DIAGNOSTIC EPIDEMIC AND CHALLENGES FOR EDUCATION: THE RISING SCENARIO OF AUTISM DIAGNOSES

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Abstract

This article investigates the phenomenon that has come to be known as the "diagnostic epidemic" of Autism Spectrum Disorder (ASD) and the challenges it poses for education in light of the growing number of diagnoses in recent decades. The study adopted a qualitative, exploratory approach, using documentary analysis of scientific articles, official reports, and reputable journalistic publications to discuss the causes and implications of this increase from a critical, depathologizing perspective. The findings indicate substantial growth in the prevalence of ASD, driven by scientific advances, greater social awareness, and the expansion and popularization of diagnostic criteria, but also by a diagnostic culture that tends to pathologize behaviors previously regarded as part of the variability of human

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development and the diverse possibilities of being. In Brazil, the 2022 Demographic Census identified 2.4 million people with autism, representing 1.2% of the population, while the 2024 School Census recorded a 44.4% increase in the enrollment of students with ASD in basic education in just one year. These findings point to the urgent need for curricular adaptations, teacher education, and specialized support, but above all for ethical and critical reflection on the medicalization of childhood, excessive psychodiagnostic processes—sometimes inaccurate and hasty—and their consequences for the school context.

Keywords: Autism, Diagnosis, Diagnostic Epidemic, Inclusive Education, Medicalization.

INTRODUCTION

Autism Spectrum Disorder (ASD) has received increasing attention in recent decades, both scientifically and socially. Amid the rapid transformations of contemporary reality, a substantial increase in the number of diagnoses worldwide has become observable within a short period, prompting discussions about a possible “diagnostic epidemic” (Almeida; Neves, 2020). This phenomenon has been shaped by changes introduced through the Diagnostic and Statistical Manual of Mental Disorders (DSM), particularly the DSM-5-TR, released in 2022.

In Brazil, this rapid increase in autism diagnoses is corroborated by data from the 2022 Demographic Census (IBGE, 2025) and the 2024 School Census (Brazil, 2025), which document substantial growth in the identification of individuals with autism, especially in educational settings.

Although this phenomenon has been attributed partly to scientific progress, improvements in diagnostic tools, and the expansion of classification criteria, it must be examined critically and on a sound evidentiary basis. Differential diagnosis is not always considered, and, at least in Brazil, a multidisciplinary diagnostic culture with clear protocols for conducting reliable differential diagnoses has yet to be consolidated.

The accelerating pace of diagnoses, particularly autism diagnoses, has posed substantial challenges to healthcare systems and, especially, to education. The inclusion of students with ASD in mainstream schools, as advocated by inclusive education policies, requires profound pedagogical adaptations and continuing teacher education (Oliveira, 2024). At the same time, it raises ethical questions about the medicalization of childhood and the risk of pathologizing behaviors that, in other historical or cultural contexts, would be recognized as legitimate expressions of human diversity (Vasconcelos; Costa, 2023). Behaviors previously viewed through a moral lens, such as laziness or stubbornness, are now also being pathologized and medicalized.

Against this backdrop, this article proposes an initial analysis of the phenomenon of the autism "diagnostic epidemic" and its effects on Brazilian education. To this end, we investigate the factors that we understand to have contributed to the increase in ASD diagnoses; discuss the implications for the education system; seek to identify the principal challenges faced by educators and institutions; and propose reflections on the need for policies that meet the needs of the autistic population without engaging in excessive pathologization.

The relevance of this study lies in the urgent need for a critical and well-founded understanding of the impact of increasing diagnoses on education, ensuring not only formal enrollment but also genuine learning conditions, respect for each individual's uniqueness, and the development of a truly inclusive school system.

THEORETICAL FRAMEWORK

AUTISM SPECTRUM DISORDER: FROM DIAGNOSTIC CLASSIFICATION TO CONTEMPORARY PREVALENCE

ASD is officially defined by the DSM-5 as a neurodevelopmental condition characterized by persistent impairments in social communication and interaction, associated with restricted and repetitive patterns of behavior, interests, or activities (American Psychiatric Association, 2014).

Initially described by Leo Kanner in 1943 as a specific disorder, the definition of autism was progressively broadened until, in 2013, conditions previously treated separately were unified: Autistic Disorder, Asperger's Syndrome, Childhood Disintegrative Disorder, and Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS). By placing these conditions under the concept of a spectrum, this nosological shift represented a decisive clinical and epidemiological turning point, substantially expanding the population eligible for diagnosis.

