

# PREFACE

The seventh edition of *Teaching Students with Special Needs in Inclusive Settings* explores the most recent changes in the ways students with special needs receive educational opportunities in both elementary and secondary education. Through research-driven discovery, personal accounts, inclusion techniques, and sample materials, we hope to show future teachers how to effectively plan and manage classrooms while making a difference in the lives of their students.

Since the first edition was published in 1995, when the inclusion movement was just beginning to take hold, we have supported inclusion strongly—but believe that the needs of individualized instruction trump any single philosophy or service based on a clinical label.

In the nearly two decades since that first edition was published, much has changed and much has remained the same in the field of special education. Children continue to be eligible for special education services only if they fit the criteria of a limited number of categories of disabilities, every student must have an individualized plan, and students should be served in inclusive settings when their needs can be met. However, some important changes have occurred since the first edition, including the concept of response to intervention, differentiation of instruction, and the accountability requirements of No Child Left Behind legislation.

The field of special education continues to evolve. Regardless of changes in laws and rulings in court cases, the important underlying tenant of this text remains the same: to emphasize that all students, regardless of ability, deserve an equal opportunity in their educational programs and that all students belong in general education classrooms.

## NEW TO THIS EDITION

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The seventh edition of the textbook includes numerous changes. These include the following:

- Chapter 2, “Professional Collaboration and Home–School Collaboration,” takes a look at the importance of involving families early in the process of creating and maintaining an inclusive classroom. To help students deepen their mastery of inclusionary strategies, the authors have expanded coverage of crucial educational techniques, such as response to intervention, multi-tier education, and educational team composition.
- Chapter 4, “Teaching Students with Learning Disabilities,” proposes a model for teaching students and managing classrooms with students with special learning needs. In this chapter, the chapter-opening case study has been updated, and the classroom adaptations sections have been streamlined.
- Chapter 8, “Teaching Students with Autism Spectrum Disorders,” has been enhanced to include updates from the DSM-V.
- **Reorganization of chapters:** Because of the large number of students with speech and language disorders and due to the relationship between that chapter and the chapters on sensory impairments and autism spectrum disorders, the chapter “Teaching Students with Speech and Language Disorders” has been moved forward in the new edition to Chapter 9. Similarly, to reflect the commonalities between students who are at risk and other disability groups, the chapter “Teaching Students Who Are at Risk” was moved to Chapter 12.
- **Classroom Management coverage integrated into appropriate chapters:** Rather than separating content on classroom management techniques, the authors have included real-life strategies in each chapter to help teachers plan lessons and manage classes with regard to inclusionary education as it relates to specific disabilities.


- **Updated references:** Twenty to 30 percent of all references are new to this edition.
- **Updated personal spotlights:** More than half of the personal spotlights have been updated to present different professionals and individuals with disabilities and their stories.
- **Pearson eLearning modules:** This edition also is enhanced with digital eLearning modules, a series of individual learning objects which are self-contained at the topic level. Each module is built around a single applied learning outcome with a focus on situational practical applications.
- **Updates reflecting the new DSM-V**
- **Updated statistics based on the most up-to-date research in the field**
- **The eText edition of this text offers interactive digital features, including the following:**
- **Video links in each chapter:** Videos have been added to the eText edition, which will give students an inside look at the world of special education. These videos, chosen specifically for this text, illustrate critical concepts in easily digestible two- to three-minute clips.
- **Application exercises in each chapter:** The IRIS Center at Vanderbilt University develops training enhancement materials for preservice and practicing teachers. IRIS modules appear throughout this title, which guide students through interactive learning, exercises, activities, and videos.
- **Multiple-choice quizzes in each chapter:** Every chapter includes an interactive chapter-ending quiz, which will give students instant feedback as they check their understanding. In each chapter, students will benefit from 15 to 20 questions, enhanced feedback, and further explanation of key concepts.
- **Pearson's eLearning modules** are individual learning objects, self-contained at the topic level. Each module is built around a single, practical, and applied learning outcome.
- Modules include learning outcomes, presentations of concepts and skills, opportunities to apply one's understanding of those concepts and skills, and assessments to check for understanding. The modules have three main sections. The **Learn** section presents the essential information a learner needs in order to meet the module's learning outcome. The **Apply** section includes exercises meant to give learners an opportunity to practice applying this concept in a classroom context. And finally, the **Assess** section provides a test to measure the learner's understanding of material presented in the module as well the learner's ability use this material in an instructional setting.
- In the new edition, you will find the following:
  - The module "Writing Annual Goals" in Chapter 1 to enhance coverage of inclusive education programs.
  - The module "Co-Teaching" in Chapter 2 to deepen and articulate that chapter's coverage of co-teaching.
  - The module "Multi-Tiered Systems of Support" in Chapter 3 to enhance coverage of Response to Intervention.
  - The module "Differentiating Instruction" in Chapter 12 to deepen and articulate that chapter's coverage of differentiated instruction.
  - The module "Explicit Instruction" in Chapter 14 to enhance the chapter's coverage of reading instruction.

(Three big themes that run throughout: Same as last edition)

# REAL STUDENTS, REAL SOLUTIONS

In every chapter, a student with special needs is featured who exemplifies the topic of the chapter. The story of this student is referred to throughout the chapter and highlights this student's particular needs and the accommodations their teacher can make to assist them.

**Chapter-opening scenarios:** Providing educational services for students with special needs in inclusive settings continues to evolve, and every student has unique needs. To help readers understand these differences, we begin each chapter with the story of a particular student or teacher in the context of that chapter's topic. These mini case studies offer Questions to Consider to focus the reader's attention on key issues to be covered in the chapter.



Identifying and Programming for Student Needs

**LEARNING OBJECTIVES**

After reading this chapter, you should be able to:

1. Discuss the purpose of individualized education programs that include individual design for learning and program for the individual.
2. Identify and program for needs in the general education program.
3. Explain the eligibility and planning procedures governed under Section 504 of the Rehabilitation Act.

**3 IDENTIFYING AND PROGRAMMING FOR STUDENT NEEDS**

**THIS** is the first year of my teaching, and I have been learning for myself and my students. I have been reading and learning about the needs of my students, and I have been trying to figure out how to meet those needs. I have been reading and learning about the needs of my students, and I have been trying to figure out how to meet those needs. I have been reading and learning about the needs of my students, and I have been trying to figure out how to meet those needs.

**IEP GOALS AND OBJECTIVES FOR ELLIE**

**GOAL 1**

Ellie will follow directions to their completion when given 50% more time than her peers.

Objective 1: Given a set of three directions, Ellie will follow each direction to its completion when given 100% more time than peers with no more than one verbal prompt per occasion for 3 weeks.

Objective 2: Given a set of three directions, Ellie will follow each direction to its completion when given 75% more time than peers with no more than one verbal prompt per occasion for 2 weeks.

Objective 3: Given a set of three directions, Ellie will follow each direction to its completion when given 50% more time than peers with no more than one verbal prompt per occasion for 2 weeks.


**GOAL 2**

Ellie will demonstrate target group behaviors as she participates in work, academic, and recreational activities.

Objective 1: When working in groups, Ellie will share materials and take turns with at least two group members during four of five sessions for 3 weeks.

Objective 2: When working in an academic group, Ellie will follow group directions with no more than one verbal prompt during four of five sessions for 3 weeks.

Objective 3: When playing on the playground with her classmates, Ellie will wait her turn to use playground equipment (slide, swing, tetherball) with no more than one verbal prompt from a peer during daily recess (5 of 5 days) for 3 weeks.




**IEP Goals and Objectives:** We revisit these students, presenting sample IEP goals for the students profiled in the chapter opening scenarios. This feature helps our readers look at the appropriate construction of this important document to suit the needs of this individual student.

**TIPS FOR ADAPTING A LESSON FOR ELLIE**

Ellie's teacher can do the following:

- Seat Ellie in areas with few distractions, such as away from windows and doors.
- Seat Ellie near the teacher's desk so that regular monitoring of her work is easier.
- Provide Ellie extra time to complete assignments.
- Orchestrate social opportunities for Ellie and other students who are shy or do not have many friends.
- Provide positive incentives for Ellie to successfully complete tasks.
- Provide Ellie with a self-monitoring checklist to use as she completes tasks.
- Give Ellie directions in a sequential format.
- Write assignments on the board.
- Require all students to keep their desks clear and orderly.
- Reinforce turn-taking and appropriate group behavior.



**Tips for Adapting a Lesson:** In this feature, we return again to the chapter's opening scenario, providing practical strategies for modifying instruction to meet the particular needs of these students. This feature examines the best classroom instruction as it helps readers apply chapter concepts of differentiation.

**INDIVIDUALIZED EDUCATION PROGRAM**

STUDENT'S NAME: Betty

AREA: Math

**PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:**

Betty has not attained all of the third-grade content standards in math. She is able to compare (M.3.1) and order numbers (M.3.2) less than 100 and solve addition and subtraction problems and simple word problems (M.3.2). She has difficulty working problems involving spatial relationships and geometric patterns. Betty's level of knowledge in the areas of spatial and geometric relationships appears to affect achieving grade-level math proficiency standards.

**MEASURABLE ANNUAL GOAL related to meeting the student's needs:**

All the rest of the week, Betty will identify geometric representations for points, lines, perpendicular lines, parallel lines, angles and rays (M.3.3) in weekly classroom tests an average of 9 out of 10 times.

**TAKE NOTE**

Annual goals should be directly related to present level of performance.

**TAKE NOTE**

Specific services that the school will provide to assist the student in achieving goals and objectives must be listed.

Type of Services	Frequency of Services	Amount of Time	Beginning/Ending Date	Location of Services
<b>Special Education</b>				
Special education and general education teachers will plan lessons and activities using the Curriculum Guide. Mathematics, geometry, addition, subtraction, multiplication, division is used as appropriate.	Weekly	55 min.	08/14/11 to 05/26/12	General Education Classroom
<b>Supplementary Aids and Services</b>				
Betty needs extra time for classroom assignments on mathematics.	Daily	20 min.	08/14/11 to 05/26/12	General Education Classroom
Betty needs a peer helper to assist with assignments on mathematics.	Daily	55 min.	08/14/11 to 05/26/12	General Education Classroom
<b>Program Modifications</b>				
<b>Accommodations Needed for Assessments</b>				
Betty will have extended time on test.	Weekly	55 min.	08/13/11 to 05/26/12	Special Education Classroom
Betty will receive study guides for tests in mathematics.	Weekly	10 min.	08/13/11 to 05/26/12	General Education Classroom
<b>Related Services</b>				
<b>Assistive Technology</b>				
<b>Support Personnel</b>				

**Sample IEPs:** Found in the appendices at the back of this book, these samples provide models for developing programs appropriate for three students: a girl in grade 4 and boys in grades 8 and 12, respectively. They will help the reader connect the needs of his or her students with specific interventions intended to help them become more successful in school and afterward.

