given that ensuring access, permanence, and continuity of school studies for all is the focus of production in this area.

These are aspects not addressed in laws and ordinances that raise questions: how is the Work Plan implemented and where is it available? After how long in hospital does a child become eligible for HC? What is the process for families to obtain this service? What steps should the school take after learning that one of its students will be treated in a CH? Which hospitals offer this service? How many classes are there? How does the service work? Are the schedules for the service set out in the documents feasible? Are all components of the curriculum covered, given the challenges of providing educational services in a hospital setting?

In view of the above, it is necessary to understand how this educational support is provided in the daily routine of hospitalization and whether the legislation is being complied with.

### **Hospital Educational Services in the Federal District: practical configuration**

The semi-structured interview and exploratory visit to SEEDF provided insight into how AEH/CH works, its peculiarities, and challenges. The interview was enlightening, as the teacher described, in general terms, the logistics of care, reported on progress over time, described the structure that exists in the hospital, as well as the gaps that need to be filled for care to be more effective. The exploratory visit helped to

verify the sector responsible for AEH/CH, how network actions are conceived, and the issue of accountability for this service.

Hospital Educational Care/Hospital Class within the logic of SEEDF is part of what is called Specialized Education, which includes: Home care, psychosocial care, advancement of studies, Inter-school Language Center, Hospital Class, Youth and Adult Education, Professional and Technological Education, City Park School, Boys and Girls of the Park School, schooling for indigenous students, migrants, and refugees, Educational Guidance, Specialized Learning Support Service<sup>7</sup>.

During the technical visit to SEEDF, it was explained that the organization and monitoring of this service, in 2024, will be the responsibility of the Subsecretariat for Basic Education (SUBEB) in the Learning Support Management Department (Gatap). However, this is a recent change and, therefore, still being organized. Previously, it was under the pedagogical care of two management teams focused on one of the people who participated in the Management Committee, and because SEEDF considered that this centralization was not beneficial, it is currently undergoing restructuring.

The technical visit revealed that Hospital Classes are offered in five Health Units in the Federal District and that SEEDF provides seven teachers working 40 hours per week. The distribution is as follows:

- José de Alencar Children's Hospital in Brasília (HCB) - 2 teachers.
- Maternal and Child Hospital in Brasília (HMIB) - 2 teachers.
- Ceilândia Regional Hospital (HRC) - 1 teacher.
- Paranoá Regional Hospital (HRPa) - 1 teacher.
- Sobradinho Regional Hospital (HRS) - 1 teacher.

According to the teacher interviewed, AEH/CH is guaranteed through the actions of teachers who screen children who can be served and contact their school of origin. According to the SEEDF<sup>8</sup> website, another way to enforce this right is for the legal guardian of the hospitalized student to request a medical certificate from the head of pediatrics at the partner hospital. They then take the document to the child's school.

---

<sup>7</sup> Available at: <https://www.educacao.df.gov.br/carta-de-servicos-educacao-especializada/>. Accessed on: July 23, 2024.

<sup>8</sup> Available at: <https://www.educacao.df.gov.br/carta-de-servicos-educacao-especializada/>. Accessed on: July 23, 2024.

The service is aimed at children/adolescents who study in the Federal District's public school system, are enrolled in early childhood education or the early years of elementary school, and are undergoing (prolonged) hospitalization in hospitals that have established a collaboration agreement with SEEDF.

The logic behind offering this service differs according to the specific characteristics of each hospital. In this article, we will explain, in general terms, how this service is provided in one of the hospitals that offer it. For ethical reasons, it will be presented in a more generalized way, based on the interview and technical visit, in order to maintain anonymity. The routine of care is as follows:

- Hospital Class teachers conduct screenings (rounds) to map hospitalized children and observe whether they have health conditions that make AEH/CH feasible and assess the care situation;
- Recording student/patient data in the logbook, such as: data from the school of origin, school year, name of the teacher, health status, whether they have been hospitalized before, type of illness, awareness of the child and family regarding the diagnosis, possible complications that may interfere with educational care (Lara, 2021);

Based on the mapping, organize care in small groups or individually, depending on the health status of students/patients and hospital safety protocols, through dialogue with students/patients-families/guardians;

