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STRATEGIES for
INCLUDING CHILDREN
with SPECIAL NEEDS

in Early Childhood Settings

RUTH E. COOK ANNE MARIE RICHARDSON-GIBBS LAURIE NIELSEN DOTSON

SECOND EDITION

Strategies for Including Children with Special Needs in Early Childhood Settings

Ruth E. Cook, Ph.D.

Anne Marie Richardson-Gibbs, M.A.

Laurie Nielsen Dotson, M.A.



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***Strategies for Including Children
with Special Needs in Early Childhood
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Ruth E. Cook, Anne Marie Richardson-Gibbs,
Laurie Nielsen Dotson

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Senior Product Manager: Cheri-Ann Nakamaru
Associate Content Developer: Jessica Alderman
Senior Digital Content Specialist: Jaclyn
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Preface

Strategies for Including Children with Special Needs in Early Childhood Settings, 2nd edition, is intended to be a resource to early childhood educators working in a variety of community-based settings, including child care, Head Start, and preschool programs in which young children with special needs are included. Changes in the federal special education law, or *IDEIA*, have strengthened the mandate for inclusion of young children with special needs in typical and natural environments where they have opportunities to interact with their peers and to participate as equal members of their community. This access to inclusive environments is a precious, hard-fought right.

As access to community-based settings increases, the responsibility for meeting the needs of young children with special needs is no longer the exclusive purview of special educators and therapists. It is increasingly shifting to early childhood educators. This practical, hands-on guide includes ideas for accommodating young children with disabilities in all areas of curriculum. Adaptations are offered by activity, rather than by disability, within natural environments. Focus is on embedding instruction within daily routines. Chapters are short with lots of examples given for working with a variety of common disabilities such as cerebral palsy, Down syndrome, autism, visual impairment, hearing loss, and behavioral challenges. The book includes a balance of text, photos, and graphics.

This is an immediately applicable resource that can provide both an introduction to working with young children with special needs for students in early childhood education, as well as a usable resource and problem-solving guide for early childhood education practitioners and paraprofessionals. Families with a young child placed in an inclusive setting, disability specialists, therapists, and early childhood special education personnel who provide inclusion support to young children with special needs will appreciate the practicality of this text.

Conceptual Approach

As access to inclusive environments becomes more widely available, and more and more young children with special needs (including children with significant and complex needs) are served in early childhood settings, teacher trainers in the field of disability and early childhood special education have an obligation. They must provide training and resources to early childhood educators that will enable them to expand their skill base and confidence in working with young children who have significant learning and behavior challenges.

This book assumes that readers already have a solid base of knowledge about child development and, at least, a beginning-level experience in early childhood education. This is an important assumption because effective early childhood *special* education must be built upon this foundation. Such a knowledge base includes understanding child development across the domains of social and emotional development, language and cognition, adaptive (self-help) skills, and emergent literacy. It also includes a solid knowledge of developmentally appropriate practice and a strong commitment to understanding and meeting the needs of

children and families from culturally diverse backgrounds. Without this essential foundation, professionals with early childhood education cannot effectively meet the needs of children with disabilities.

The content and scope of this book are far from exhaustive. Rather, this guide is intended as an immediately useful introduction to understanding and accommodating young children with special needs in group settings. It includes an introduction to the nature of specific disabilities, useful teaching strategies, planning and intervention supports in daily activities, and an approach to working with families, paraeducators, and specialists. Emphasis is placed on providing the supports necessary to ensure access and full participation in classrooms and programs.

Organization

The book is organized in three parts. Part 1, *Special Education Foundations: Understanding Special Needs and Universal Instructional Strategies*, includes basic information related to working with children with special needs and sets the stage for the provision of supports that will maximize participation in activities embedded within the daily routine. Chapter 1 offers an overview of the significant legislation and defining features and benefits of inclusion, and discusses service-delivery models. Chapter 2 describes numerous essential instructional strategies that will enhance the learning of all children. Chapter 3 includes basic descriptions of some of the most challenging disabilities, including Down syndrome, autism, visual impairment, hearing loss, and cerebral palsy. Chapter 4 discusses considerations for designing the classroom environment in ways that best meet the needs of children who have various types of disabilities. Chapter 5 provides a basic understanding of behavior challenges in children with special needs and an overview of practical strategies and techniques for both preventing behavior challenges and managing them once they occur. Part 1 ends with Chapter 6 on monitoring children's progress. It explains the Individualized Family Service Plan (IFSP) and the Individualized Education Program (IEP), and provides simple suggestions for ongoing monitoring of children's progress toward specific goals and objectives.