It is not difficult to consider revisions to diagnostic criteria as one of the principal drivers of the current statistical increase in the prevalence of ASD. Nor does doing so constitute an attack on diagnostic processes. Rather, it entails examining a phenomenon permeated by human interpretive decisions that have changed over time and may be understood differently in the future, after having affected an entire generation.

From an epidemiological perspective, the figures relevant to this discussion are striking. The first systematic study of autism, conducted by Lotter in England in 1966, found a prevalence of 4.5 cases per 10,000 children (Lotter, 1966 apud Almeida; Neves, 2020). Since then, global prevalence has increased approximately thirtyfold. The latest 2025 data from the United States Centers for Disease Control and Prevention (CDC) indicate that 1 in every 31 eight-year-old children has ASD, compared with 1 in 68 in 2014 (CDC, 2025 apud Instituto Pensi, 2026). In Brazil, the 2022 Demographic Census identified 2.4 million people diagnosed with autism, corresponding to 1.2% of the population, with the highest concentration among children aged five to nine (IBGE, 2025).

This dramatic growth raises several central questions: Does it represent a genuine increase in the incidence of the disorder, or is it an effect of changes in diagnostic criteria and identification systems? Could it also result from inaccurate or hasty diagnoses that will suddenly need to be structured to account for an entire spectrum? Almeida and Neves (2020) argue that all these processes coexist, but they caution against interpreting the phenomenon exclusively as scientific progress, emphasizing the need to consider

the social, institutional, and economic determinants that also produce it. This critical interpretation is central to the present article.

DIAGNOSTIC CRITERIA, NOSOLOGY, AND THE PROBLEM OF SPECTRUM EXPANSION AND THE MEDICALIZATION OF LIFE

We begin this section by affirming our understanding that the expansion of diagnostic categories in psychiatry is not a neutral phenomenon. Whitaker (2016), for example, demonstrates that contemporary psychiatry's progressive relaxation of nosological boundaries—illustrated particularly clearly by the history of attention-deficit/hyperactivity disorder (ADHD), but equally observable in ASD—has resulted in substantial growth in the number of diagnoses without evidence of an equivalent increase in the biological prevalence of these conditions.

This dynamic can be understood in light of the logic underlying revisions to diagnostic manuals. Each new edition of the DSM broadens the possibilities for diagnostic classification, lowers the required symptom thresholds, and incorporates clinical presentations that were previously excluded. The practical result is that individuals who would not have received any diagnosis in previous decades are now identified as belonging to the spectrum (Almeida; Neves, 2020), which helps explain the large number of late autism diagnoses among people who, until then, had simply been considered different. Although this development has enabled previously invisible segments of the population to access healthcare, it has also produced what Welch, Schwartz, and Woloshin (2008) call an "epidemic of diagnoses": the reinterpretation of normal variations in behavior and development as symptoms of illness.

In the Brazilian context, the diagnostic issue takes on additional dimensions when one considers that legislation has linked formal diagnostic reports to access to rights and benefits, such as specialized pedagogical support under the Brazilian Inclusion Act (Law No. 13,146/2015) and exemptions from certain testing requirements in national assessments. This legal and institutional arrangement creates a structural incentive for the formalization of diagnoses that operates relatively independently of the

severity or clinical consistency of the condition presented (Christmann; Pavão, 2018). News reports, for example, frequently contain allegations involving people attempting to circumvent quota systems, falsify diagnoses, or even obtain diagnoses through personal arrangements with professionals of questionable ethics. This occurs because, in a certain sense and for certain individuals—rather than those who genuinely need affirmative-action policies—these rights appear to offer opportunities for privilege.

When the discussion of a "diagnostic epidemic" arises, we understand the term to emerge primarily from the debate over whether the increase in ASD records reflects a genuine rise in the incidence of the condition or is, at least partly, the result of other scientific, social, and institutional factors. Almeida and Neves (2020) propose that the phenomenon may be understood as a "false epidemic" because, as already noted, it may result from the interaction between increasingly broad psychiatric perspectives and social demands for nosological categories that account for behaviors regarded as deviant. In this context, the medicalization of childhood occupies a central position in both attention and analysis.