- Dialogue with children/families about the rationale and possibilities of educational support and with the health team;
- Planning educational interventions based on playful activities with educational intent, based on contact with the schools of origin (via standard message) and the sending of material by the school and/or "activities programmed by the Hospital Class teachers, including those adapted to the child's health situation" (excerpt from the interview). The planning considers the needs and school year of the students/patients, the Curriculum in Motion, the possibilities for grouping, and the hours of attendance;

- Implementation of educational interventions on an individualized basis (bedside) or in small groups (Hospital Classes) with active listening to students/patients and continuous observation of health/educational demands;
- Recording educational services provided on a specific form;
- Writing reports detailing the educational services provided to the student/patient when they are discharged;
- Producing a semi-annual report containing the names of the students/patients served, number of services provided, age, school of origin, among other information; and
- Forwarding the reports to the responsible department at SEEDF for registration, monitoring, evaluation, and visibility.

The teacher reports that in the Hospital Classroom, the most relevant aspects are: listening to the child, since hospitalization is already a vulnerable situation, so giving the student/patient a voice is essential, *“because the child is often silenced by illness”* (Personal communication, June 4, 2024); the use of assistive technology to aid in interventions, due to the limitations imposed by hospitalization; the consideration of play as the focus of pedagogical work because of the adverse situation experienced; the use of educational games, differentiated activities, and *“educational toys that can be sanitized in accordance with hospital standards”* (Personal communication, June 4, 2024); among others.

AEH/CH guarantees the right to schooling in adverse situations, as explained in the interview excerpt:

At first, this is a great achievement for us (the child agreeing to leave the bed). She is there in such a hostile, tense environment, with people she has never seen before, especially in early childhood education. Children are very fearful, sometimes they are still in the process of adapting, they have barely adapted to the school routine. Suddenly they are in the hospital, they have been pricked, they have had a thousand tests. Then someone arrives and says that they are still going to teach. So, we take a look and start with play. If you go there, you will see that we have more than six cabinets with games, (...) the room is very colorful, the tables are different sizes and colorful. (...) Our tables are all playful, with a lid in the middle. Inside the lid, depending on the activity, there are numbers, sticks, colored pencils, paint. You can put objects in the middle of the table. We designed it and asked the carpenter to make it that way, precisely so that we could have an element of surprise there (Personal communication, June 4, 2024).

The excerpt highlights how challenging it is to offer this service given its specific characteristics and how it can become a source of encouragement for children, since the Hospital Classroom is a place designed to provide learning opportunities based on playful experiences and respect for the delicate situation that hospitalized children/adolescents are experiencing.

The main challenges highlighted in relation to care raised in the interview were: consideration of health-related issues; the reporting model required by SEEDF that does not match the reality of care; lack of knowledge and dissemination by the Secretariats of care, because, according to the teacher: "*there are even schools that we contact and they think it's a prank.*" (Personal communication, June 4, 2024), lack of a formal channel to provide feedback to the schools of origin; the fact that the Ordinance provides care only to students in the Federal District, leaving students from other federal units and private schools in the Federal District uncovered, in addition to:

[...] lack of regulation of services for the second stage of elementary school (final years) and Youth and Adult Education, which are, after all, part of Basic Education and would be entitled to services; lack of material resources, there is no joint ordinance specifying who is responsible for providing these materials. (...) The absence of an educational coordinator who works closely with the teaching staff at the CH and the hospital staff, knowing exactly what happens, how the work is characterized, the realities and differences in each hospital unit, as there is no homogenization, no general command, but rather specificities. Other factors are the lack of dialogue and administrative support from the Federal District Department of Education to teachers (Personal communication, June 4, 2024).

Similarly, the document SUBEB in Action 2023: planning for the future<sup>9</sup> (2023, p. 37) outlines the challenges facing SEEDF: offering continuing education for teachers who provide care, expanding services to other hospital units, acquiring assistive technology resources and teaching materials, increasing school/teacher/family interaction, the absence of updated national regulations, disseminating information to society about the right to and existence of services, and building a cell (a specific space for launching these services) in EducaDF<sup>10</sup> to monitor/track the actions/activities developed in the hospital environment.

---

<sup>9</sup> Internal document from the SEEDF Subsecretariat for Basic Education made available during a technical visit in May 2024.

<sup>10</sup> System used by SEEDF to register students and their specific details.