Part 2, *Adapting Daily Activities in Inclusive Early Childhood Settings*, includes several chapters devoted to the particular challenges posed by different daily activities. These include arrival/departure and transitions (Chapter 7), free play (Chapter 8), circle time (Chapter 9), tabletop activities (Chapter 10), outside activities (Chapter 11), mealtimes (Chapter 12), and emergent literacy activities (Chapter 13). Each chapter provides general suggestions for designing these activities in ways that will be most supportive of children with special needs. Included are notes, labeled *Helpful Hints*, related to special adaptations for children with specific disabilities.

Part 3, *Working with the Early Childhood Special Education Team*, includes two chapters. Chapter 14 provides early childhood educators with important information about the challenges that parents and caregivers of children with special needs often face. It addresses the importance of establishing partnerships with families. Chapter 15 describes the roles and contributions of specialists and therapists. It discusses the ways in which paraeducators and one-to-one assistants can best support children with disabilities. Also included in this chapter is a brief overview of collaborative teaming and problem-solving processes.

Special Features and Updates

- Chapter-at-a-Glance introductions highlight key points.
- Chapters align with relevant *NAEYC Standards for Initial Early Childhood Professional Development* and *DEC Recommended Practices in Early Intervention/Early Childhood Special Education*.

- Learning objectives focus attention and guide student learning.
- Colorful photos and attractive color design make the book more visually exciting.
- Definition and use of person-first terminology throughout reinforces the inclusive spirit of the text.
- Numerous new strategies for adapting materials, routines, and activities accommodate the needs of a variety of young children with special needs in inclusive settings.
- Real-life examples illustrate key points.
- Web Links provide sites with useful related information.
- Considerations to facilitate diversity awareness are provided.
- Helpful Hints address challenges and adaptations specific to different disabilities.
- Read–Reflect–Discuss scenarios illustrate key ideas.
- Resources, references, and key terms (defined in a glossary at the end of the text) are included.
- Adaptation checklists adapted from CARA’s Kit are provided.
- The appendices include a Developmental Skills Reference Chart, updated examples of blank educational forms for quick utilization, and samples of an adapted lesson plan and an Individualized Education Program.
- MindTap for Education is a fully customizable online learning platform with interactive content designed to help students learn effectively and prepare them for success in the classroom. Through activities based on real-life teaching situations, MindTap elevates students’ thinking by giving them experiences in applying concepts, practicing skills, and evaluating decisions, guiding them to become reflective educators.

Chapter-by-Chapter Changes

The second edition of *Strategies for Including Children with Special Needs in Early Childhood Settings* has been significantly updated since it was first published in 2001. The most notable changes have been listed here by chapter:

Chapter 1 (*The Origins and Dimensions of Quality Inclusion*): The introduction from the prior edition has been expanded significantly to create a brand new first chapter. It gives readers a working definition of quality inclusion, paving the way for the strategies in the rest of the text. It also covers the major legislation that governs the ways inclusion is implemented in classrooms, and the various delivery support models that can be used to best assist children with special needs.

Chapter 2 (*Instructional Strategies Supporting the Inclusion of Young Children with Special Needs*): A new section has been added that includes alignment with CARA’s Kit on how to determine the level of support to provide each child with special needs. Two new tools, everyday adaptation materials and the EESS acronym, are introduced to help facilitate inclusion.

Chapter 3 (*Adaptations for Children with Specific Disabilities*): Updates in this chapter bring the use of terminology and classifications of various disabilities in line with recommended practices.

Chapter 4 (*Arranging the Physical Environment to Support the Inclusion of Children with Special Needs*): Considerations when planning a technology activity area along with reference to the NAEYC recommendations and a useful early childhood technology evaluation toolkit enrich this chapter. Increased attention has been given to the value of outdoor play areas as evidenced in a garden “project” and the provision of guidelines for designing outdoor environments.

Chapter 5 (*Preventing and Managing Challenging Behaviors*): This chapter has been aligned with the Center on the Social and Emotional Foundations for Early Learning (CSEFEL). Greater emphasis is given to the prevention of challenging

behaviors. A section has been added on understanding and effectively working with English language learners. Examples of a functional behavior assessment and positive behavior support plan have been included to accompany the scenario about Frederika.

Chapter 6 (*Monitoring Individual Child Progress*): Emphasis on embedding goals and objectives into naturally occurring daily opportunities is now considered to be necessary before progress can be monitored. Strategies for providing the prompts necessary to help children be successful are also included. Many of the data collection charts have been updated and an IFSP/IEP summary handout has been created.