## DIFFERENTIATING INSTRUCTION

To draw attention to the importance of differentiating instruction, each chapter includes specific information on how to differentiate for students with specific disabilities:



### DIFFERENTIATING Elementary Instruction

A third-grade teacher is teaching a science class on the solar system. The class includes children who have been classified as gifted and talented, children with learning disabilities, and children with attention-deficit/hyperactivity disorder. In order to differentiate instruction for the entire group of third graders, the teacher presents instruction and assesses students using the following methods:

#### Instruction

One group of students is given two articles written in a science newsletter for upper elementary grades that describes the solar system. After reading the articles, students and the teacher engage in a discussion about

our solar system. The teacher poses various questions to ensure comprehension.

In a second group, the teacher presents a short PowerPoint presentation describing the solar system.

A third group of students watch a short video on the



### DIFFERENTIATING Secondary Instruction

#### THE ASSASSINATION OF JOHN F. KENNEDY

**Students with Intellectual Disabilities:** Students are shown a documentary video of the assassination, and teachers lead a discussion following the video.

**Students with Reading Difficulties:** Students are shown a documentary video of the assassination, read an account of the assassination written at a fourth-grade level, and are required to complete an objective test on the content.

**Students with Average/Above-Average Learning:** Students are shown a documentary video of the assassination and

are required to read the section in the American history textbook and then respond to an essay question about the assassination.

**Gifted Students:** Students are shown a documentary video of the assassination and then assigned to go to the library and research the assassination and write an essay on the following topic: Do you believe that there was a lone assassin involved in Kennedy's death, or was there a conspiracy? Support your conclusion.

### Differentiating Elementary and Secondary Instruction:

These features throughout the text offer practical, specific, research-supported strategies for working with students with special needs in inclusive classrooms. Each chapter contains a feature focusing on either elementary students or secondary students or both.

## PROMOTING INCLUSIVE PRACTICE

Understanding the roles and responsibilities of the general educator and knowing who the students are and how to plan, assess, and evaluate based on the needs of individual students will enable the reader to create inclusive classrooms. We have crafted several special features to that end:

### PERSONAL SPOTLIGHT

LINDA BRADY was excited about RtI when she attended a professional workshop in 2007 and heard Dr. John Cook from Knoxville, Tennessee, share specific details about how RtI could be successfully implemented in a school system. From there, she had a vision of changing the culture in her school system, Vestavia Hills, where she is the special education coordinator. One reason for her enthusiasm about RtI was the hope that she would never have to sit across from parents of a child with a suspected learning disability again and break the news that their child did not qualify for services because the assessment scores did not meet the formula used to determine a severe discrepancy. That would be a significant positive outcome, but she could also envision the payoff not only for the students with disabilities and their teachers but also for the general education students and teachers. She knew it would take a team effort—after all, RtI is a regular education initiative embedded in special education law—but she had a good relationship with her peers at the central office and was up for the challenge.

The first thing Linda did was to organize a collaborative team meeting, including her colleagues in general education and administration. These individuals had collaborated before, but could they pull off a systemwide change?

The team began by looking at the RtI methods in place. They were pleasantly surprised to find several existing; for example, the school system previously committed to implement scientific, research-based reading intervention from kindergarten through high school. Teachers were trained to use curriculum-based assessment techniques to monitor

progress. Soon the math and spelling intervention pieces were added, and Tier 1 services were almost complete in the elementary levels. For Tier 2 services, the administration provided funds for the state-of-the-art Language program and the Shelton Multisensory Structured Language Education course, offering comprehensive, highly structured, intense intervention in reading, spelling, and writing. At Tier 3, the intervention session would last for 45 minutes and would be provided daily by an instructional specialist. Teachers were invited—not mandated—to participate in the extensive RtI training that would be offered to collaborative pairs, including a general and a special educator.

Linda says that implementing RtI was more difficult at the middle school and high school levels, but progress is being made. The intervention classes are offered to students as electives, and schedules are altered to expose struggling students to the highly trained teachers. As teachers in the schools shared their success stories and excitement over the materials, more teachers are asking for training. What started as a top-down culture change progressed to a bottom-up effort. Linda calls their RtI program a work in progress, but it looks like their collaborative effort was successful!



Linda Brady, Special Education Coordinator

### CHARACTERISTICS AND IMPLICATIONS: LANGUAGE DISORDERS

AREA	POTENTIAL DIFFICULTIES	EDUCATIONAL IMPLICATIONS
Language development	Delayed acquisition of vocabulary and language rules Immature language for age	Provide appropriate language models. Provide opportunities for students to learn language for varied purposes and with different audiences.
Language use	Limited vocabulary Language is not flexible	Teach specialized vocabularies (e.g., occupational vocabulary). Preteach vocabulary in lessons. Provide different situations where linguistic responses are required.
Metacognition	Inability to produce strategies to assist learning Not able to organize new information Inability to regulate behavior and make necessary changes	Teach various self-regulatory strategies. Provide aids to help with organization.

**Characteristics and Implications:** These features in each of the categorical chapters clarify the characteristics of each disability category and pinpoint instructional implications that teachers need to understand to better meet the needs of their students.

**Personal Spotlights:** These features profile real teachers, parents of children with special needs, and children with special needs themselves, letting readers connect chapter content with real-life situations and providing insight into the multifaceted experiences of people most affected by the challenges of inclusion.

**Rights & Responsibilities**

INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA) (2004)

According to IDEA (2004), school personnel must do the following:

- Make reasonable efforts to ensure parental participation in group discussions relating to the educational placement of their child.
- Notify parents of meetings early enough to ensure they will have an opportunity to attend and use conference or individual calls if they cannot attend.
- Inform parents of the purpose, time, and location of a meeting and who will attend.
- Notify parents that they, or school personnel, may invite individuals with special knowledge or expertise to individualized education plan (IEP) meetings.
- Notify parents of their right to refuse special education services.
- Schedule the meetings at a mutually agreed-on time and place.
- Provide written notification (in the parent or guardian's native language) before any changes are initiated or refused in the identification, evaluation, educational placement, or provision of a free appropriate public education.
- Obtain written consent from parents before the initial evaluation, preceding initial provisions of special education and related services, or before conducting a new test as part of a reevaluation. Parents have a right to question any educational decision through due process procedures.
- Inform parents that they have the right to an independent educational evaluation that may be provided at public expense if the evaluation is determined to be inappropriate.
- Inform parents of requirements for membership on the IEP committee, including an invitation to the student to attend beginning at age 16 or younger if appropriate.
- Use interpreters or take other action to ensure that the parents understand the proceedings of the IEP meetings.
- Inform parents of requirement to consider transition services needed for students by age 16.
- Consider the student's strengths and the parental concerns in all decisions.
- Provide the parents with a copy of the IEP at no cost.
- Inform parents of their right to ask for revisions to the IEP or invoke due process procedures if they are not satisfied.
- Notify parents of their right to mediation, resolution session, or a due process hearing.
- Allow parents to review all records and request amendments if deemed appropriate.

**Rights and Responsibilities:** These research-driven boxed readings are a critical component of the text that provide insight into the role of the general education teacher in an inclusive classroom. These boxes, found throughout the text, examine legal cases and issues that impact the instructional process for students with special needs. They have been updated to present relevant, practical information.

## SUPPLEMENTS FOR STUDENTS AND INSTRUCTORS

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### Online Instructor's Manual with Test Items (0-13-400626-7)

The Instructor's Resource Manual and Test Bank includes a wealth of interesting ideas and activities designed to help instructors teach the course. Each chapter contains chapter-at-a-glance features, chapter synopses, as well as a comprehensive test bank containing multiple-choice, short-answer, and essay questions.

### Online PowerPoint Lecture Slides (0-13-400612-7)

Designed for teachers using the text, the PowerPoint presentation consists of a series of slides that can be shown as is or used to make handouts or overhead transparencies. The presentation highlights key concepts and major topics for each chapter.

### TestGen (0-13-400625-9)

TestGen is a powerful test generator available exclusively from Pearson Education publishers. You install TestGen on your personal computer (Windows or Macintosh) and create your own tests for classroom testing and for other specialized delivery options, such as over a local area network or on the Web. A test bank, which is also called a Test Item File (TIF), typically contains a large set of test items, organized by chapter and ready for your use in creating a test, based on the associated textbook material.

#### The tests can be downloaded in the following formats:

- TestGen Testbank file—PC
- TestGen Testbank file—Mac
- TestGen Testbank—Blackboard 9 TIF
- TestGen Testbank—Blackboard CE/Vista (WebCT) TIF
- Angel Test Bank (zip)
- D2L Test Bank (zip)
- Moodle Test Bank
- Sakai Test Bank (zip)

## ACKNOWLEDGMENTS

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The seventh edition of *Teaching Students with Special Needs in Inclusive Settings* is, once again, the result of a great deal of work and collaboration. We would like to acknowledge the tremendous contribution made by numerous professionals in the field of special education and general education who provide quality learning opportunities to students with disabilities in general education settings. These educators are the ones that make inclusion successful. We also acknowledge those authors whose works we cite regularly and who have made a significant contribution to the education of children with special needs. In particular, we want to thank Jacqueline Lubin, who coauthored the chapter on emotional/behavior disorders; Gena Barnhill for her work on the chapter on autism spectrum disorders; and Marcia Imbeau for authoring the chapter on gifted and talented students. We also welcome a new coauthor, Teresa Taber Doughty from Purdue University. We would also like to thank every member of our families who put up with our time away from them, whether it is physically or just mentally away while we revise chapters, ponder permissions, or make those final changes to tables and figures. Especially, we want to thank our spouses, Debi, Carolyn, Randy, Joy, and Jim.

Additionally, we thank the reviewers of this seventh edition: Terri Collins, University of North Carolina, Wilmington; Teresa Gardner, Jacksonville State University; Cynthia Kruger, University of Massachusetts Dartmouth; and Cindi Nixon, Francis Marion University.