When analyzing the challenges identified, it is clear that there are common points: the lack of publicity for the service, communication between those involved, and the lack of specific resources to provide the materials necessary for the service and its expansion. We argue that evaluating this service and listening to teachers who already work in it is a necessary action for SEEDF in order to improve working conditions and forms of service. In turn, it can be inferred that even though this service has been offered since the 1960s, there is still a lack of specific guidelines (regulation), guarantees of continuing education, and compliance with legislation regarding care for all Basic Education.

With regard to potential, the data produced show that: the provision of this service guarantees the right to continuity of education; it is inclusive in nature, because, in the words of the teacher: *"I believe that the work of the Hospital Classroom is precisely right. To say that behind that hospitalized patient there is a child and, above all, a school child."* (Personal communication, June 4, 2024); it has characteristics of humanization/welcoming, because, according to the teacher: one of the objectives is often *"for the child to accept leaving the bed, given the hostility of the school environment in the face of hospitalization"* (Personal communication, June 4, 2024). Likewise, the extensive experience of the teachers who work in the care unit, the existence of a playful pedagogical environment adapted to the reality and health needs of the students/patients; a fruitful relationship between the teachers in the care unit and the schools of origin; a careful and forward-looking view of the students/patients and their learning possibilities; being a moment of learning based on play and, therefore, being an encouragement in the face of adversity.

Meanwhile, the document SUBEB in Action 2023 (2023, p. 37) presents the achievements delivered and the potential observed in the first semester of 2023, namely: continuity of the learning process for students unable to attend their original school, serving 1,400 SEEDF students in the first half of 2023, expansion of services at the José de Alencar Children's Hospital in Brasília (HCB), with the assignment of an additional teacher.

The potential proves the inclusive nature and guarantee of rights of this service. The undeniable role of Hospital Classes is evident, as they are vital to ensuring that students do not lose their connection with school education during their hospitalization.

This service has the potential to positively impact the experience of children and young people, as it offers a different space/time within the hospital setting. Regarding this factor, in a report available on the SEEDF website, one of the teachers from the Hospital Classes states that even though the activities are adapted, it is necessary to ensure learning. (Rohrer, 2022)

Schooling in the hospital environment promotes the continuity of the studies that the student has been accessing at their original school and complies with the assumptions of the Curriculum in Motion, that is, it is the right of this student/patient to learn mathematics in this environment, which is why this discussion falls within the scope of Inclusive Mathematics Education.

### **Hospital Educational Services in the Federal District: Inclusive Mathematics Education**

The service proposed for Hospital Classes, especially in the Federal District, aims to maintain the school link during the treatment of children undergoing prolonged hospitalization. This is part of the scope of Inclusive Education, since schooling does not only take place in the school environment, but wherever there are students. In view of this, this article also aims to identify if/how pedagogical practices in Mathematics take place in Hospital Classes in the Federal District.

Based on this assumption, discussions arising from Inclusive Mathematics Education (IME) gain relevance. According to Nogueira (2020), IME is redundant in its name, as Mathematics Education, in its essence, is already inclusive. However, given the daily difficulties of ensuring inclusion in this area of knowledge, the nomenclature is necessary. Skovsmose (2019) considers that Inclusive Mathematics Education is the practice that aims to maintain encounters between differences, with pedagogical practices that seek the inclusion of all in a constant manner (Moura & Moreira, 2023).

Based on the data, interviews, and technical visit, it is possible to outline a general profile of the care provided at the AEH/CH in the area of mathematics in the Federal District. The main findings are presented below.

In the words of the teacher who works in the service, it is clear that mathematics education is not optional for hospitalized students, as she states: “*according to the Joint Ordinance, it is the teacher’s responsibility to develop activities in accordance with the Federal District’s Curriculum in Motion, which includes mathematics*” (Personal communication, June 4, 2024). This statement indicates that this curricular component is included in the interventions.

It is noticeable that some content is the target of daily intervention, such as: the construction of the concept of numbers, operations, geometric knowledge, quantities, and measurements. These are evident in the routine of schedules, medication quantities, and hospitalization time, that is, there is a concern with teaching mathematics in a contextual way and taking social situations into account. The following are notable excerpts from the interviewee:

There is a smaller table for early childhood education where we have a basket with objects and toys for them to count. Sometimes we put numbers on them and ask the children to count them, to take that many objects out of the basket. (...) So, for example, the child is learning to write their first name, and that's what they're learning there. I take the loose numbers, sometimes we have a little box there, there is a colorful shelf with several loose numbers. Then sometimes we ask: put one cap for each letter. Now, tell me, what number does it represent? Shall we look for it in our box? So, we build mathematical knowledge (Personal communication, June 4, 2024).