Chapter 7 (*Managing Arrival, Departure, and Other Transitions*): Information has been expanded on learning opportunities and successful strategies for departure and transitions. A new helpful hint discusses ways to enhance the home-to-school connection. A discussion on the importance of visual cues was created as well as a new figure summarizing all of the adaptations discussed in the chapter.

Chapter 8 (*Engaging Children with Special Needs in Free Play*): Expanded information on engaging children in free play and examples have been inserted throughout this chapter. New information on making adaptations using the EESS acronym, open-ended and close-ended toys, and using different types of toys to meet diverse learners' needs is included. The closing figure summarizes all the adaptations discussed.

Chapter 9 (*Circle Time, including Music and Rhythm Activities*): This redesigned chapter combines the "Circle Time" and "Music and Rhythm Activities" chapters from the previous edition. There are new sections on types of circle time activities, adaptations for children with special needs, and key dimensions to consider during circle time.

Chapter 10 (*Tabletop Activities*): This chapter places more emphasis on all tabletop activities, hence the title change. It includes a new section on enhancing and embedding early math skills within tabletop activities. Adaptations using the EESS acronym and levels of support are discussed while the chapter closes with a summary of all the adaptations.

Chapter 11 (*Outside Play*): Information has been expanded to provide strategies for access and participation of all children with disabilities outside of their classroom. Additional content supports motor planning and perceptual motor development. Added are two sections that encourage peers to play with children with disabilities and suggest intentional planning of outside activities using a portable inclusion cart.

Chapter 12 (*Mealtimes*): Snack time has been expanded to include all mealtimes. Added are new pictures and discussions of special equipment and adaptations that can facilitate development of independence and communication skills at mealtimes.

Chapter 13 (*Supporting Language and Emergent Literacy in Children with Special Needs*): The discussion of the relationship between language and literacy has been enriched. There are new sections on how to adapt books, technology apps to support communication and literacy, and books about diversity. Attention is given to how to make adaptations to support language and literacy development, including visual supports that are durable.

Chapter 14 (*Communicating and Collaborating with Families*): Understanding families' emotional reactions has been updated and expanded to include the involvement of fathers, concerns of siblings, and attention to diversity. New forms to assist families and prepare practitioners for collaborative team meetings are available.

Chapter 15 (*Collaborating with Disability Specialists and Paraprofessionals*): The final chapter, again, emphasizes the need for collaborative team efforts. As inclusive specialists are in greater demand, reflections of a current inclusion specialist offer insight into both the potential and the responsibilities of the position.

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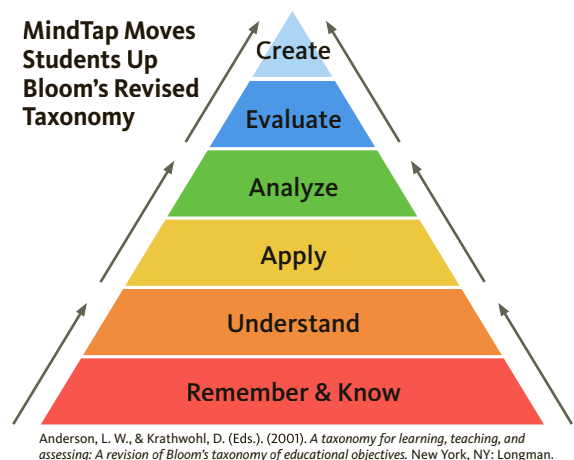
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These vibrant, Microsoft PowerPoint lecture slides for each chapter assist you with your lecture by providing concept coverage using images, figures, and tables directly from the textbook!

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Tennessee Technological University

Priya Lalvani
Montclair State University

About the Authors

Ruth E. Cook, PhD, is a professor emeritus and was director of special education, at Santa Clara University in Santa Clara, California. Formerly, she was also the director of two inclusive campus preschool programs, one at Mount Saint Mary's University in Los Angeles and the other at Southern Illinois University at Edwardsville. These experiences prompted her to be the lead author of *Adapting Early Childhood Curricula for Children with Special Needs*, now in its 9th edition. Beginning in 1982, it helped set the stage for inclusion of young children in early childhood settings. Currently, she is an instructor in the EPIC (Education Preparation for Inclusive Classrooms) program at the Santa Clara County Office of Education, which she helped originate. This program offers credentials that create teachers prepared to service birth to 5-year-olds with disabilities and those in K-12 who have moderate to severe disabilities.