Our extended family at Pearson deserves special thanks. We acknowledge in particular Ann Davis, our editor; Jon Theiss, our development editor; our Program and Project Management team, Joe Sweeney and Kerry Rubadue; and many other people who made this edition possible.

Finally, we want to thank those individuals who have reviewed our text through various editions and whose ideas have informed our work in this seventh edition.

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*George Doyle/Ocean/Corbis*

1

# INCLUSIVE EDUCATION: AN INTRODUCTION

## LEARNING OBJECTIVES

After reading this chapter, you should be able to:

1. Describe the history of services available to students with special needs.
2. Define the term “students with special needs.”
3. Describe current services available to students with special needs.
4. Discuss where students with disabilities should be educated and the pros and cons of different placement options.
5. Describe the different perceptions of inclusion.
6. Discuss the critical dimensions of inclusive classrooms.

**Hank** is 11 years old and has Down syndrome. He is beginning the sixth grade with his chronological age peers. Hank was diagnosed at birth. Both his parents are physicians: his mother a pediatrician and his father a surgeon. Hank has two siblings: a 16-year-old sister and a brother who is 13 years old. Hank’s development lagged from the beginning; however, his parents secured early intervention services for him beginning at 9 months. He has consistently had occupational and physical therapy as well as services provided by a speech-language pathologist. Hank is slightly small for his age and displays other characteristics associated with Down syndrome. He is very outgoing, smiles most of the time, and enjoys socializing and playing with his age peers and adults. Hank’s oral language skills are below average, making it difficult at times to understand what he is saying.

Hank attended an inclusive preschool program and received physical therapy, occupational therapy, and speech services. Since kindergarten, he has been placed in an inclusive classroom, being pulled out periodically for intensive

reading intervention and therapy services. Hank has never exhibited behavior problems and is very popular with his peers. Hank’s parents are very aware of his limitations but are strong believers in inclusive educational programs. Their wish is for him to graduate with his age peers, learn job skills during his senior high years or in a community-based program after completion of his public school years, and eventually live in a semi-independent living arrangement.

### QUESTIONS TO CONSIDER

1. What could have resulted if Hank had not received early intervention services?
2. What goals would be appropriate for Hank during later elementary, middle, and high school?
3. What should be the primary focus of Hank’s interventions in school?
4. How can Hank’s teachers improve his likelihood for having an independent adulthood?

While public education systems can be found in most countries, the public education system in the United States is unique in that it provides free educational opportunities for all children between certain ages regardless of their ability or income level. In other words, rather than allowing only children from specific groups to access public education, the U.S. system attempts to educate all children. In many countries, students must attain a certain academic potential to be allowed to proceed through the educational system, or they must be of a specific gender or economic level. In the United States, all children are provided an opportunity to attend school for 13 or more years. This is a free, equal educational opportunity for all children, including those with parents who are not educated and those from families without financial means. Children with disabilities and those who have learning or behavior problems are also included in this educational system, as are children of all races and gender. Students do not have to pass certain tests to attend various schools, nor do their families need to pay for a comprehensive educational program. Students do not have to choose, early in their school years, the school track that they will follow. While some critics note that U.S. students’



test scores often lag behind those of students in other countries, it is important to note that our educational system is universal, whereas the educational systems of many of the countries we are compared with do not offer programs for all children.

The U.S. Constitution, specifically the 14th Amendment, forms the basis for our free public educational system. This amendment, which guarantees equal opportunities for all citizens, has been used since the early 1900s to justify public school opportunities. While public schools have evolved into a system that provides educational opportunities for all students, initially that was not the case. Girls did not secure their right to equal educational opportunities until the early 1900s, racial minorities not until the 1950s and 1960s, and students with disabilities not until the 1970s and 1980s. Litigation and legislation played important roles as each group secured the right to participate in public educational programs (Rothstein & Johnson, 2010).

## HISTORY OF EDUCATION FOR STUDENTS WITH SPECIAL NEEDS

Students with disabilities were the last major group to receive equal educational opportunities. Prior to the mid-1970s, when federal legislation was passed and several landmark court cases were ruled on, many public schools did not provide any services for students with disabilities. Only 20% of all children with disabilities were served in public school programs in 1970 (U.S. Department of Education, 2006), and in many cases, where services were available, the services were minimal and provided in segregated settings. When Congress passed the first act mandating comprehensive services for students with disabilities in 1975, it was estimated that 3 million children with disabilities received inappropriate or inadequate services, while up to 1 million were totally excluded from the educational system (U.S. Department of Education, 2009a). During this period, the only option for many parents of children with disabilities consisted of private educational programs or programs specifically designed for students with disabilities. In many cases, parents paid for these educational programs out of their own resources, while many students with disabilities whose parents did not have adequate resources stayed home and received no formal education (Katsiyannis, Yell, & Bradley, 2001).

**Residential programs** were some of the first to provide opportunities for children with disabilities. These programs were most likely available to serve children with intellectual disabilities and sensory deficits (Crane, 2002). The height of residential programs for children with intellectual disabilities was in the 1960s, when about 200,000 people were living in institutions and about half of them were children from birth to 21 years of age (O'Brien, 2005). The first school for children with deafness in the United States was established in 1817 as the American Asylum for the Education of the Deaf and Dumb (now the American School for the Deaf) (Stewart & Kluwin, 2001). The first school for children with visual problems, the New England Asylum for the Blind, was founded in 1832. In 1963, nearly 50% of children classified as legally blind in the United States lived in residential schools for the blind, which offered daily living support as well as some education and training. During the mid- to late 1960s, public attitudes about institutional care began to change. One publication that had a profound impact on these attitudes was *Christmas in Purgatory* (Blatt & Kaplan, 1967). This book, containing photographs taken clandestinely, showed the plight of individuals living in large care facilities for individuals with intellectual disabilities and made people question the adequacy of the model.

In addition to changes in attitudes and residential services, education services for students with disabilities also began to change in the mid-1970s. Some of the major changes include (U.S. Department of Education, 2009a) the following:

- The number of children served in special education programs has increased from 4.2 million in 1982 to 5.5 million in 1998 to more than 6 million in 2008.
- More children are served in general classrooms for a portion of each school day than ever before.
- The number of school-age children with disabilities living in residential facilities has declined sharply.

- The number and types of services for children with disabilities have increased.
- The number of students with disabilities, ages 14 to 21, receiving a regular diploma has increased to over 50%, while the number of students dropping out of school had decreased from 43.7% in 1998 to 25.7% in 2007.

These changes did not simply occur but were the result of many different developments, including increased parental advocacy, enactment of new laws, and legal rulings. Through the entire transformation of special education services, the federal government has played a major role, primarily through legislation, litigation, and funding.

While there have been significant changes in services for students with disabilities, these changes have occurred incrementally over a period of time. Since services for students with disabilities began, there have been four distinct phases: relative isolation, integration (mainstreaming), inclusion, and empowerment (Polloway, Smith, Patton, & Smith, 1996). In the **relative isolation** phase, which included the first 60 to 70 years in the 20th century, students were either denied access to public schools or permitted to attend only in isolated settings. Students with disabilities during this period were rarely seen by nondisabled students in public schools. In the **integration** phase, which began in the 1970s, students with disabilities were mainstreamed, or integrated, into general education programs when appropriate. Often the classes into which students were mainstreamed were music, physical education, and other nonacademic classes. Still, this phase marked a major improvement over previous educational efforts.

Since the mid-1980s, the trend has been the **inclusion** phase, where emphasis is placed on students with disabilities being included in all school programs and activities. This phase differed from the integration phase in a minor but very significant way: Although students with disabilities were in general classrooms under both integration and inclusion, in the inclusion phase it was assumed that these students *belonged* in general classrooms, whereas in the integration phase they were considered to be special education students who were simply placed in the general classroom part of the time, primarily for socialization.

Most recently, the fourth phase of services has focused on **empowerment and self-determination**. The focus of this phase is to better prepare students for the highest degree of independence possible (Cho, Wehmeyer, & Neal, 2013). The idea of student-led conferences is a prime example of the focus on self-determination (Mitchell, Moening, & Panter, 2009). This phase has also expanded into post-secondary educational settings where students with disabilities are included in college classes and provided accommodations that enable them to be successful (Folk, Yamamoto, & Stodden, 2012; Rojewski, Lee, & Noel, 2012).

While the changes in special education since the mid-1970s have been dramatic, probably the most significant change has been acceptance of the idea that special education is a service, not a place. In other words, special education is not a classroom in a building; rather, it is the specialized instruction and services provided for students with disabilities (Causton-Theoharis & Theoharis, 2009). With more and more students with disabilities receiving all or most of their specialized instruction in general education classrooms, the reality that special education is a service and not a place is more easily acceptable. An inclusive model that focuses on students and learning will help create young adults who will be fully integrated members of society (Schwarz, 2007).

Because universal education for all children is the model of public education in the United States, teachers in today's public schools must provide instruction and other educational services to an increasingly diverse student population. The reality is that the diversity of students in today's schools is far greater than in the past. Currently, approximately 37% of the population is comprised of minority groups, and the U.S. Census Bureau (2010) projects that the number of individuals from culturally diverse backgrounds will continue to increase over the next 40 years. As of 2011, 50.4% of children younger than 1 year were from minority groups. The projection is that half of all children under the age of 5 will be from minority groups within 5 years. Additionally, the number of students identified as having disabilities continues to increase. The result is that, while we have traditionally prepared teachers for instructing students who learn in similar ways and at similar levels, today's

teachers do not have the luxury of teaching only students who learn easily and behave in a manner the teachers deem appropriate based on their own standards. They must be prepared to deal effectively with all kinds of students, including students with disabilities.

## DEFINING STUDENTS WITH SPECIAL NEEDS

As diversity increases, fewer and fewer students will fit the mold of the “typical” student. In fact, “atypical” to some degree is becoming the norm. Although this creates issues for schools, the positive result of this reality is that educators have to view each child individually and take into consideration individual strengths and weaknesses. Today’s students present many differences; some of the most obvious are present in those with identified disabilities, those who are classified as gifted and talented, and those who are “at risk” for developing problems. During the 2010–2011 school year, 6.4 million children, ages 3 to 21, or 13% of all public school students, received services in special education programs (The Condition of Education, 2013). Another group of students experience a degree of disability that is not significant enough to result in special education eligibility. Many of these students, approximately 1% to 3% of the student population, are eligible for certain services and protections under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA) (Smith & Patton, 2007; Zirkel, 2008). Adding all these students together, in addition to gifted students, who are considered to be an additional 6% of the school population (National Center for Education Statistics, 2006), results in approximately 20% of all students in public schools being disabled or gifted. In addition to this group of students are those at risk for developing problems due to poverty, drug abuse, single-parent homes, different language backgrounds, and so on. The result is that the number of students needing some form of special intervention and support is slightly under 50%. This means that today’s teachers must be prepared to teach a wide variety of students, ranging from disabled to gifted, poor to wealthy, native English speakers to totally non-English speakers, and others.