In examining this phenomenon, Welch, Schwartz, and Woloshin (2008) point to the appropriation, through pathologization and medicalization, of ordinary physical or psychological sensations that are now regarded as symptoms of illness, as previously noted. This phenomenon assumes even greater proportions in the school context: adjectives denoting moral judgments or behavioral characteristics, such as "mischievous," "distracted," or "restless," are now analyzed and described—and are progressively being replaced—through medical terms such as "disorder," "syndrome," or "disturbance" (Vasconcelos; Costa, 2023).

Freitas (2014 apud Vasconcelos; Costa, 2023, p. 6) observes:

> Increasingly, schools are identifying substantial numbers of children with a variety of diagnoses. Endorsed by medical discourse, these labels associate problems of contemporary life, such as sadness, fatigue, and restlessness, with health concepts such as depression, bipolar disorder, obsessive-compulsive disorder, and Attention-Deficit/Hyperactivity Disorder (ADHD), among others.

This tendency reflects a diagnostic culture in which the "deviant" individual is promptly labeled so that they may be "normalized." Silva (2000) emphasizes that "to normalize means arbitrarily selecting a specific identity as the standard against which other identities are evaluated and ranked." Autism diagnoses have therefore become part of everyday school life from both an administrative perspective, linked to access to resources and services, and a psychopedagogical perspective, which seeks to explain learning difficulties through biological accounts.

EXCESSIVE PSYCHODIAGNOSIS: ETHICAL DIMENSIONS OF PSYCHOLOGY

In this article, we align ourselves with the theorists and researchers who have denounced the increasing number of diagnoses that are sometimes made without the necessary clinical rigor and may even be motivated by institutional, commercial, or family pressures. In their study of this phenomenon in educational settings, for example, Vasconcelos and Costa (2023, p. 2) warn that "schools seem to have lost the sensitivity required to understand personal characteristics and now require a nosological process before taking action." This erosion of the pedagogical capacity to embrace difference without resorting to medical reports—which is also evident in other social contexts—constitutes an ethical, educational, and social setback.

Christofari (2014) emphasizes that schools ultimately become major producers of labels for students. These labels affect subjectivities, alleviate anxieties, and explain failures in assessments. In the private sector, the pursuit of diagnosis may also be linked to institutional marketing strategies: schools under pressure to produce results resort to medical diagnoses as a way of assigning students responsibility for their own failure, thereby preserving the institution's reputation.

Through Technical Note No. 23/2025, the Federal Council of Psychology (Conselho Federal de Psicologia—CFP) advises psychology professionals on the need for an ethical, technical, and multidisciplinary approach to the growing demand for ASD diagnosis and treatment. It reaffirms that psychodiagnosis should be an instrument of care rather than exclusion or labeling (CFP, 2025).

In the field of inclusive education, Oliveira (2024) systematizes the main challenges faced by Brazilian schools in integrating students with ASD: insufficient teacher education, the absence of specialized support, and the tendency to confuse formal inclusion, understood as enrollment, with genuine inclusion, understood as effective participation and meaningful learning.

Regarding the practice of psychology in the school setting, psychology professionals must therefore be guided by an understanding of why psychology exists and whom it serves: the individual and their well-being. It must never serve profit, personal advantage, the power to define others, or an attempt to impose and produce a single “normal” way of being for everyone.

METHODOLOGY

This study adopts a qualitative, exploratory approach, with documentary analysis as its principal method of data collection and interpretation. We selected this perspective because we recognize the multifaceted nature of the phenomenon under investigation, which encompasses scientific, social, political, and ethical dimensions that cannot be adequately captured by purely quantitative indicators (Minayo, 2014).

The exploratory nature of the research, in turn, allows us to map the state of knowledge on the subject, identify trends, and formulate hypotheses for future studies.

DOCUMENTARY ANALYSIS

By documentary analysis, we mean the systematic investigation of documents as primary or secondary sources of information about the object under study (Gil, 2021). For this article, the documentary corpus was organized into three categories: a) Official reports and documents: publications by government agencies and research institutions containing statistical data, epidemiological analyses, and guidelines concerning autism and inclusive education. Priority was given to documents published from 2022 onward, including data from the 2022 Demographic Census conducted by the Brazilian

Institute of Geography and Statistics (Instituto Brasileiro de Geografia e Estatística—IBGE), the 2024 School Census conducted by the Anísio Teixeira National Institute for Educational Studies and Research/Ministry of Education (Instituto Nacional de Estudos e Pesquisas Educacionais Anísio Teixeira/Ministério da Educação—INEP/MEC), the CDC (2025), and Technical Note No. 23/2025 issued by the CFP. b) Scientific articles: academic publications indexed in databases such as SciELO that discuss the evolution of autism diagnostic criteria, the prevalence of the condition, the challenges of educational inclusion, and the concept of a "diagnostic epidemic," with an emphasis on critical perspectives concerning the medicalization of childhood. c) Reputable journalistic publications: reports and news articles published by major national media outlets between 2023 and 2026, presenting data, cases, and debates concerning the increase in ASD diagnoses in the school context.