It is clear that effective teaching in mathematics can be planned in two ways. The first is based on materials sent by the school, whereby the AEH/CH teacher assists in the task by providing explanations and answering questions, taking into account the student's hospitalization. If the student has difficulties that are typical of the treatment, such as the use of venous access in the hands or mobility issues, assistive technology (Fraz et al., 2024) or necessary adaptations are used.

The second method is the use of activities developed by the AEH/CH team. This occurs when the student's school does not send activities in a timely manner or when it is noticed that the student/patient has a specific difficulty that requires intervention in the hospital setting. For example, in the case of a child who suffered burns to the hand he used for writing, the Hospital Class teacher included the development of writing skills with the other hand in the planning. As stated in the teacher's excerpt:

I had to work with her before school activities. Me, the occupational therapist, and the physical therapist worked with her to learn how to use her left hand, regardless of the content. We needed to develop this and, of course, make adjustments, working with concrete material (Personal communication, June 4, 2024).

Another noteworthy finding is the fact that it is essential to consider playfulness with pedagogical intent in planning, through the use of mathematical games and play to enable interventions, as explained in the excerpt from the interviewee:

But we have to use playfulness a lot, for educational purposes. So, for example, arriving there, handing over the toy, and the child playing is not quite how it works. We analyze the content, the child's age, and so on. (...) Then, depending on the child's emotional context, we work on these differences and divergences through play (Personal communication, June 4, 2024).

Given this, it is clear that there is an intervention in mathematics with pedagogical intent; playfulness and concrete materials are not used merely to distract or pass the time, but rather for pedagogical purposes that take into account other factors, such as emotional ones, and are defined in advance through planning that considers all aspects of the student/patient's situation.

This educational assistance does not consist solely of carrying out the proposed activities, but rather of assisting in the teaching and learning process of mathematics in a meaningful way, for which the availability of pedagogical material is essential. Thus, over the years, professionals in the Federal District have created a collection of materials and games that assist in interventions in this area. According to the teacher interviewed, the classroom is equipped with a variety of concrete materials, both structured and unstructured, many of which are stored in the Math Box, as shown in the excerpt below, highlighted by the interviewee:

There, we have bottle caps, we have colored sticks, we have gold material. We have Tangram for shapes. Geometric shapes of various textures, with foam or without foam. So, we have everything from Fisher Price materials, let's say, those little materials you buy, to other, more elaborate materials. We have addition dominoes, subtraction dominoes, multiplication dominoes. We use a lot of board games, a lot. Trails, math trails with advancement, with resources, rolling dice back and forth, rolling two dice to add, rolling two dice to subtract, geometric figures, medication cups to explain measurements, calendars to count the time of hospitalization (Personal communication, June 4, 2024).

The existence and use of the materials and interventions mentioned demonstrate that inclusion in the area of mathematics is effective in the daily routine of the AEH/CH in the Federal District through the use of concrete and diverse materials and adaptations to the conditions imposed by hospitalization, in order to enable the continuity of mathematical learning. Examples of adaptations of mathematical activities/games based on the pedagogical needs and/or hospitalization of the student/patient are included in the excerpts, as highlighted by the teacher interviewed:

I've played there, I've played the opposite way. The winner was whoever had the most stones. Why? Because I had a child who cried because she always lost because of subtraction. So what do I say? I say, now it's going to be the opposite, it's going to be whoever has the most stones. (...) So we have a lot of concrete material available, because the children we serve are not always able to write. In fact, we often send the observation of the activity: The child answered the activity orally and the teacher wrote: child with venous access in the hand who cannot write. The student sat down, worked it out, did the math with concrete material, all that, but there were no conditions for writing, these are the adjustments to the situation of illness (Personal communication, June 4, 2024).

The intervention depends a lot on what the activity is and how that child is doing. Because sometimes I arrive and tell that child that they have a huge multiplication assignment. They look at me like they want to kill me, because they see that colorful little room and they want to play. What do I usually do? I say, "Let's play a little game." I roll one die, then I roll another. Look, what did you roll? Six. I rolled four. If I have six and rolled four, what's the total? Two. Who's going to start the game? Who rolled the highest number? (Personal communication, June 4, 2024).