In order for public schools to be effective with this growing diverse student population, school personnel must address the needs of all children, including children with special needs. They must be able to identify these students and help develop and implement effective programs. This requires teachers to be able to understand the types of students they need to serve and implement differentiated instruction and data-driven decision making.

### Students with Disabilities Served in Special Education

The largest group of students in the public school system needing special attention are those formally classified as having disabilities under the **Individuals with Disabilities Education Improvement Act (IDEA) of 2004**. This federal mandate, originally passed in 1975, provides the legal basis for the current special education services provided in public schools; it is discussed extensively in a later section. Under this act, students with disabilities are defined as those who exhibit one of several specific conditions that result in their need for special education and related services. Specifically, IDEA’s definition of disability is as follows:

The term “child with a disability” means a child—“(i) with intellectual disabilities, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance (referred to in this title as ‘emotional disturbance’), orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities”; and “(ii) who, by reason thereof, needs special education and related services.” (Section 602)

The number of children with disabilities served in special education programs has grown significantly since the mid-1970s (U.S. Department of Education, 2006). In 1976, a total of 3.69 million students, ages 3 to 21, or 8.3% of the school population, were served in special education programs in the 50 states, Bureau of Indian Affairs schools, and the District of Columbia. This number increased to more than 6 million students, or 13.1%, in 2010 (National Center for Education Statistics, 2012). Table 1-1 shows the number of children, by disability, served during the 1976–1977, 2001–2002, and 2009–2010 school years.



In this video, the least restrictive environment (LRE) is discussed. Watch carefully to see what the LRE looks like in the classroom.

**TABLE 1-1** Number of Children, Ages 3 to 21, Served in Special Education Classrooms in the 1976–1977, 2001–2002, and 2009–2010 School Years

Type of Disability	1976–1977	2001–2002	2009–2010
All disabilities	3,694,000	6,407,000	6,481,000
Specific learning disabilities	796,000	2,861,000	2,431,000
Speech or language impairments	1,302,000	1,391,000	1,416,000
Intellectual disabilities	961,000	616,000	463,000
Emotional disturbance	283,000	483,000	407,000
Hearing impairments	88,000	78,000	79,000
Orthopedic impairments	87,000	83,000	65,000
Other health impairments	141,000	350,000	689,000
Visual impairments	38,000	28,000	29,000
Multiple disabilities	—	136,000	131,000
Deaf-blindness	—	2,000	2,000
Autism	—	114,000	378,000
Traumatic brain injury	—	22,000	25,000
Developmental delay	—	242,000	368,000

Source: National Center for Education Statistics (2012).

IDEA includes 14 categories of disabilities, many of which include many different types of students. For example, the broad area of **other health impairments** includes hemophilia, diabetes, epilepsy, and sickle-cell anemia. Even the category of learning disabilities comprises an extremely heterogeneous group of students. The fact that disability categories are composed of different types of students makes it impossible to draw simple conclusions about them. The following sections provide a general description of the categories of disabilities recognized in IDEA.

**Intellectual Disabilities** Students with intellectual disabilities make up 0.7% of the school population (31st Annual Report to Congress) and are usually identified through intelligence tests and measures of adaptive behavior, which indicate a person's ability to perform functional activities expected of age and cultural norms. The American Association on Intellectual Disabilities defines intellectual disability as someone having substantial limitations in intellectual capabilities and adapted behavior (Schalock et al., 2010). Significant limitations in intellectual functioning has been characterized as an IQ score of at least two standard deviations below the mean, while significant limitations in practical adaptive skills refers to an individual's ability to deal effectively with routine daily demands (Wehmeyer & Obrowski, 2013).

**Learning Disabilities** The definition of learning disabilities used in schools has not changed in 40 years. According to Kavale, Spaulding, and Beam (2009), this has caused a problem in the identification of this group of children and has resulted in an attitude of no one knowing what a learning disability is. In general, students classified as having learning disabilities do not achieve at their expected levels, without any explanations. Although the cause of learning disabilities is unclear, the general assumption is that a neurological dysfunction causes the learning disability. However, the exact role played by neurological dysfunction in learning disabilities is difficult to understand because of the complexity of neurological issues related to the condition (Butterworth & Kovas, 2013).

The large numbers of students classified as having learning disabilities—4.9% of the total school population and almost 40% of the total number of students in special education (National Center for Education Statistics, 2012)—is one of the reasons why the 2004 reauthorization of IDEA promoted the option of response to intervention (RtI), rather than the discrepancy model, as a

means of identifying students for this group (Hoover & Love, 2011). In other words, rather than simply looking at gaps, the emphasis is on finding interventions that are effective with students who are struggling (Byrd, 2011). This model focuses on providing appropriate interventions that will reduce the need for referrals to special education (Swanson, Solis, Ciullo, & McKenna, 2012).

**Emotional Disturbance** Students with emotional disturbance exhibit inappropriate behaviors or emotions that result in disruptions for themselves or others in their environment and make up approximately 0.7% of the school population (National Center for Education Statistics, 2012). Whereas the federal government uses the term “emotional disturbance,” specifically eliminating from the category children and youth who lack the skills to cope with personal relationships and common social situations (sometimes referred to as juvenile delinquents or conduct disorder), other groups prefer the term “emotional and behavior disorders” or “behavior disorders.” Mental health professionals use still other terms, such as “conduct disorder” and “depression.” In addition to differing on terminology, professionals serving children with these problems also differ on definitions of the problems and the types of services they provide (Coleman & Webber, 2002).

**Hearing Impairments** Approximately 0.1% of the school population is classified as having hearing impairments (National Center for Education Statistics, 2012). This group of students include those with permanent or fluctuating impairments in hearing that adversely affect their educational performance. This category includes those classified as deaf who have difficulties in processing linguistic information through hearing with or without amplification (IDEA, 2004) and those classified as hard of hearing who can process linguistic information through hearing with assistance (Stewart & Kluwin, 2001).

**Visual Impairments** This category includes students who are partially sighted and those who are blind and whose educational performance may be adversely affected because of impairments in vision even with correction (IDEA, 2004). Students who are partially sighted can generally read print, whereas those classified as blind cannot. Less than 0.1% of the student population is identified in this category. During the 2009–2010 school year, only 29,000 students were classified as having visual impairments (National Center for Education Statistics, 2012).

**Orthopedic Impairments** Students who experience problems related to their physical abilities are grouped into the orthopedic impairments category and make up about 0.1% of the total school population (National Center for Education Statistics, 2012). Included are students with cerebral palsy, spina bifida, amputations, or muscular dystrophy and other physical impairments. For these students, physical access to educational facilities and problems with writing and manipulation are important concerns. Many require few academic interventions, simply making schools and learning opportunities available.

**Other Health Impairments** Students are classified as having other health impairments when they have limited strength, vitality, or alertness due to chronic or acute health problems. Examples of such problems include asthma, diabetes, epilepsy, hemophilia, and leukemia. Attention deficit disorder or attention-deficit/hyperactivity disorder (ADHD) may be included in this category (IDEA, 2004). As with orthopedic impairment, this category includes a wide variety of disabling conditions.

The number of students in this category has increased dramatically over the past 25 years. In 1976–1977, only 141,000 students were classified in this group. This number grew to 689,000, or 1.4% of the school population, in 2009–2010 (National Center for Education Statistics, 2012). The most likely reason for the increase is the addition of ADHD in 1990.

**Autism** Autism is another disability group that has grown rapidly over the past several years. It was not designated as a separate disability category under IDEA until the 1990 reauthorization. During the 2009–2010 school year, 368,000 students were served under the autism category, an increase from 65,000 in 1999–2000 (National Center for Education Statistics, 2012). The most current prevalence figure for autism spectrum disorders is 1 in 68 (Centers for Disease Control, 2014).

Autism can be described as a lifelong disability that affects primarily communication and social interactions. Children with autism typically relate to people, objects, and events in abnormal ways; they insist on structured environments and display many self-stimulating behaviors (Tryon, Mayes, Rhodes, & Waldo, 2006). The number of students served in this category is expected to increase dramatically over the next several years with the prevalence rate continuing to increase.

**Traumatic Brain Injury** Approximately 25,000 students are served as having traumatic brain injury (TBI) (National Center for Education Statistics, 2012). The Centers for Disease Control define TBI as “a blunt or penetrating injury to the head and documented in the medical record as having one or more of the following symptoms or signs: observed or reported decreased level of consciousness, amnesia, or objective neurological or neuropsychological abnormality or diagnosed intracranial lesion” (Rivara et al., 2012, p. 2074). The condition applies to both open and closed head injuries that affect a variety of skill areas, including cognition, memory, attention, judgment, and problem solving (Best, 2006a). Open head injuries include those that result in the skull being broken or penetrated, whereas closed head injuries result from a hard blow to the head without penetrating the skull. In a 12-month follow-up study of children who received a TBI, Rivara et al. (2012) found that many children did not receive any special services.

**Speech or Language Impairments** For some children, speech difficulties are a serious problem. This category has long been one of the largest group of children served under IDEA. During the 2009–2010 school year, 1.4 million children, or 2.9% of the school population, received services under this category (National Center for Education Statistics, 2012). When the impairment results in a child’s need for special education and related services, the child is considered eligible for services under IDEA. Most of these children need speech therapy (Polloway, Miller, & Smith, 2011).

## Students Eligible for Section 504 and the ADA

There are obviously degrees of ability and disability, and as a result some students have disabilities that may limit their success but not to the extent to make them eligible for special education services under IDEA. In addition, since IDEA eligibility is based on being diagnosed with one of a group of specific disabilities, there are some disabilities that are simply not covered under IDEA, such as various mental impairments. Additionally, some children have disabilities that are covered under IDEA, but since part of the eligibility requirement is that a disability result in a student needing special education, some of these students, with disabilities, may not be eligible because they do not need special education. A good example might be a student with a mobility impairment that might result in difficulty walking but not result in the student needing any special education, defined as specialized instruction.