ANALYTICAL PROCEDURES

For the analysis of the documents, we adopted a critical and interpretive stance guided by the principles of content analysis (Bardin, 2016). Following the author's recommendations, the process involved three stages: (1) pre-analysis, including an initial, open-ended reading and selection of the corpus; (2) exploration of the material, involving the identification of emerging thematic categories; and (3) treatment and interpretation of the results, involving a comparison between the empirical data and the critical theoretical framework adopted. *The analytical categories developed were: ASD prevalence and epidemiology—epidemiological perceptions; factors explaining diagnostic growth; implications for inclusive education; and the risk of excessive psychodiagnosis and its consequences.*

We acknowledge as a limitation of this study that documentary analysis does not provide access to primary data produced directly with those involved in the educational process: teachers, families, students, and healthcare professionals. These perspectives will be addressed in future studies intended to complement this investigation through empirical ethnographic or action-research approaches.

DATA ANALYSIS AND DISCUSSION

THE GROWTH IN DIAGNOSES: AN EPIDEMIOLOGICAL PERSPECTIVE

We begin the presentation of these analyses by sharing, in greater detail, data concerning the increase in the number of autism diagnoses. These data point to a dramatic and consistent rise in ASD diagnoses in Brazil and worldwide. Internationally, the CDC (2025 apud Instituto Pensi, 2026) reported that 3.2% of eight-year-old children in the United States are identified as autistic, compared with 1.5% in 2014 and 2.8% in 2023. The agency interprets this increase of more than 100% over a decade as the combined result of expanded diagnostic criteria, greater access to assessment services, and growing awareness among families and healthcare professionals.

In Brazil, the 2022 Demographic Census (IBGE, 2025) identified 2.4 million people diagnosed with autism, corresponding to 1.2% of the Brazilian population. Prevalence is highest among children aged five to nine, at 2.6%, indicating a concentration of diagnoses in the age group in which children enter and become established in school. This is why we focus on the ways in which this institution operates.

As the first official nationwide data of their kind, these figures represent a historic advance for public policymaking in Brazil. They also point, however, to the urgent need for qualitative reflection on the processes that produce them, particularly when schools become the principal setting in which suspicions arise and referrals for diagnosis are made, despite the fact that these institutions lack the necessary expertise, especially in the absence of psychology professionals.

In the educational sphere, the 2024 School Census (Brazil, 2025) recorded a 44.4% increase in the enrollment of students with ASD in basic education compared with 2023 and a more than twentyfold increase over the previous decade. This does not necessarily indicate that students with ASD are only now gaining access to school. Rather, it appears that students who are already enrolled are being diagnosed, including in response to demands from educational institutions. The case of Campinas, São Paulo, is illustrative: the municipal school system recorded a 1,204% increase in the number of autistic students

between 2014 and 2024 (G1, 2025). Although part of this growth reflects genuine advances in screening and access to diagnosis, specialists caution that the pace of the increase raises questions about the consistency of the diagnostic processes currently in use (Metrópoles, 2026).

FACTORS EXPLAINING DIAGNOSTIC GROWTH

The documentary analysis enabled us to identify three interrelated, rather than mutually exclusive, categories of factors that explain the increase in ASD diagnoses.

The first category comprises scientific and nosological factors. As the concept of autism transitioned from classical autism to a broad spectrum—a shift consolidated by the DSM-5 (APA, 2014)—clinical profiles that had previously been classified under other categories or left undiagnosed were incorporated into the autism spectrum, indisputably increasing the number of diagnoses. Growing awareness among healthcare professionals and the development of standardized screening instruments, such as the Modified Checklist for Autism in Toddlers (M-CHAT), also contributed to the identification of cases that would previously have remained invisible to the system (Almeida; Neves, 2020).