In turn, the manipulation of concrete materials in situations of intentional intervention in Hospital Classes assists in the construction of concepts and abstraction. Physical representations organize the symbolic in order to create mental repertoires, hence the importance of "creating semiotic mediators that operate in human relations with the physical and social world" (Pino, 2000, p.59)<sup>11</sup>.

For Vigotski (2019), these materials constitute auxiliary means in the process of constructing knowledge. According to Martins (2013), auxiliary means provide an introduction to systematized processes with the aim of developing a subjective mental image of objective reality. Given this, mathematics does not aim at decontextualized knowledge and a code in itself, but acts "(...) both in the sense of mathematical

---

<sup>11</sup> The reference is Sirgado, A. P. The marks of humanity: the origins of the cultural constitution of children from the perspective of Lev S. Vigotski. São Paulo: Cortez, 2005.

knowledge and in the promotion of justice and respect for differences inside and outside the school.” (Vieira & Moreira, 2020, p. 186)

Another noteworthy point is the consideration of the importance of the creativity of teachers who work in hospital classrooms in order to ensure mathematical learning in the face of the pedagogical and emotional challenges that arise in this setting. It is also important to take a forward-looking view of the learning opportunities that arise in the context of hospitalization. As highlighted in the following statement by the respondent:

I often say that the interesting thing about working in a non-school environment is that you can use the unexpected, the unknown, what you don't know, what you haven't yet learned with that child to turn it into a learning opportunity. It's precisely at that moment when you arrive and the child doesn't even know how to hold a pencil, they have access here and here. What am I going to do with this child? That's when one of the best skills a good teacher has comes into play: creativity. It's the possibility of creating, even with a game that has established rules, you can recreate that game to achieve some educational goal, which is at least to get the child to agree to get out of bed (Personal communication, June 4, 2024).

The final finding is the need for intervention with the child and family that considers the relationships between AEH/CH and the social use of mathematics, since it is often necessary to understand that inclusion in the hospital environment goes beyond the child. It involves the family and the guardian, because they are part of this process. As appears in the excerpt from the dialogue with the teacher:

I'll tell you one thing. There are mothers and fathers who can't read, and the doctor writes a prescription. And they say to us: “Doctor, I have to give my child 10 ml of medicine.” That has happened there. And we go to the child and the parents with the medicine bottle and measure it out with them, so they understand how much 10 ml is. So I'm talking from a hospital perspective, but to show that inclusion in the hospital environment goes beyond the child. (...) She (the child/patient) wants to know how many days she will be hospitalized. What does she need to learn? How to use a calendar. The basic mathematical concept of time/space, month/year, how many days (Personal communication, June 4, 2024).

The perception that mathematics is an opportunity for students to engage and improve their critical reading skills and that learning mathematics paves the way for the emancipation of these citizens (Skovsmose, 2019) contradicts the narrow view of mathematics as merely doing calculations. Thus, realizing that mathematics is

everywhere, including in hospitals, and needs to be worked on is the first step in guaranteeing this right. Since mathematics is a critical component of the school curriculum, it must be guaranteed in educational interventions, including hospital classrooms in the Federal District. The pedagogical approach in this context needs to be flexible and interactive, considering the level of fragility of the students.

Given the above, the research findings show the need for continuity of schooling also in the hospital setting, with playful and intentional pedagogical action in mathematics that aims to ensure that everyone, including those who are in different spaces, at different times, and have different educational needs, whether temporary or permanent, are included. Therefore, to speak of Inclusive Mathematics Education is to emphasize diversified teaching actions, tasks, and materials (Morás et al., 2023 & Fraz et al.; 2023), adopted from a curriculum that aims to build mathematical knowledge accessible to all, practicing social justice and solidarity.

### **Final Thoughts**

Hospital Educational Services/Hospital Classes represent an aspect of Inclusive Mathematics Education, as they provide continuity in the educational process for students who are hospitalized. In the Federal District, these services are provided through a partnership between the Federal District State Department of Education (SEEDF) and the Federal District Department of Health (SESDF). This partnership aims to ensure that children and adolescents admitted to public hospitals in the Federal District are not disadvantaged in their educational process due to hospitalization. The proposal is to guarantee a learning environment within hospital units, integrated with health care, recognizing education as a fundamental right.