Anne Marie Richardson-Gibbs, MA, is an inclusion specialist working with preschoolers, transitional kindergarteners, and kindergarteners with special needs enrolled in early childhood programs and elementary schools in El Monte, California. She was a program specialist for the California Department of Education SEEDS Project, providing technical assistance to early intervention and preschool programs throughout the state. She was also the program director of Centro de Niños y Padres, an early intervention program at Cal State University, Los Angeles, for eight years. During this time, she pioneered a consultant position providing inclusion support for young children with disabilities in inclusive settings.

Laurie Nielsen Dotson, MA, is an adjunct faculty of child development at Mission College in Santa Clara, California. She was the former inclusion training specialist for Santa Clara County Office of Education, providing inclusion coaching and professional development trainings to school districts, preschools, and community agencies. She is cross-trained in early childhood education and early childhood special education. Laurie is not only a special educator, but is also a person living with a disability who has made accommodations and adaptations to her life. It is interesting to note that Mrs. Dotson used assistive technology, in the form of a voice recognition system, as an alternative form of writing for many of the updates in this edition.



CHAPTER 1

The Origin and Dimensions of Quality Inclusion

LEARNING OBJECTIVES

After studying this chapter, you will be able to:

- LO 1-1:** Explain significant legislation that influences special education and inclusion policy.
- LO 1-2:** Summarize three defining features of high-quality inclusion in early childhood education.
- LO 1-3:** Describe the dimensions and variations of inclusion supports.
- LO 1-4:** Compare and contrast the different ways supports and services can be delivered.
- LO 1-5:** Recognize and discuss the benefits of inclusion.

The following NAEYC Standards and DEC Recommended Practices are addressed in this chapter:



Standard 1: Promoting Child Development and Learning
Standard 4: Using Developmentally Effective Approaches
Standard 7: Early Childhood Field Experiences



Practice 2: Environment
Practice 4: Instruction
Practice 5: Interaction
Practice 6: Teaming and Collaboration

CHAPTER-AT-A-GLANCE

This chapter explains the foundation and rationale for inclusion of children with and without disabilities together in settings where ALL belong and ALL are welcome:

- Significant legislation and policies have paved the way for inclusion.
- High-quality service delivery requires a shift in service delivery that provides the support necessary to enable access and participation of all children.
- The keys to successful inclusion are effective models of service delivery and support.
- Inclusion support and delivery models vary considerably and are only limited by educators' knowledge and creativity as well as the extent of collaboration within the environment.
- Although inclusion of children is not without its challenges, there are many evidence-based benefits.

Introduction

It is the purpose of this book to focus primarily on strategies and supports that will enable *all* children to fully participate in natural settings and to develop their full potential. The authors realize that effective inclusion also requires collaborative, supportive partnerships with families and colleagues. This chapter explains the foundation and rationale of inclusion where children with and without disabilities play and learn together in a setting where *all* belong and *all* are welcomed. Significant laws, legislation, and policies have paved the way for inclusion. However, successful inclusion relies on a shared definition and a variety of supports and delivery models that will be discussed.

1-1 Historical Overview of Special Education Law and Inclusion

Since 1975, with the passage of Public Law 94-142 (the Education for all Handicapped Children Act), the United States has had laws in place that mandate educational services for school-age children with disabilities. In 1986, Public Law 99-457 (Education of the Handicapped Act Amendments) extended this law to include preschool-age children and encouraged states to develop comprehensive services for infants from birth to age three. In 1990, the 1975 law was further amended, and the name was changed to the **Individuals with Disabilities Education Act (IDEA)**, which replaced the term *handicapped children* with the “person-first” phrase *individuals with disabilities*. This was a



Photo 1-1 All children with and without disabilities play and learn together in inclusive classrooms.

very small change with a very big impact. The federal government was acknowledging that a person with a disability should be recognized as a whole person and not just his/her disability. This concept is called **person-first terminology (PFT)**, which places the person ahead of the disability as a reminder that a disability is only one characteristic of a person. Figure 1-1 provides some examples.

Beginning with the IDEA amendments in 1990, a series of additional amendments were made. One of the early amendments in 1991, Public Law 102-119, required infants and toddlers to have services delivered in normalized settings. “To the maximum extent appropriate,” young children with disabilities were to be served in **natural environments** such as their home, community early care, and educational settings where children without disabilities are participating. Thus, this law extended the requirement of placement in the least restrictive environment to young children. The **least restrictive environment** means that, to the greatest extent possible, children with disabilities must be educated alongside and with children who do not have identified disabilities. In other words, placement in the general education classroom must be considered first, with appropriate support services, before considering a segregated special education classroom.