Many of the students described above may be eligible for services under other federal mandates, namely, Section 504 of the Rehabilitation Act and the ADA. These laws are considered civil rights laws for individuals with disabilities and use a different definition of disability, employing a functional, not a categorical, model. Under Section 504 and the ADA, a person is considered to have a disability if that individual (1) has a physical or mental impairment that substantially limits one or more major life activities, (2) has a record of such an impairment, or (3) is regarded as having such an impairment. The acts do not provide an exhaustive list of such impairments but require the functional criterion of “substantial limitation” to be the qualifying element (Hulett, 2009; Smith & Patton, 2007). Learning does not have to be the life activity impacted.

Eligibility for Section 504 and the ADA is based on impairments that result in substantial limitations of such major life activities as breathing, walking, seeing, hearing, and learning. Schools are required to refer students who are thought to be eligible for services and protections under these laws for evaluation. If students are determined eligible, schools must provide accommodations for them in academic and nonacademic areas that enable them to receive a free appropriate public education (Hulett, 2009; Smith & Patton, 2007). For example, a student with a severe peanut allergy would unlikely be eligible under IDEA. However, if the peanut allergy resulted in a substantial limitation

in breathing, it is possible that he or she would be eligible under Section 504. The student with a mobility impairment, previously cited as not being eligible under IDEA, would definitely be eligible under Section 504 because of a substantial limitation in walking.

While Section 504 and the ADA provide services and mandate equal opportunities for students with disabilities, as defined by these acts, many school personnel do not understand the intent of the laws (Education Week, 2008). This may be due to several reasons, but the likely ones include little preparation of school leaders and teachers regarding Section 504 and the ADA, broadly stated regulations, and difficulties understanding how to determine if a disability results in a substantial limitation of a major life activity.

## Students Classified as Gifted and Talented

While the previous discussion focused on students who differ from their peers in a negative manner, some students differ by having above-average intelligence and learning abilities. These students, classified as gifted and talented, were traditionally defined and identified using intelligence quotient (IQ) test scores. An IQ score of 120 or higher was the primary criterion, but current criteria are much broader. Although no single definition is accepted by all groups, most focus on students who are capable of making significant contributions to society in a variety of areas, including academic endeavors and creative, mechanical, motor, or fine arts skills.

Although educational programs for gifted students have been in existence for many years, there remains a significant challenge when developing programs for this group of children. Advocacy groups supporting this effort are involved because without them, efforts to provide gifted educational programs would be severely diminished (Robins & Jolly, 2013). There are numerous challenges to provide appropriate services to gifted students. These include (Johnsen, 2013) the following:

- Assessment and accountability
- Administrator support
- Collaboration with other educators
- Professional development
- Family and parent education

Additionally, there are numerous myths surrounding gifted education. Probably the one that has the most negative impact on providing appropriate programs for this group of children is that gifted children will do well whether they receive appropriate services or not. After all, they are gifted, so they can learn on their own. Unfortunately, this is far from the truth. In fact, without appropriate services, many gifted children become underachievers and may actually drop out of school (Johnsen, 2013). Still other reasons include the notion that gifted children need to be with nongifted children and not receive any special consideration not afforded all children (VanTassel-Baska, 2013).

## Students at Risk for School Problems

In addition to students served under IDEA, Section 504, and the ADA and those who are classified as gifted or talented, there is another large group of students who also present challenges for the educational system. These students, considered to be **at risk** for developing problems, manifest characteristics that could easily lead to learning and behavior problems (Morrison, 2006). Examples of these students include those who do not speak English as their primary language, those living in poverty, and students who are drug abusers. Latino students, for example, have been found to be at risk for developing emotional and behavioral disorders and are likely to disengage from school. Furthermore, there is not a great deal of understanding about this group and their at-risk outcomes (Balagna, Young, & Smith, 2013). These students may present unique problems for teachers who attempt to meet their educational needs in general education classrooms. Because students in the at-risk group are not eligible for special education services, classroom teachers bear the primary responsibility for their educational programs, which may need to be modified to meet these students' needs.

## CURRENT SERVICES FOR STUDENTS WITH SPECIAL NEEDS

Unlike 30 years ago, today the majority of students with special needs receive a portion of their education from classroom teachers in general education classrooms. In 2010, 95% of students with disabilities were educated in regular school buildings, and approximately 60% were served in general classrooms for 80% or more of each school day, and another 20% were in general classrooms between 40% and 80% of each school day. During this school year, only 3% were educated in separate schools, 1% were placed in regular private schools by parents, and less than 1% received services in residential, homebound, hospital, or correctional settings (National Center for Education Statistics, 2013). Figure 1-1 provides the percentage of students, by disability category, and their school placement. Students who are gifted, at risk, or served under Section 504 and the ADA have always been provided services in general classrooms (Smith & Patton, 2007), but the increase in the number of students served through IDEA in general classrooms has increased steadily since the early 1980s (National Center for Education Statistics, 2011). In 1989, only 69% of students with disabilities were educated in general classrooms 40% or more of each school day compared to 80% in 2010 (National Center for Education Statistics, 2013).

McLeskey, Henry, and Hedges (1998) noted that educating students with disabilities in general education settings was one of the most significant changes in public education during the previous 15 years. Since the beginning of the 21st century, the inclusion movement has only expanded, primarily because of the Individuals with Disabilities Education Improvement Act of 2004. Indeed, the movement to include students with disabilities in general classrooms with their nondisabled peers appears to have become a permanent part of public education in the United States.

**FIGURE 1-1** | Percentage Distribution of Students 6 to 21 Years Old Served Under the Individuals with Disabilities Education Act, Part B, by Educational Environment and Type of Disability, Fall 2009

Disabilities	Time Outside the Regular Class			Outside School
	<21%	21–60%	>60%	
Autism	37.4%	18.3%	34.8%	9.8%
Deaf-blindness	21.6%	13.3%	33.3%	32.9%
Developmental delay	61.6%	20.5%	16.2%	1.8%
Emotional disturbance	40.6%	18.8%	22.2%	18.5%
Hearing impairments	54.6%	17.0%	14.7%	13.8%
Intellectual disability	17.4%	26.7%	48.2%	7.8%
Learning disabilities	63.3%	26.6%	8.0%	2.2%
Multiple disabilities	13.2%	16.2%	45.5%	25.0%
Orthopedic impairments	52.2%	16.3%	23.6%	8.0%
Other health impairments	61.4%	23.8%	10.8%	4.1%
Speech/language	86.3%	5.6%	4.6%	3.5%
Traumatic brain injury	46.6%	23.8%	21.5%	8.4%
Visual impairments	62.6%	13.5%	12.0%	11.9%

The category of separate environments includes public and private residential facilities, public and private separate schools, and homebound/hospital environments.

Note: The sum of the percentages may not total 100 due to rounding.

Source: U.S. Department of Education, Office of Special Education Programs, National Center for Education Statistics (2012).



## Individuals with Disabilities Education Improvement Act (Public Law 108-446, December 3, 2004)

The key piece of federal legislation that resulted in appropriate services for students with disabilities in inclusive settings is IDEA. This law has been referred to as the most important law in the United States focusing on special education (Cope-Kasten, 2013). The most recent reauthorization of this legislation was the Individuals with Disabilities Education Improvement Act of 2004. Although reauthorized numerous times since its original passage in 1975 as Public Law 94-142, the legislation continues to focus on students with disabilities receiving equal educational opportunities (Zirkel, 2013).

Purposes of the act include the following:

(1)(A) to ensure that all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment, and independent living; (B) to ensure that the rights of children with disabilities and parents of such children are protected; and (C) to assist States, localities, educational service agencies, and Federal agencies to provide for the education of all children with disabilities;

(2) to assist States in the implementation of a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention services for infants and toddlers with disabilities and their families; (3) to ensure that educators and parents have the necessary tools to improve educational results for children with disabilities by supporting system improvement activities; coordinated research and personnel preparation; coordinated technical assistance, dissemination, and support; and technology development and media services; and (4) to assess, and ensure the effectiveness of, efforts to educate children with disabilities.

It was the result of much debate that followed several federal court cases that concluded that children with disabilities were not receiving an appropriate public education. Under IDEA, schools are required to seek out and implement appropriate educational services for all students with disabilities regardless of the severity; to provide appropriate, individualized services to students with disabilities; and to actively involve parents in the educational process. For general education teachers, the most important part of the legislation is the requirement that students with disabilities be educated with their nondisabled peers as much as possible and that general education classroom teachers become directly involved in their education (Hulett, 2009).

Since its original passage in 1975, IDEA has been reauthorized by Congress several times. Although each reauthorization has made changes in the original law, the basic requirements have remained relatively intact. The 1983 reauthorization provided incentives for serving preschool children, whereas the 1986 reauthorization mandated services for children with disabilities ages 3 to 5. The 1990 reauthorization renamed the law the Individuals with Disabilities Education Act and replaced the word “handicap” with the word “disability.” In addition, two new separate categories of disabilities were added—autism and TBI—and schools were required to develop transition planning for students when they turned 16 years old (Smith, 2005).

The most recent reauthorization of the act was in 2004 as the Individuals with Disabilities Education Improvement Act. Since the passage of the original act, which focused on access to appropriate educational opportunities for children with disabilities, the emphasis has now shifted to the adequacy of the educational opportunity (Zirkel, 2013). The 2004 reauthorization aligned IDEA with the No Child Left Behind Act, meaning that educational outcomes of students with disabilities should be the focus rather than simply educational access.