An analysis of the documents/opinions on Hospital Educational Services/Hospital Classrooms in the Federal District showed that there is specific legislation that guarantees and organizes, in general terms, the AEH/CH. However, the documents leave doubts about the specifics of this service, among which the following stand out: the lack of regulation on how care should be provided, the lack of detail and guidance on who is responsible for the administrative life of SEEDF employees working in Hospital

Classes, and who is responsible for financing the materials to enable educational activities.

The documents analyzed do not directly refer to mathematics teaching, but they do state that the Curriculum in Motion should be used as the basis for teaching, meaning that mathematics is included because it is present in this document. By ensuring the presence of mathematics, professionals show a commitment to keeping their work on the subject aligned with the curriculum and ensuring that students/patients continue to develop their cognitive abilities in a humanized manner.

One inconsistency found is that the documents governing the AEH/CH explicitly state that all students in Basic Education are entitled to this service, however, in the Federal District, only children in Early Childhood Education and the early years of Elementary School are served, which is a cause for concern.

The analysis of the reality experienced by a teacher helped to understand the main procedures adopted in the Hospital Educational Care situation, ranging from bedside visits to the implementation of pedagogical intervention, in this case in the area of Mathematics, which considers the various challenges faced in the context of hospitalization.

In addition, the challenges and potential of this service are highlighted. The main challenges identified are: lack of publicity for the service, poor communication between those involved, lack of specific resources to provide the materials needed for the service, and expansion of this service. The potentialities relate to this service guaranteeing the right to continuity of studies and being inclusive, having characteristics of humanization/welcoming, enabling a playful pedagogical environment adapted to the reality and health needs of students/patients; constituting a moment of learning based on play.

With regard to teaching practices in mathematics, these fall within the scope of inclusive mathematics education. They ensure the inclusion of these students by enabling them to continue their schooling. The main findings relate to: 1) the fact that teaching mathematics is guaranteed by the Currículo em Movimento (Curriculum in Motion) program, which regulates this service; 2) intervention in the area of mathematics takes place through activities sent by the school of origin or produced by

AEH/CH teachers, given the specificities presented by the children/patients; 3) playfulness and pedagogical intentionality are the axis of mathematical planning; 4) the importance of creativity and a forward-looking approach to the situation experienced by teachers and students/patients; and, finally, 5) the nature of inclusion beyond the child, given that there is a need for mathematical knowledge that also includes the family. Thus, it can be inferred that the teaching of mathematics is considered relevant and distinctive in Hospital Educational Services in the Federal District in Hospital Classes.

This service is an emblematic example of how the right to education can be guaranteed in adverse circumstances. Relevant aspects include: continuity of mathematics learning, as with AEH/CH students/patients maintain some pace of learning, avoiding significant educational gaps; emotional well-being, since schooling, even during hospitalization, can provide students with a sense of normality; social inclusion, as this service demonstrates a commitment to educational and social inclusion, seeking to ensure that no student is left behind because of a health condition.

Thus, this service already has specific legislation, but it is still not sufficient to organize and guarantee the rights and well-being of all those involved, including teachers working in Hospital Classes in the Federal District, who face challenges that need attention. Among the weaknesses, the following stand out: the need for adequate resources and forecasts by those responsible for procurement, continuing education for teachers, expansion of the offer of Hospital Classes, as well as teachers to work in the area and, consequently, an increase in the number of students served, that is, covering the final years of elementary and high school.

A gap in the study is the lack of transparency in the data on this care due to the unavailability of information from the Federal District State Department of Education and the lack of direct observation of care in hospitals offering AEH/CH in view of the proposed objectives and the bureaucracy required to make this action feasible. This constitutes an indication for future research.