The second category comprises social and institutional factors. Greater awareness of ASD among families and society, amplified by the dissemination of information through digital platforms, has led to increased demand for diagnostic assessments, especially among parents concerned about their children's behavior and persuaded that treatment initiated at an early age may produce greater developmental gains. At the same time, Brazilian legislation—particularly Law No. 12,764/2012, known as the Berenice Piana Law, and Law No. 13,977/2020, known as the Romeo Mion Law—has linked formal diagnosis to access to rights and benefits, thereby creating a structural incentive for diagnostic formalization irrespective of the severity of the clinical presentation.

Finally, there are institutional and pedagogical factors. Studies by Vasconcelos and Costa (2023) concerning everyday experiences of inclusion in the school environment indicate that schools transfer responsibility for difficulties that are often pedagogical, relational, or socioeconomic in nature to the

medical field. Demand for diagnostic reports grows as schools feel unprepared to address the heterogeneity of students and their different ways of learning without the support of clinical categorization. In addition, students' resistance or failure to engage with curricular proposals is frequently explained by invoking and naming disorders. This shifts responsibility onto students for what is often a shortcoming in the pedagogical practices offered to them. Christofari (2014) identified this phenomenon as the "production of labels," whose paradoxical effect is to alleviate institutional anxiety arising from the inability to achieve behavioral homogeneity and adjust ways of being to social and moral rules, ultimately producing new forms of exclusion.

IMPLICATIONS FOR INCLUSIVE EDUCATION

Our analysis of schooling data revealed an apparent contradiction: the school enrollment rate of the autistic population, at 36.9%, is higher than that of the general population, at 24.3%, and more than two-thirds of students with ASD attend elementary or lower secondary education [*ensino fundamental]* (IBGE, 2025). Although these figures appear positive at first, they do not necessarily reflect effective inclusion, because formal enrollment is a necessary but insufficient condition for ensuring meaningful learning and full participation.

Oliveira (2024) systematizes the principal challenges identified in studies of the inclusion of students with ASD in Brazil. The first is teacher education. Most teachers have not received adequate initial or continuing education to work with the diversity associated with ASD. The absence of a specific pedagogical repertoire therefore leads to the adoption of generic, improvised strategies that lack theoretical consistency and frequently fail to address students' individual needs.

The second challenge concerns curricular and methodological adaptation. Curricula and teaching practices must be made flexible enough to accommodate different learning styles and paces through visual resources, assistive technologies, and structured approaches that promote autonomy and active participation. Alongside the challenges involving initial and continuing teacher education, Brazil faces a

complex and often chaotic situation in the management of educational inclusion processes. This situation becomes increasingly strained as the number of diagnoses grows.

Oliveira (2024) identifies a third challenge: specialized support. The presence of classroom aides, support professionals, and multidisciplinary teams—including occupational therapists, speech-language pathologists, and psychologists—is a fundamental condition for effective inclusion, yet such support remains scarce in most public education systems. Some initiatives have emerged in Brazilian legislation, such as Law No. 13,935, which establishes the mandatory provision of psychologists and social workers in schools. In many municipalities, however, the requirement has been addressed through the creation of a centralized unit composed of a small number of professionals responsible for every school in the system.

According to Oliveira, the fourth challenge is late diagnosis, given that the average age of ASD diagnosis in Brazil is approximately eleven years (Metrópoles, 2026), considerably higher than in developed countries, where diagnosis often occurs before age three. This delay restricts access to early interventions, which are widely recognized as more effective in developing communication, social, and cognitive skills.

When we examine this set of challenges as they manifest in everyday life, we find that the school inclusion of students with ASD in Brazil faces a structural contradiction. On the one hand, the number of diagnoses is increasing rapidly, including both diagnoses that may be accurate and false-positive results, placing pressure on schools to receive growing numbers of students identified as being on the spectrum. On the other hand, the objective conditions required for effective inclusion remain inadequate and unequal. The expansion of enrollment without consistent investment in teacher education, curricular adaptation, specialized support, and early screening produces an inclusion that is, in many cases, more formal than genuine. In this context, late diagnosis further aggravates the situation: children who could benefit from early interventions reach school already at a disadvantage, while schools that are unprepared to receive them tend to respond by making further demands for diagnosis, thereby perpetuating the cycle of the diagnostic epidemic.

We may therefore affirm that this is not merely a problem of educational management, but an ethical and political crisis in Brazilian inclusion: individuals are formally included even though there is neither the willingness nor the capacity to include them in practice.