The law requires schools to do a number of important things, including identifying students who would be eligible, developing appropriate educational programs on an individual basis, educating students with their nondisabled peers when feasible, and affording due process rights to parents and students. Table 1-2 summarizes some of the key components of the law. One of the specific changes in the 2004 reauthorization “requires that special education teachers and

**TABLE 1-2 Key Components of IDEA (2004)**

Provisions	Description
Least restrictive environment	Children with disabilities are educated with nondisabled children as much as possible.
Individualized education plan	All children served in special education must have an individualized education plan.
Due process rights	Children and their parents must be involved in decisions about special education.
Due process hearing	Parents and schools can request an impartial hearing if there is a conflict over special education services.
Nondiscriminatory assessment	Students must be given a comprehensive assessment that is nondiscriminatory in nature.
Related services	Schools must provide related services, such as physical therapy, counseling, and transportation, if needed.
Free appropriate public education	The primary requirement of IDEA is the provision of a free appropriate public education to all school-age children with disabilities.
Mediation/resolution	Parents have a right, if they choose, to mediation or a resolution session to resolve differences with the school. Using mediation should not deny or delay a parent’s request for a due process hearing.
Transfer of rights	When the student reaches the age of majority, as defined by the state, the school shall notify both the parents, and the student and transfer all rights of the parents to the child.
Discipline	A child with a disability cannot be expelled or suspended for 10 or more cumulative days in a school year without a manifest determination as to whether the child’s disability is related to the inappropriate behavior.
State assessments	Children with disabilities must be included in districtwide and statewide assessment programs with appropriate accommodations. Alternative assessment programs must be developed for children who cannot participate in districtwide or statewide assessment programs.
RtI	RtI provides an opportunity for schools to implement interventions to determine if the student responds favorably, which would preclude referral for special education services.
Transition	Transition planning and programming must begin when students with disabilities reach age 16.

administrators know and understand their duties and obligations under the law” (Yell, Katsiyannis, Ryan, McDuffie, & Mattocks, 2008, p. 45). The following sections describe some of the key elements of IDEA.

**Individualized Education Plan** One of the most important components of IDEA that impacts general classroom teachers is the requirement that all students with disabilities have an individualized education plan (IEP). Zirkel (2013) has noted that the IEP is the means which schools use to ensure the provision of a free appropriate public education for students. Gartin and Murdick (2012) go as far as to say that the IEP is the most important component of IDEA. The IEP, based on information collected during a comprehensive assessment, is developed by a group of individuals, including general classroom teachers who are knowledgeable about the student. IEPs are required to result in meaningful educational benefit for the student, meaning that the IEP should be based on relevant assessments and must include meaningful goals and appropriate educational services. The participation of parents in the development of the IEP is critical (Yell et al., 2008), although schools may proceed to develop and implement an IEP if a parent simply does not wish to meet with the team. School personnel need to recognize the importance of having family members at the IEP meeting and implement strategies to ensure their participation. For example, communicating with family members before the IEP meeting may go a long way in developing a trusting relationship that can result in more parental involvement (Whitby, Marx, McIntire, & Wienke, 2013). See the feature “IEP Goals and Objectives for Hank” along with “Tips for Adapting a Lesson for Hank” as examples of IEP content.

Another key requirement related to the IEP is access to the general curriculum. An emphasis on students with disabilities having access to the general curriculum was first included in the 1997 reauthorization of IDEA and reinforced in the 2004 reauthorization (Trela & Jimenez, 2013). This requirement means that school personnel create opportunities for students with disabilities to access the general education curriculum, including the new common core state standards (Ludlow, 2013). The requirement that students with disabilities have access to the general curriculum aligns with the No Child Left Behind Act and has resulted in more inclusion of this group of students in general education classrooms, even students with severe disabilities. Trela and Jimenez (2013) point out the challenges of maintaining accountability for all students while ensuring that students with diverse learning needs are provided with educational programs that meet their current and future needs.

**Least Restrictive Environment** A second component of IDEA that directly impacts general classroom teachers is the requirement to educate students with disabilities in the **least restrictive environment (LRE)**. This means that schools must provide educational services for students with disabilities with their nondisabled peers, in general classroom settings, unless the needs of the child cannot be met there. The law further states that special classes, separate schooling, or other issues

## IEP GOALS AND OBJECTIVES FOR HANK

Because Hank's primary difficulties are in the areas of communication and academics (opening vignette), his IEP goals and objectives reflect these two primary concerns:

### GOAL 1

**By the end of the year, Hank will improve his reading skills to a third-grade level.**

- Objective 1: When given a nonfiction book, Hank will read an assigned passage aloud orally with 80% accuracy.
- Objective 2: After reading an assigned passage, Hank will answer correctly 80% of questions asked.

### GOAL 2

**By the end of the year, Hank will improve his math skills to the third-grade level.**

- Objective 1: When given a set of 20 math problems at the third-grade level, Hank will answer 80% correct.
- Objective 2: After reading a set of story problems, Hank will answer correctly 80%.

### GOAL 3

**By the end of the year, Hank will improve his oral language skills.**

- Objective 1: When given the opportunity to enter into class discussions, Hank will respond to questions 50% of the time with only one prompt.
- Objective 2: When asked to participate in a group discussion about a class activity, Hank will be involved with the discussion for at least 10 minutes without withdrawing or disrupting the group.
- Objective 3: During lunchtime, Hank will engage in conversations with friends at least 10 minutes during the 30-minute lunch period.



## TIPS FOR ADAPTING A LESSON FOR HANK

The following adaptations focus on Hank's needs in the classroom as well as his needs in the community. Since Hank's needs focus primarily on academic and communication needs, the tips for adapting a lesson target these two areas. These are examples of adaptations that could be effective with students with needs similar to Hank's.

Hank's teacher can do the following:

- Use peer support systems, such as peer buddies and peer tutors
- Use direct instruction of social skills
- Use daily schedules to facilitate transition activities
- Use drill and practice
- Use speech/language pathologists for supports



concerning the removal of students with disabilities from general educational settings should be used only when students cannot succeed in general education classrooms, even with supplementary aids and services.

While the word “inclusion” is not part of IDEA, the LRE requirement obviously results in the inclusion of many students with disabilities in general education classrooms. The amount of time a student is placed in a general education classroom is determined by the student's IEP. Some students are able to benefit from full-time inclusion, whereas others may be able to benefit from minimal placement in general education classrooms. IDEA requires that schools provide a continuum of placement options for students, with the IEP determining the most appropriate placement. The student's IEP outlines the student's needs, which in turn should drive the placement decision. Students should be placed in a general classroom setting not simply because it is the LRE but only if it meets the needs of the student. Therefore, if the IEP committee determines that the LRE for a particular child is a special classroom, then that is the LRE for that child. Schools are required, however, to justify removal of students from the general education classroom.

The majority of students served under IDEA are classified as having *mild* disabilities. For most of these students, placement in general education classrooms for at least a portion of each school day is the appropriate option, especially since these students must achieve similar standards under No Child Left Behind as their nondisabled peers and have access to the general curriculum. With many of these students having mild autism spectrum disorders, learning disabilities, attention deficit disorders, or physical and health impairments, they likely have the cognitive abilities to succeed in general education classrooms. Students with more severe disabilities may be less likely to benefit from inclusion and will generally spend less time with their nondisabled peers. The implementation of the LRE concept means that all classroom teachers will become more involved with students with special needs and share in the responsibility to provide an appropriate education to these students.

**Due Process Safeguards** Schools must also afford **due process safeguards** to students with disabilities and their parents. Prior to the passage of IDEA in 1975, school personnel often made unilateral decisions about a student's education, including placement and specific components of the educational program, with limited parental input. Parents also had little recourse if they disagreed with the school. The due process safeguards provided through IDEA prohibit this practice. Due process safeguards make parents and schools equal partners in the special education process. Parents must be notified and give their consent before schools can take certain actions that affect their child (Smith et al., 2006).

When the school and parents do not agree on the educational program, they can resort to five different means for resolution. These include an informal meeting to discuss the issues, an IEP

**TABLE 1-3 Due Process Requirements of IDEA**

Requirement	Explanation	Reference
Opportunity to examine records	Parents have a right to inspect and review all educational records.	300.501
Independent evaluation	Parents have a right to obtain an independent evaluation of their child at their expense or the school's expense. The school pays only if it agrees to the evaluation or if it is required by a hearing officer.	300.502
Prior notice; parental consent	Schools must provide written notice to parents before the school initiates or changes the identification, evaluation, or placement of a child.	300.503
	Consent must be obtained before conducting the evaluation and before initial placement.	300.505
Contents of notice	Parental notice must provide a description of the proposed actions in the written native language of the home. If the communication is not written, oral notification must be given. The notice must be understandable to the parents.	300.504
Impartial due process hearing, mediation, resolution	A parent or school may initiate a due process hearing, engage in mediation, or a resolution session to resolve a dispute.	300.507

Source: *IDEA 2004* (Washington, DC: U.S. Government Printing Office).

meeting facilitated by an outside party, a formal complaint to the Department of Education, mediation, and a formal, impartial hearing (Cope-Kasten, 2013). If parents and the school cannot agree when using the first four options, then either party can request a due process hearing. In this administrative appeals process, parents and schools present evidence and testimony to an impartial hearing officer who decides on the appropriateness of an educational program. The process ensures that children with disabilities and their families have equal opportunities in the school (Getty & Summy, 2004). The decision of the hearing officer is final and must be implemented unless it is appealed to state or federal court. Table 1-3 provides a brief description of the due process safeguards provided by IDEA.

**RtI** The 2004 reauthorization of IDEA allows schools to use a model of interventions to determine if students are eligible for special education services. RtI “is a framework that uses student performance data to determine if instruction is effective for most students and to identify students who need supplemental intervention to attain benchmarks” (Vanderheyden, 2011, p. 335). In an RtI model, a set of tiered interventions becomes more intensive. A major purpose of the RtI model is to determine if interventions will enable schools to meet the child's needs without special education services and is therefore part of the identification process. However, RtI should go beyond a means of identifying students who do not respond positively to evidence-based instruction for special education services. Fuchs, Fuchs, and Compton (2012) extend the purpose of RtI in their proposed Smart RtI beyond preventing students from being placed in special education. This form of RtI focuses on preventing students from dropping out of school, becoming unemployed or incarcerated, or some other negative outcome to inadequate academic performance.

## Section 504 and the ADA

Two additional federal laws, Section 504 of the Rehabilitation Act of 1973 and the ADA, passed in 1990, provide a strong legal base for appropriate educational services for students with disabilities. Both of these laws are civil rights laws and do not provide funding for programs; they simply require that students with disabilities are protected against discrimination because of their disability (Zirkel, 2012).

Section 504 and the ADA extend coverage to individuals who meet the laws' definition of disability, individuals who are "otherwise qualified." Section 504 states, "No otherwise qualified individual with a disability, shall solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance" (29 U.S.C.A. § 794). In other words, discrimination is a factor only if the person with the disability is qualified to engage in an activity and is prevented from doing so solely on the basis of the disability (Zirkel, 2012).

Section 504 applies to programs and institutions that receive federal funds. The ADA, however, applies to just about everything except churches and private clubs. As a result, virtually every public accommodation and governmental agency must comply with the ADA regardless of whether it receives federal funds. Private schools that do not receive federal funds do not have to comply with Section 504, but unless they are associated with a church, they do have to comply with the ADA.