As a result, infants, toddlers, and preschoolers, regardless of their disability, will increasingly be served in nonspecial education settings. Families have gradually realized that their children have the right to receive appropriate services to address the needs created by their disabilities in typical community-based environments. In 2004, IDEA was again amended by Public Law 108-446, under what is now called Individuals with Disabilities Education Improvement Act (IDEIA). One major change makes it possible for young children to receive services without requiring a more specific diagnosis than *developmentally delayed*. It is expected that many children will progress enough through early intervention services that a more specific diagnosis can be avoided or delayed.

WEBLINK

For more information on person-first terminology, see the website *Disability Is Natural* at www.disabilityisnatural.com.

Use terms that show respect and acceptance for all by placing the person ahead of the disability.

Say: *a student with an intellectual disability*

Instead of: *an intellectually disabled student*

Say: *a boy with autism*

Instead of: *an autistic boy*

Say: *students in special education*

Instead of: *special education students*

Figure 1-1 Person-First Terminology

1-1a Americans with Disabilities Act: Provision of Equal Opportunity for All

In 1990, another law was passed that had a major impact on educating children in child care centers. The **Americans with Disabilities Act (ADA)**, amended in 2008, assures reasonable accommodations for all individuals with disabilities. This includes the right of **access** and accommodation in preschool and child care centers. The ADA requires that child care centers provided by government agencies cannot discriminate against people with disabilities based solely on their disability. These agencies, as well as private child care centers and home-based centers, need to provide equal opportunity to all. They must provide reasonable accommodations and cannot exclude children with disabilities unless their presence would pose a direct threat to the health or safety of others or require a fundamental alteration of the program. The only exceptions are child care centers run by religious organizations. There are frequently asked questions that help child care centers determine their role in complying with ADA law. See Appendix A for a summary of several of the most pertinent questions. Figure 1-2 provides a summary of relevant federal legislation. It should be noted, however, that even though legislation mandates services in natural environments considered to be the least restrictive environments for young children, the term *inclusion* is not specifically included in the law.

1-1b Head Start

As noted in Figure 1-2, Head Start, a federal early education program, was mandated to develop inclusive practices as early as 1972. Since then, many programs have provided the least restrictive environment for a minimum of 10 percent of their population who were required to be children with disabilities. As a result, Head Start was at the forefront of the inclusion effort because it started inclusion even before rights of access and accommodations in child care centers were established for children through the

- 1968 *Public Law 90-538: Handicapped Children's Early Education Assistance Act* Established experimental early education programs through Handicapped Children's Early Education Program (HCEEP).
- 1972 *Public Law 92-424: Economic Opportunity Act Amendments* Established preschool mandate that required that not less than 10 percent of the total number of Head Start placements be reserved for children with disabilities.
- 1975 *Public Law 94-142: Education for All Handicapped Children Act* Provided free appropriate public education to all school-age children (preschool services not mandated).
- 1986 *Public Law 99-457: Education of the Handicapped Act Amendments of 1986* Extended Pub. L. No. 94-142 to include three- to five-year-olds; provided incentives to states to develop comprehensive systems of services for infants and toddlers from birth to three with disabilities and their families.
- 1990 *Public Law 101-336: The Americans with Disabilities Act (ADA)* Assures full civil rights to individuals with disabilities, including access and accommodations in preschools and child care centers.
- 1990 *Public Law 101-476: Individuals with Disabilities Education Act (IDEA)* Reauthorization of Pub. L. No. 94-142. Uses "person-first" language, that is, "individuals with . . ." rather than "handicapped."
- 1991 *Public Law 102-119: Individuals with Disabilities Education Act Amendments of 1991.* "To the maximum extent appropriate," children are to be in natural environments in which children without disabilities participate.
- 1997 *Public Law 105-17: Individuals with Disabilities Education Act Amendments of 1997* Reauthorization of IDEA. Preschool services continues to be included under Part B; infants and toddlers included under Part C. Strengthens mandates for inclusion in the least restrictive environment for preschoolers and provision in "natural environments" for infants and toddlers. It also strengthened the recognition of families as integral partners in the early intervention process. States could now use the term developmentally delayed for young children.
- 2004 *Public Law 108-446: Individuals with Disabilities Education Improvement Act (IDEIA) of 2004* Reauthorization of IDEA. Parents now have a right to mediation for dispute resolution.
- 2007 *Public law 110-134: Head Start Act* Reauthorization of the Head Start Act. Further aligned Head Start with IDEA to ensure that children with disabilities have an individualized education program (IEP) or individualized family service plan (IFSP) as defined by IDEA regulations.
- 2008 *Public Law 110-325: The Americans with Disabilities Amendments Act (ADAAA) of 2008* To restore the intent of Pub. L. No. 101-336 Americans with Disability Act. Broadens the definition of disability and expands the categories of major life activities.