## References

- Almeida, A. (26 de novembro de 2015) Foi uma luta para chegar aonde chegamos. Hospital da Criança: José de Alencar, 2015. <https://www.hcb.org.br/depoimentos/foi-uma-luta-para-chegar-aonde-chegamos/>
- Brasil. (2001). Conselho Nacional de Educação. (11 de setembro) *Resolução n. 2, de 11 de setembro de 2001*, institui as Diretrizes Nacionais para a Educação Especial na Educação Básica. Brasília: CNE/CEB.
- Distrito Federal. (2010) *Orientação pedagógica: Educação Especial*. Brasília: Editora SEDF.
- Distrito Federal. (2012, 29 de agosto). *Decreto nº 4.927, de 29 de agosto de 2012*. Altera a Lei nº 2.809, de 29 de outubro de 2001. Dispõe sobre a garantia do direito da criança e do adolescente ao atendimento pedagógico e escolar na atenção hospitalar no Distrito Federal.
- Distrito Federal. (2016, 9 de dezembro). *Decreto nº 5.743, de 9 de dezembro de 2016*. Altera a Lei nº 2.809, de 29 de outubro de 2001. Dispõe sobre a garantia do direito da criança e do adolescente ao atendimento pedagógico e escolar na atenção hospitalar no Distrito Federal. Diário Oficial do Distrito Federal, Brasília, DF.
- Distrito Federal.(2018, 31 de julho). *Lei nº 6.199, de 31 de julho de 2018*. Altera a Lei nº 2.809, de 29 de outubro de 2001, que dispõe sobre a garantia do direito da criança e do adolescente ao atendimento pedagógico escolar na atenção hospitalar no Distrito Federal. Diário Oficial do Distrito Federal, nº 145, Brasília, DF.
- Distrito Federal.(2001, 29 de outubro). *Lei nº 2.809, de 29 de outubro de 2001*. Dispõe sobre a garantia do direito da criança e do adolescente ao atendimento pedagógico e escolar na atenção hospitalar no Distrito Federal. Diário Oficial do Distrito Federal, Brasília, DF.
- Distrito Federal.(2021, 20 de julho). *Portaria Conjunta nº 09, de 20 de julho de 2021*. Dispõe sobre a cooperação mútua entre a Secretaria de Estado de Educação do Distrito Federal e a Secretaria de Saúde visando a oferta de Atendimento Educacional Hospitalar.
- Distrito Federal. (2021, 16 de setembro). *Portaria Conjunta nº 10, de 16 de setembro de 2021*. Instituiu o Comitê Gestor de Atendimento Educacional Hospitalar - Classes Hospitalares, designa seus representantes e dá outras providências.
- Distrito Federal. (2023, 24 de março). *Portaria Conjunta nº 08, de 24 de março de 2023*. Altera a portaria Conjunta nº 10, de 16 de setembro de 2021, que instituiu o Comitê Gestor de Atendimento Educacional Hospitalar - Classes Hospitalares.
- Distrito Federal. (2024, 25 de junho). *Portaria Conjunta nº 16, DE 25 de junho de 2024*. Altera a Portaria Conjunta nº 10, de 16 de setembro de 2021, que instituiu o Comitê Gestor de Atendimento Educacional Hospitalar - Classes Hospitalares.
- Favoretto, I. Bôas, L. V. & Ens, R. T. (2023). Classes hospitalares: um estudo das produções do Congresso Nacional de Educação (EDUCERE). *Revista Diálogo Educacional*, 23(79), 1688-1705. <https://doi.org/10.7213/1981-416x.23.079.ao20>.