Section 504 and the ADA use a very different approach to defining disability than that used in IDEA. Under IDEA, individuals are considered eligible for services if they have one of the recognized disabilities and need special education. Under 504 and the ADA, a person must have a mental or physical impairment that substantially limits a major life activity. Because the definition is broadly stated, some individuals who are classified as disabled under Section 504 and the ADA do not meet the eligibility criteria of IDEA. The most recent reauthorization of the ADA (ADA, 2010) greatly expands the potential population of students served under the ADA and Section 504 by discounting the impact of mitigating measures, such as medication, in determining eligibility (Weber, 2010). In other words, if a student with attention deficit disorder is not experiencing a substantial limitation in a major life activity because of appropriate use of medication, the student would still be covered under Section 504 and the ADA (Weber, 2010). This expansion could result in a momentous increase in the number of students eligible (Weber, 2010). The "Personal Spotlight" feature provides a description of a student who is eligible for services under Section 504 but would not be eligible under IDEA.

There are many similarities and differences between IDEA and 504/ADA. The "Rights & Responsibilities" feature compares the elements of IDEA, Section 504, and the ADA. Although school personnel must adhere to the requirements and criteria established by the U.S. Department of Education, they must also remember that many students who are ineligible for classification as disabled still need assistance if they are to succeed in educational programs.

## PERSONAL SPOTLIGHT

**GABE** is 11 years old and was diagnosed with cerebral palsy at birth. Gabe's form of cerebral palsy, quadraplegia spasticity, has resulted in his being immobile and having limited use of his arms and hands. His expressive language is also limited. Gabe is in a general education fifth-grade classroom. He has been fully included since kindergarten. Prior to kindergarten, he attended an inclusive preschool program with nondisabled chronological age peers. He has received physical therapy and speech-language therapy since the first few months of his life. Gabe's parents have always thought of Gabe as a child with special needs but who can be successful with his age peers. Gabe is one of the most popular students in his class. His teacher, Ms. Jordan, facilitates an extensive array of peer support services. All of Gabe's classmates are excited when

it is their turn to assist Gabe during the day.

Gabe is an excellent example of being educated in an inclusive classroom. He has the services of an aide 3 hours each day and also receives physical therapy and speech-language therapy three days each week. He does not have any intellectual disabilities and is capable of performing the academic work in his classroom as well as other students. He needs assistance with written work and oral expression. His teacher assigns some of his peers to assist him with various activities throughout the day.



Fatihhoca/E+/Getty Images



## Rights & Responsibilities

### COMPARISON OF IDEA, SECTION 504, AND THE ADA

AREA	IDEA	SECTION 504	ADA
Who is covered?	All children ages 3 to 21 who have one of the designated disability areas who need special education	All individuals who have a disability as defined; no age restrictions	Same as Section 504
Who must comply?	All public schools in states that participate in IDEA	An entity that receives federal funds of any kind or amount	Any business, governmental agency, or public accommodation other than churches or private clubs
What is the basic requirement?	Provide eligible children with a free appropriate public education	Do not discriminate against any individual because of a disability	Same as Section 504
Due process requirements	Provide notice and gain consent before taking specific actions with a child	Provide notice	Same as Section 504
Specific requirements	IEP Nondiscriminatory assessment LRE	Accommodation plan Same as IDEA  Same as IDEA	Same as Section 504 Same as IDEA  Same as IDEA
Definition of free appropriate public education	A student's individual program determined by an IEP	An individual program designed to meet the disabled student's educational needs as well as the needs of nondisabled students are met	Same as Section 504
Transition requirements	Begin transition planning at age 16	No requirement	No requirement
Assessment	Nondiscriminatory comprehensive assessment before determining eligibility and developing an IEP; required every 3 years unless determined not needed	Nondiscriminatory preplacement assessment before determining eligibility for Section 504 services and protections; required before any significant change of placement	Same as Section 504
Complaints	Due process hearing, mediation, and resolution session must be offered; attorney's fees may be granted to parents or school	Administrative appeals must be offered; parents may go straight to federal court or file complaint with the Office for Civil Rights	Same as Section 504; may file complaint with Department of Justice



## Rights & Responsibilities *(Continued)*

### COMPARISON OF IDEA, SECTION 504, AND THE ADA

AREA	IDEA	SECTION 504	ADA
Designated coordinator	No requirement	At least one person in each district must be designated in writing as the district Section 504 coordinator	Same as Section 504 (ADA coordinator)
Self-study	No requirement	Each district must form a committee and do a self-study to determine any areas where physical or program discrimination occurs; a plan to correct deficiencies must be developed	Same as Section 504; only areas added since Section 504 self-study must be reviewed
Monitoring agency	U.S. Department of Education, Office of Special Education	Office for Civil Rights	Department of Justice

## WHERE SHOULD STUDENTS WITH DISABILITIES BE EDUCATED?

The question about where students should be educated has been discussed and debated for many years. As previously noted, students with disabilities were originally educated in segregated environments; however, with the passage of federal legislation in 1975, the emphasis shifted to educating this group of students in general classroom settings as much as possible. The topic remains one of the key issues in the field of education for children with disabilities. More than 10 years ago, in 2000, Kavale and Forness noted that simply saying the word “inclusion” would often result in a major debate.

Most of the students served under IDEA have mild disabilities and are served in general education classrooms for at least a portion of each school day (National Center for Education Statistics, 2012). Students with more severe disabilities—a much smaller number of students—are less likely to be included in general classrooms a significant portion of the day but may be included in general education classrooms part of the time (Wolfe & Hall, 2003). Regardless of specific placements, the trend since the 1990s has been to increase the inclusion of students with disabilities with their nondisabled peers (Norwich, 2008). One example of increased numbers of students with disabilities educated in general education classrooms is students classified as having autism spectrum disorders. As the number of children in this category has grown dramatically over the past 10 years, the number served in general education classrooms has also grown (Reeves, Umbreit, Ferro, & Liaupsin, 2013).

Inclusion is no longer new for schools (Hines, 2008). As previously noted, more than 80% of all students with disabilities are included for at least 40% of each day in general education classrooms and are taught by general education classroom teachers, and almost 60% of all children with disabilities are educated in general education classrooms most of the day (National Center for Education Statistics, 2012). In addition to these students, some students with more severe disabilities continue to spend a significant portion of their school days outside general education settings.



For example, nearly half of all students classified as intellectually disabled spend more than 60% of their school day outside the regular classroom.

Unlike the earlier debate around whether students should or should not be included with non-disabled students, the current debate centers around how much students with disabilities should be included. Students can be placed in separate classrooms most of the school day, placed in general education classrooms for a majority of the school day and “pulled out” periodically and provided instruction in resource settings by special education teachers, or placed full-time in general education classrooms. In this latter model, special education teachers may go into general education classrooms and work with students who are experiencing difficulties or collaborate directly with classroom teachers to develop and implement methods and materials that will meet the needs of many students. Schools use the model that best meets the individual student’s needs, developed through the IEP process.

The 2004 reauthorization of IDEA, like the original in 1975, continues to require schools to have a continuum of alternative placements available “to meet the needs of children with disabilities for special education and related services” (IDEA, 2004). This **continuum-of-services model** provides a range of placements, including instruction in regular classes, special classes, special schools, home instruction, and instruction in hospitals and institutions. Therefore, while IDEA mandates that services be provided in the LRE, it also acknowledges that schools should have placement options available to meet the needs of individual students. As previously noted, the placement decision is based on numerous factors but should hinge primarily on the student’s IEP, which is developed by a multidisciplinary team (Horrocks, White, & Roberts, 2008).



Learn more about the components of an IEP and assess your understanding in the interactive module “Writing Annual Goals.”



Watch this video for an example of the various types of services offered in special education.

## Inclusive Education Programs

Prior to the original passage of IDEA in 1975, students with disabilities who received educational services most often were served in specialized classrooms, typically called self-contained classrooms. With the idea that general educators did not have the skills necessary to meet the needs of all students representing different learning needs, students were removed from the general education environment and were educated by specialists. Students placed in self-contained special education classrooms rarely interacted with their nondisabled peers, often even eating lunch separately. Likewise, the special education teacher interacted very little with nondisabled students or general classroom teachers. During the late 1960s and early 1970s, parents and professionals began questioning the efficacy of the self-contained model (Dunn, 1967; Smith, Price, & Marsh, 1986).

The special class was doomed as the dominant placement for students with disabilities with the passage of Public Law 94-142 in 1975, which called for this group of students to be educated in the LRE. This resulted in the resource room model replacing the self-contained model as the dominant method of serving students with disabilities. The resource room model was a “pullout” model where students were placed in special education classes for a portion of their instruction and integrated into general education classrooms for other activities. Unfortunately, the premise with the resource room model was that students with disabilities *belonged* in the special education classroom and were included in general education.

Currently, the term “inclusion” is used to identify the model that provides services to students with disabilities in general education settings. Inclusion means being part of the group rather than someone simply added to the group (Albers & Goblirsch, 2013). The inclusion model does not preclude some students with disabilities being removed from the general education classroom for services, but it does acknowledge that all students, those with and without disabilities, belong together in a general classroom setting. Any removal of students from this environment should occur only if appropriate services cannot be provided in the general education setting.

Inclusion means the following:

- Valuing all students and staff equally
- Increasing the participation of students in and reducing their exclusion from the cultures, curricula, and communities of local schools

- Restructuring the cultures, policies, and practices in schools so that they respond to the diversity of students in the locality
- Reducing barriers to learning and participation for all students, not only those with impairments or those who are categorized as “having special education needs”
- Learning from attempts to overcome barriers to the access and participation of particular students to make changes for the benefit of students more widely
- Viewing the difference between students as resources to support learning rather than as problems to be overcome
- Acknowledging the right of students to an education in their locality
- Improving schools for staff as well as for students
- Emphasizing the role of schools in building community and developing values and in increasing achievement
- Fostering mutually sustaining relationships between schools and communities
- Recognizing that inclusion in education is one aspect of inclusion in society (Center for the Study of Inclusive Education, 2011)

Inclusive education is both a philosophy and an educational practice. Philosophically, inclusive education is based on the rights of all children, regardless of ability level, to have access to a quality educational program. Causton-Theoharis and Theoharis (2008) describe inclusive schools educational environments where all students are valued members who have equal opportunities for educational and social interactions with their peers. Physically placing in general education classrooms and not providing them with meaningful participation does not meet the purposes of this model (Raghavendra, Olsson, Sampson, McIneney, & Connell, 2012).