Figure 1-2 Key Legislation Affecting Young Children with Disabilities

WEBLINK

For more information on Head Start's commitment see <http://depts.washington.edu/hscenter/>.

Americans with Disabilities Act in 1990. Moreover, Head Start has removed barriers to make it easier for children with disabilities to receive services. For example, Head Start has often made provisions for families of children with disabilities to receive services even if the family's income is over the poverty guidelines. In addition, Head Start is providing training to its staff on evidence-based instructional strategies to include students with disabilities through its Head Start Center for Inclusion.

“Early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society. The desired results of inclusive experiences for children with and without disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential. The defining features of inclusion that can be used to identify high-quality early childhood programs and services are access, participation, and supports” (p. 2).

Figure 1-3 Definition of Early Childhood Inclusion (DEC/NAEYC. (2009). *Early childhood inclusion: A joint position statement of the Division of Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC)*. Chapel Hill: University of North Carolina, FPG Child Development Institute.)

1-1c A Major Shift in Service Delivery

Serving young children in the least restrictive and natural environments requires a major shift in the roles and responsibilities of professionals and in how early intervention and special education services are delivered. This shift also creates the potential for increasing the responsibility of child care workers and early childhood educators for the early care and education of children with significant needs and challenges. Many early childhood personnel, whose jobs are already extremely demanding, may not feel ready to take on this new role. Chapter 2 will help professionals create a framework on which to build the foundation for providing the support necessary to enable effective inclusion of children with disabilities. A definition of effective inclusion is included in Figure 1-3.

1-2 Defining Features of High-Quality Early Childhood Inclusion

According to the joint position paper by DEC/NAEYC (2009), there are three defining features of **high-quality early childhood inclusion**:

- **Access.** Children with disabilities need to have access to the classroom, the curriculum, and to the materials and equipment. They need to be able to approach and obtain classroom materials, learning centers, and activities. Most of the time, access can be accomplished by providing simple adaptations. This book will offer simple strategies to facilitate inclusion that use materials and activities found in most classrooms and that can be embedded in daily routines.
- **Participation.** Children with disabilities need to be full participating members in their families, communities, and society. To ensure full **participation** in the classroom, some children might need more than simple adaptations. Hence, teachers will need to use a wide range of strategies, including more intensive interventions in the forms of technology, specialized equipment, and scaffolding for children with disabilities to learn and participate in all activities at their own level.
- **Supports.** High-quality inclusion requires supports for families and staff from all levels, including administrators and specialists. Supports and policies should include not only professional development regarding inclusive best practice, but also strategies for collaboration and cooperation. Without these essential elements, success may be elusive. In addition, programs should make provisions to maximize staff competency and seek guidance from relevant early learning standards.

Reflecting on the three defining features of high-quality inclusion—access, participation, and supports—programs can use this information to improve their current inclusive practices. Some early childhood programs request that children with disabilities be “ready” to be enrolled. Being “ready” probably means that children with

disabilities do everything the same as everyone else in the classroom or that children can handle most activities without supports and adaptations. This is not the point of inclusion. The least restrictive environment (LRE) and the previous inclusion definition require the teachers to make the necessary supports and adaptations to serve not only children with disabilities, but all children. Therefore, it's not the children who need to be "ready"; it's the teachers. This book is a resource to help educators get ready by gaining the necessary knowledge, skills, and dispositions to support all children. The next section will briefly explore the different dimensions of inclusion support.

1-3 Dimensions of Inclusion Support

One of the pleasures of working in the fields of early childhood education and early childhood special education is the opportunity to create programs and classrooms that support inclusion and full participation of young children with special needs and their same-age peers without disabilities. The vision of this book is to provide knowledge and motivation for early childhood educators to create and implement effective and creative individualized supports that enable all young children to be the enthusiastic learners they are capable of being! However, simply being committed to creating inclusive environments does not guarantee successful inclusion.