- Fraz, J. N.; Moura, E. M. B. de; Santos, K. V. G. dos; Marçal, D. F. da C.; Moreira, G. E. & Vieira, L. B. (2024). Educação matemática inclusiva aliada às tecnologias digitais da informação e da comunicação. *Caderno Pedagógico*, 21(7), e5657. <https://ojs.studiespublicacoes.com.br/ojs/index.php/cadped/article/view/5657>.
- Fonseca, E. S. (1999). *Atendimento pedagógico-educacional para crianças e jovens hospitalizados: realidade nacional*. Série Documental, textos para discussão, Brasília: INEP. <https://rbep.inep.gov.br/ojs3/index.php/td/article/view/3781/3508>
- Gomes, L. R. B. P. (2020) O contexto atual das classes hospitalares no Brasil. *XXV EPEN – Anais do Encontro de Pesquisa Educacional do Nordeste - Reunião Científica da Anped*, nov. 2020, UFBA, Bahia: Associação Nacional de Pós-Graduação [http://anais.anped.org.br/regionais/sites/default/files/trabalhos/20/6370-texto\\_proposta\\_completo.pdf](http://anais.anped.org.br/regionais/sites/default/files/trabalhos/20/6370-texto_proposta_completo.pdf)
- Januzzi, G. M. (2004). *A educação do deficiente no Brasil: dos primórdios ao início do século XXI*. Autores Associados.
- Lara, C. C. Q. (2021). *Formação de professores em ambiente hospitalar: uma leitura a partir da psicanálise na Educação*. [Dissertação de Mestrado em Educação, Universidade de Brasília]. <http://icts.unb.br/jspui/handle/10482/41634>
- Martins, L. M. (2013). *O desenvolvimento do psiquismo e a educação escolar: contribuições à luz da Psicologia Histórico-cultural e da Pedagogia Histórico-crítica*. Autores associados.
- Minayo, M. C. (2001). *Pesquisa social, teoria, método e criatividade*. Vozes.
- Morás, N. A. B., Antunes, F. C. A. & Nogueira C. M. I. (2023). Educação Matemática Inclusiva: o que mostram as Pesquisas Publicadas entre 2013 e 2018 em Periódicos com Qualis em Ensino. *Jornal Internacional de Estudos em Educação Matemática*, 16(1), 115-121. <https://jjeem.pgsscogna.com.br/jjeem/article/view/10067>.
- Moura, E. M. B.; Fraz, J. N. ; Santos, K. V. G. & Moreira, G. E. (2023). The Brazilian Mathematics Educator Ubiratan D'Ambrosio in vídeos: Ethnomathematics and the unveiling of Mathematics. *TANGRAM - Revista de Educação Matemática*, 6(1), 101-118. <https://ojs.ufgd.edu.br/index.php/tangram/article/view/16878>.
- Moura, E. M. B.; Santos, K. V. G. ; Fraz, J. N. & Moreira, G. E. (2023). Adequação Curricular: dispositivo pedagógico de inclusão? *Peer Review*, 5(5), 1-19. <https://peerw.org/index.php/journals/article/view/274>.
- Moura, E. M. B. & Moreira, G. E. (2023). Inclusive mathematics education: special education paradigms and possibilities of pedagogical practices. *Conciliun*, 23(15), 143-169. <https://doi.org/10.53660/CLM-1669-23125>.
- Moura, E. M. B.; Fraz, J. N.; Santos, K. V. G. & Moreira, G. E. (2021). Grandezas e Medidas no Contexto da Inclusão: a Educação Matemática na formação do professor. *Educação Matemática Debate*, 5(11), 1-25. <https://doi.org/10.46551/emd.e202113>.
- OLIVEIRA, T. C. (2013). *Um breve histórico sobre as classes hospitalares no Brasil e no mundo*. Anais do Congresso Nacional de Educação-Educere, p.11. Curitiba: Pontifícia Universidade Católica do Paraná. <http://bruc.com.br/ANAIS>.
- Prodanov, C. C. & DE Freitas, E. C. (2013). *Metodologia do trabalho científico: métodos e técnicas da pesquisa e do trabalho acadêmico*. 2ª Edição. Ed. Feevale.

- Rohrer, T. (2021, 23 de setembro). *Classe hospitalar traz ensino individualizado aos estudantes*: Portarias regulamentam trabalho dos docentes e demais profissionais nos hospitais. Secretaria de Estado de Educação do Distrito Federal, 2022. <https://www.educacao.df.gov.br/classe-hospitalar-traz-ensino-individualizado-aos-estudantes/>.
- Silva, M. das N. (2014). *As tecnologias como apoio à mediação pedagógica na classe hospitalar*: desafios e possibilidades no ensino multisseriado. [Dissertação de Mestrado em Educação, Universidade de Brasília]. <http://www.realp.unb.br/jspui/handle/10482/16665>
- Skovsmose, O. (2019). Inclusões, encontros e cenários. *Educação Matemática em Revista*, 24(64), 16-32. <https://www.sbembrasil.org.br/periodicos/index.php/emr/article/view/2154>.
- Sirgado, A. P. (2005). *As marcas do humano*: às origens da constituição cultural da criança na perspectiva de Lev S. Vigotski. Cortez.
- Soares, C. J. F. (2022). *Análise descritiva qualitativa*. CRV.
- Triviños, A. N. S. (1987). *Introdução à pesquisa em ciências sociais*: a pesquisa qualitativa em Educação. Atlas.
- Vieira, L. B. & Moreira, G. E. (2020). O estudante imigrante e o papel do professor de matemática como agente sociocultural e político. *Dialogia*, 1(34). 185-199. <https://doi.org/10.5585/dialogia.n34.16711>.
- Vigotski, L. S. (2000). *Obras escogidas*: problemas del desarrollo de la psique. Tomo III. Trad. Lydia Kuper. Visor.
- Vigotski, L. S. (2019). *Obras Completas* - V. Fundamentos de defectologia. UNIOESTE.