THE RISK OF EXCESSIVE PSYCHODIAGNOSIS AND ITS CONSEQUENCES

A critical analysis of the documents allows us to identify a central paradox in the phenomenon addressed in this article. Although an ASD diagnosis may serve as a gateway to rights, care, and essential resources, its excessive, inaccurate, or hasty use may produce iatrogenic effects on individual development, the formation of subjectivity, and pedagogical practices.

In schools, excessive psychodiagnosis operates as a mechanism for externalizing pedagogical and institutional contradictions. By this, we mean that when school failure is systematically attributed to students' individual deficits through psychiatric categories, schools exempt themselves from questioning their own practices, curricula, structural conditions, and political-pedagogical projects (Vasconcelos; Costa, 2023). Within this dynamic, the diagnostic report becomes an instrument for managing difference rather than embracing it.

CFP Technical Note No. 23/2025 (2025) reaffirms that psychodiagnosis must be an ethical, rigorous, and contextualized process and must never be reduced to rapid screening or an instrument for conforming individuals to the demands of schools or the market. The note further warns of the risk that diagnoses, once established, tend to become fixed identities that limit expectations regarding an individual's developmental potential. We may never speak of a formerly autistic person, although inaccurate diagnoses may exist—and, we would venture to say, do exist. This also entails serious consequences and presents an ethical challenge that must be addressed.

Silva (2000) offers a fundamental theoretical perspective for this discussion by demonstrating that processes of normalization in schools are constructed upon arbitrary standards and that the pathologization of difference ultimately serves to maintain the hegemony of certain ways of being,

learning, and relating at the expense of others. These perspectives converge on the need to reposition diagnosis not as a destiny or definitive explanation, but as a working hypothesis that guides care and learning practices. Such practices must always remain subordinate to respect for the irreducible uniqueness of each individual and arise from professional practice that is responsible, critical, and attentive to assumptions considered self-evident within psychodiagnosis.

CONCLUSION

In this article, we sought to analyze the phenomenon of the autism "diagnostic epidemic" and the challenges it poses for education in Brazil from a critical perspective grounded in documentary analysis. Based on our inquiry and our ethical and theoretical perspectives, we adopt the following positions.

First, we understand the increase in ASD diagnoses to be a genuine phenomenon documented by robust epidemiological data, although its interpretation requires analytical caution. Part of this growth reflects legitimate advances: broader access to diagnosis, refinement of screening instruments, greater social awareness, and the consolidation of legal frameworks linking formal diagnosis to access to rights. Another portion of this growth, however, appears to reflect insufficient preparedness for differential diagnosis, clinical hastiness, and, above all, the pathologization of difference, driven by institutional, pedagogical, and commercial pressures that transform medical reports into substitutes for more pluralistic and inclusive educational practices.

Second, we understand that the Brazilian education system faces a twofold challenge. It must ensure effective conditions for the inclusion of students diagnosed with ASD through teacher education, curricular adaptation, specialized support, and early diagnosis. At the same time, it must resist the tendency to transform every expression of behavioral diversity or learning difficulty into a disorder to be medicated or categorized. These two challenges are complementary rather than antagonistic: a school capable of embracing difference without depending on diagnostic reports is also better prepared to identify, when necessary, children who genuinely require specialized support. Educational and

pedagogical action does not reside in a diagnostic report, but in careful sensitivity to another person's way of being and individual characteristics.

Third, the data analyzed here lead us to believe that formal inclusion, as reflected in growing enrollment, does not automatically translate into genuine inclusion, and schools do not fulfill their social role merely by accepting these enrollments. A school enrollment rate above the national average conceals disparities in the quality of services, the availability of support, and the appropriateness of pedagogical practices. It is therefore important to affirm that public policies focused exclusively on access without investment in quality reproduce, in another form, the same logic of exclusion they seek to overcome.

Finally, we emphasize that overcoming excessive psychodiagnosis in the school context is urgent and requires a cultural transformation extending beyond rules and regulations. It requires rebuilding the school as a space in which uniqueness is recognized and difference is not treated as an obstacle to be corrected, but as a constitutive dimension of the educational act. Within this horizon, diagnosis, when rigorous, ethical, and contextualized, can be a powerful ally of inclusive education; when reduced to a label or an instrument of institutional management, it becomes an obstacle to full human development.

As a future research agenda, we will undertake empirical studies employing mixed methods to investigate, directly with teachers, families, and students, their perceptions of the diagnostic process and its effects on everyday pedagogical practices.

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