The key word here is *supports*. All too often, inclusive placements fail because key players have not collaboratively designed effective strategies to support all children's participation. Each child with so-called "special needs" can be viewed as a unique mosaic of strengths, challenges, and learning styles. His or her learning success and joyful participation in the classroom depend on our creation of the configuration of supports that effectively facilitate the child's learning, participation, and social interaction. These supports ensure that each child with special needs has access and participation in the core curriculum, as well as opportunities for development of true friendships and social skills.

Successful inclusion depends not simply on what services are provided, or who provides them. Although specific therapies and services (for example, behavior therapy, speech/language interventions, physical therapy, and so on) address disability-specific challenges, they do not directly target the children's success as full participants in the inclusive environment. Successful inclusion *support* enables children to become full participants in the early education classroom or program.



Photo 1-2 Everyone participates and is supported to run the race in his or her own way in this inclusion classroom.

1-4 Delivery of Supports and Services in Inclusive Preschool Settings

There is no definitive or most successful model of inclusion support. There are many possibilities, limited only by educators' knowledge and creativity, and by the extent of **collaboration** between the classroom team and support providers. The following material describes some of the dimensions and variations of inclusion supports and service delivery models.

1-4a Direct versus Indirect (Consultative) Supports

The services listed earlier such as speech and occupational therapy are **direct services** in which the service provider interacts directly with a student. However, services can also be provided *indirectly* via **consultation**. The following scenario describes an example of **indirect services**:

The teachers in an inclusive Head Start program are concerned about how to encourage communicative interaction with a young child with complex disabilities. A speech-language pathologist (SLP) carefully observes and interacts with the child in different activities, records the child's communicative behaviors, and discusses the child's strengths and needs with the classroom teacher and with parents. After observing the child and engaging in conversation with parents and teachers, the SLP makes specific recommendations and provides written notes describing strategies the adults might embed within daily routines. The SLP agrees to meet again with the adults in two weeks, and to observe the child again at that time.

In this scenario the SLP as "consultant" shares information and strategies with the teacher (who might be considered the "consultee"). The teacher receives information and suggestions from the consultant, which the teacher then uses on behalf of the child. Thus, the consultant in this case provides *indirect* support to the child. Ideally, service providers who typically work *directly* with the child (such as physical therapists or behavioral interventionists) will *also* provide indirect support via consultation by sharing results and strategies with the child's teacher, parents, and other service providers.

Within the field of education, regardless of whether services are direct or indirect, the ideal relationships among adults on behalf of children with special needs are those that are truly *collaborative*. To the extent there is real two-way sharing of strategies, results, ideas, and so on, the consultation becomes collaborative consultation, which can be very effective.

1-4b Collaboration: The Key to Successful Inclusion

Services for young children with special needs, direct or indirect, must be collaborative. Still relevant today is the definition of **collaborative consultation** offered by Heron and Harris (2001): "An interactive process that enables people with diverse expertise to generate creative solutions to mutually defined problems: It often produces solutions that are different from those that individual team members would produce independently" (p. 567). For further understanding of the importance and potential of collaboration, see Friend and Cook (2013).

Whether we are considering inclusion supports provided by specialists in the inclusive classroom or the daily problem solving of a classroom team of teachers and their paraprofessional assistants, administrators, parents, and specialists, the key to success with any team is the ongoing use of collaborative strategies in everyday interactions among adults. Particularly important to inclusion success are collaboration, communication, and buy-in from key administrators. For a discussion

of administrator perspectives and challenges related to preschool inclusion, see Richardson-Gibbs and Klein (2014).

An additional key concept is the notion of problem solving. A **problem-solving approach** assumes that challenges will naturally arise in the endeavor of inclusion of children with special/unique needs within the typical early childhood classroom. It also assumes that a collaborative problem-solving approach will not only solve problems, but will also often generate creative solutions and more effective programs for all children and adults. Collaborative consultation is not “unidirectional,” as in the case of a service provider whose approach is to say, “I’m the expert. Let me tell you how to do this.” Rather, the therapist would discuss and demonstrate his or her ideas and suggestions, and then ask the teacher and other team members to describe their own ideas and experiences with that child.

1-4c Pull-Out versus Push-In

Another important consideration in designing inclusion supports is *where* support is provided. The terms *pull-out* and *push-in* are sometimes used. For example, using a **pull-out model**, an SLP or occupational therapist may remove a child from the classroom to provide intervention or assessment. This may be deemed necessary because of the need for quiet, space, or equipment, and so on. However, a **push-in model**, in which services are provided *within* the classroom, can have many advantages. For example, the service provider gains a much better understanding of the curriculum and behavioral demands on the target child, as well as whether the student is generalizing skills and interactions with peers, and also whether the goals and strategies are the appropriate ones for functioning in the classroom environment.

Regardless of setting, it is critical that collaborative communication take place among all key players. The service provider must somehow share strategies and progress notes with the classroom teacher. Effective inclusion support and collaboration require that service providers communicate with classroom teachers and staff in ways that ensure that skills can be encouraged and practiced *between therapy sessions*, not just when the service provider is directly interacting with the child. Very little skill building can occur within a 30-minute once-per-week pull-out session. It will require follow-through of teachers and staff (and parents) *between* visits, as well as providing feedback to the service provider, that will bring about true collaboration and child progress.

1-4d Examples of Inclusion Support “Models”

To date, there are no generally accepted standards or guidelines for whether, when, and how inclusion support is to be provided. Just as with IFSPs and IEPs, the particular model of support should also be individualized, keeping in mind several factors such as the strengths and needs of the children, the preferences of the family, characteristics of the setting, and the resources available. The following discusses some service-delivery models.

Itinerant Model. In the previous example, the SLP service provider uses an itinerant direct service model. An **itinerant** is not permanently assigned to one classroom, but travels from site to site to deliver services. An itinerant may provide direct services, or ideally, may incorporate *collaborative consultation* by using demonstration and problem solving with teachers and the classroom staff. This is referred to as an *itinerant consultation model*.

An *itinerant consultation inclusion support model* can be very effective. In this model a skilled early childhood special educator (ECSE) travels from site to site to provide itinerant consultation to teachers and staff on behalf of the children with special needs who are included in the program. This model requires that the early childhood

special educator has expert knowledge of early childhood development, disability characteristics and learning styles, and a range of specific intervention and teaching techniques for addressing specific challenges, as well as excellent collaborative consultation skills, of course. (See Richardson-Gibbs and Klein [2014] for a detailed description of important consultant skills and activities used in a collaborative consultation model of support.) This model of inclusion support can be very cost effective. A skilled ECSE consultant can serve 20 or more students using an itinerant model across three or four sites.

One-to-One Paraprofessional. Probably the most widely used inclusion support model is the assignment of a **one-to-one paraprofessional** to provide constant observation and support to a single child. Although there are circumstances in which this may be the best accommodation for supporting a particular child, this approach should be used with caution. Such arrangements, if not supervised carefully, can have disadvantages. For example, Giangreco and colleagues (2010) noted there has been concern that classroom assistants might spend too much time in close proximity to students. If not managed properly, this can result in the child developing an extreme dependency upon the aide, and may interfere with the development of peer social skills, and so on. Even so, earlier research found that instructional assistants can facilitate inclusive practices when they interact frequently with *all* students and when independence is promoted by limiting the amount of direct instruction provided to children with disabilities (Hill, 2003).

Specific strategies for avoiding common problems in using one-to-one inclusion support include supervision of one-to-one support providers, clarification of specific roles as team members, and the skills and commitment to encourage children's independence. It is also recommended that whenever feasible, aides be hired for groups of children rather than for an individual child. Guidelines can be developed to ensure fading of prompts, the use of natural supports such as peer support, avoidance of hovering, and clarification of role responsibilities. Mutual training of paraprofessionals and their supervisors can go a long way toward role clarification and collaboration.

Co-teaching. Another common model of inclusion support is referred to as a **co-teaching model**. In this model a group of children without disabilities and their teacher are combined in the same classroom with a group of children who have disabilities and a special education teacher. (This model is also referred to as a "blended model" because it blends two classes into one.) Although each co-teacher may have expertise and strength in different areas of curriculum and child characteristics, they must collaborate and problem-solve together throughout the day. Ideally, both teachers are equally invested in learning outcomes for all children, while at the same time using their own unique expertise. There are many ways to structure the roles and responsibilities of each teacher. The goal is for the two teachers to achieve a true collaborative partnership. It is particularly important that co-teachers each see themselves as responsible for *all* children in the classroom, not just "their" children. For this model to be effective, sufficient planning time and administrative support is essential to ensure that both the general educator and the special educator are equally involved in all aspects of the teaching process.

WEBLINK

To fully understand how co-teaching isn't just taking turns, see Anne Beninghof's episode of the Transformative Principal podcast found through her website www.ideasforeducators.com.

1-5 Benefits of Inclusion

Inclusion has been shown to have many benefits for children with and without disabilities. A thorough joint report from the U.S. Department of Health and Human Services (HHS) and the Department of Education (ED) presents a summary of over 50 studies describing the benefits of including young children with disabilities with