As with any educational model, there are numerous advantages and disadvantages to inclusion. Some of the advantages include the following:

- Opportunities for social interaction for students with and without disabilities
- Ease in accessing the general curriculum
- Higher academic expectations for students with disabilities
- Preparation for adult life in inclusive communities
- Opportunities for nondisabled students to become more accepting of students with disabilities
- Reduction of stigma associated with segregation

Just as there are many supporters of inclusion and reasons for its implementation, there are also professionals and parents who are not supportive of the model. Some parents are concerned that their children with disabilities might get less attention in a general classroom than they would in a special class. They may also be concerned about their child being bullied by nondisabled children. At the same time, some general education teachers do not feel like they have been involved in developing the inclusion model and may feel unprepared to teach children with disabilities or collaborate with special education personnel. Although the practice of inclusion has been growing over the past 30 years, the preparation of general classroom teachers and special education teachers has lagged behind in preparing these professionals for this delivery model. If inclusion is to be



Sally and Richard Greenhill/Alamy

**For most students with disabilities and other special needs, general education classroom placements are appropriate for at least part of the day.**

successful, teacher education programs must provide adequate preparation of general classroom teachers to carry out successful inclusionary interventions and supports (Swain, Nordness, & Leader-Janssen, 2012).



Listen to the teacher in this video describe what needs to be present for effective inclusive practices to occur.

## Barriers to Inclusion

Change in most forms often meets with some resistance. Regardless of advantages and disadvantages to inclusion, there are several barriers to its successful implementation. These include organizational barriers, attitudinal barriers, and knowledge barriers. Organizational barriers include the way schools and classrooms are organized. This could include physical organization as well as how the schedules are developed and how teachers are assigned to classes. Attitudinal barriers focus on the beliefs of teachers, administrators, and other school personnel about students with disabilities and inclusion. Finally, knowledge barriers are simply the limited knowledge about students with disabilities and inclusive teaching strategies. While all of these barriers could make it difficult to have a successful inclusive education program, each one can be overcome with various strategies (Darrow, 2009). Since inclusion is simply a model for addressing the LRE mandate of IDEA, it is the school's responsibility to overcome these barriers and make inclusions successful.

**Role of Classroom Teachers in the Inclusion Model** As previously noted, with the passage of the No Child Left Behind Act, mandating that all students achieve certain standards, many students with disabilities were included in content courses. This resulted in a need for general classroom teachers and special education teachers to work together to ensure that all students had an opportunity to succeed (Lingo, Barton-Arwood, & Jolivette, 2011; Moorehead & Grillo, 2013). Two methods are generally used to facilitate successful inclusion: (1) increasing the acceptance of the students with disabilities and (2) providing appropriate services to support their academic success. Students with disabilities who are included in general education classrooms are not always automatically accepted by their nondisabled peers. As a result, it is the teacher's responsibility to promote this acceptance. In addition to facilitating acceptance, teachers must also implement instructional strategies that can be used to support inclusion. Having students who are accepted by their peers is only part of making inclusion successful; in addition, students must be provided with appropriate instructional opportunities. Examples of instructional strategies include the following:

- RtI
- Cooperative learning
- Peer supports
- Co-teaching
- Differentiation of instruction
- Differentiation of assessment
- Strategy instruction
- Self-determination strategies

There is no question that without the involvement of effective classroom teachers, inclusion cannot be successful. In order to play such a role, they must be able to perform in a variety of activities, including serving on assessment and IEP committees, advocating for children with and without disabilities, working closely with special educators and ancillary support personnel, communicating effectively with family members, understanding and abiding by due process procedures, and using a wide range of instructional strategies to meet the needs of diverse groups of children. In order to do these things effectively, they must receive appropriate preparation (Swain et al., 2012).

Communicating effectively with special education teachers, support personnel, and family members is likely one of the most important skills of general classroom teachers. As a result of the shared responsibility for student achievement and success, communication among all service providers is critical. This means that teachers have to be good listeners and be able to express oneself to

others on the team. This means that there has to be sufficient contact with special education personnel so that all team members have the information necessary to make informed decisions (Dukes & Lamar-Dukes, 2009).

**Role of Special Education Personnel in the Inclusion Model** In an inclusive model, special education teachers may not be the students' primary instructor, but they might serve in a more supportive role, either in the general classroom setting or in a resource room. In this arrangement, special education personnel become much more of a supporting professional, providing some direct instruction and also providing consultation with other team members. When the RtI model is used, some specific challenges include making sure there are seamless layers of support and providing appropriate instruction while supporting the instruction of the classroom teacher (Hoover & Patton, 2008). Regardless of the exact role of the special education teacher, effective collaboration between the general classroom teacher and the special education teacher is the critical element in the success of inclusion (Keaney, 2012).

**Resource Room Support** While the resource room model has been the most often used approach for serving students with disabilities, it continues to be an important component of an inclusion service model. There are many students with disabilities whose needs cannot be met fully in the general education classroom; some may need additional interventions or accommodations that they can receive in a resource room. In the resource room setting, students have an opportunity to receive intensive interventions provided by the special education teacher, usually in small groups, enabling them to improve their areas of weakness. The key consideration for the resource room in an inclusion model is the principle that students *belong* in the general classroom and are pulled out only when their needs can be met better in a resource room setting.

A key role of special education personnel working in a resource room is to collaborate with classroom teachers to work on specific areas that students with disabilities are finding problematic. Resource room teachers cannot simply focus on their students only when they are in the special education classroom but must collaborate closely with the classroom teacher to ensure that students receiving instruction in the special education room and general education classroom are not becoming confused by contradictory methods, assignments, curricula, and so on. The special education teacher should take the lead in opening up lines of communication and facilitating collaborative efforts. It is the special education teacher's role to remediate deficiencies or make accommodations needed by students with disabilities.

## CRITICAL DIMENSIONS OF INCLUSION

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The success of educating students with disabilities in inclusive settings depends on many factors other than staff collaboration. Some of these include expectations, parental and teacher support, and attitudes toward students with disabilities and inclusion. Although parental and teacher support for inclusion is not necessary to ensure its success, it is very important. Negative teacher attitudes can result in differential treatment (Hornstra, Denessen, Bakker, van den Bergh, & Voeten, 2010). If teachers are not supportive of inclusion, it can result in their treating students with disabilities differently than students without disabilities. For the most part, teachers have expressed support for inclusion. Idol (2006) conducted a program evaluation of eight schools to determine the perceptions of staff related to inclusion. Findings included that (1) teachers had a positive attitude toward inclusion, (2) administrators supported inclusion, (3) few teachers preferred that students with disabilities should be educated in special classes, and (4) educators thought that inclusion had a positive impact on other students. Overall, most educators were in favor of moving toward more inclusion.

Studies focusing on attitudes toward inclusion have involved two primary groups: general education teachers and parents. Sze (2012) noted that the attitudes of general education teachers make up one of the best predictors of successful inclusion. Not only do these attitudes impact the

success of students, but they also serve as a model for other school staff and students (Horrocks, White, & Roberts, 2008). Cook, Cameron, and Tankersley (2007) found that general classroom teachers expressed more concern and rejection of students with disabilities than they did for non-disabled students. It was noted that this could be the result of dealing with student behaviors that were initially responsible for their referral for special education services, behaviors that continued to result in rejection. Anderson, Watt, Noble, and Shanley (2012) similarly found that while the attitudes of teachers were fairly positive at the beginning of their teaching experiences toward children with ADHD, these attitudes became increasingly more negative after gaining teaching experience. Reasons posited for the shift in the negative direction focused on difficulties caused by this group of students in classrooms: taking up teacher time, causing disruptions, and distracting other children. Attitudes can be explicit, what is openly expressed, and implicit, actions and behaviors not so apparent. In a study of teacher attitudes toward students with dyslexia, Hornstra et al. (2010) found that implicit attitudes were better predictors of student achievement than explicit attitudes and that teachers with more explicit negative attitudes were more likely to assign lower grades than those with implicit attitudes. Spelling achievement, measured by standardized tests, was also found to be negatively impacted by teacher attitudes.

The success of collaboration between general and special education teachers and their willingness to implement accommodations are also impacted by teachers' attitudes. After studying the impact of a particular strategy on collaboration, Carter, Prater, Jackson, and Marchant (2009) found that the philosophical beliefs held by teachers about disabilities impacted how they accommodated for some of these students in their classrooms. They found that if teachers believe that disabilities are student-centered problems, they are less inclined to implement instructional accommodations. Rather, they expect students to make their own adaptations to be successful.

Results of these studies have a direct impact on teacher preparation. Teacher education programs must do a better job of preparing teachers, both general and special education, to work together to effectively implement inclusion in their schools, and schools must provide professional development for their staff to better prepare them for inclusive schools and classrooms (Cook et al., 2007). As the inclusion movement continues to dim the line between general education and special education, general classroom teachers are expected to meet the needs of a growing, diverse set of students, including those with varying ability levels. The support that special education teachers receive from general education teachers is also an important component to their continued commitment to their role (Jones, Youngs, & Frank, 2013).

In addition to teachers, principals' attitudes toward inclusion are critical. Principals are in a unique position to influence the attitudes and behaviors of other school staff by establishing an atmosphere of acceptance and inclusion (Horrocks et al., 2008). This attitude can have a significant impact on the acceptance of students with disabilities by school staff. In a study of

14 elementary teachers who had students with significant disabilities included in their classrooms, Lohrmann and Bambara (2006) found that principals need to articulate their vision for inclusion and display a positive attitude about the model. Special education teachers report much greater job satisfaction and are much more likely to stay in the field when they feel they have the support of their building and district administrators (Keaney, 2012; Prather-Jones, 2011).

In addition to support of educators, the support of parents for the inclusion of their children with disabilities in general education settings has a great deal to do with the ultimate success the child experiences (Stivers, Francis-Cropper, & Straus, 2008). For parents of students with disabilities, the reaction to the inclusion movement is mixed, ranging from complete support of the idea to skepticism, especially concerning the concept of full-time inclusion (Runswick-Cole, 2008). Because parental support is very important in the success of inclusion programs, schools should provide ways to educate parents about the benefits of inclusion and the need for their support (Stivers et al., 2008).

## apply your knowledge

The IRIS Center at Vanderbilt University develops training enhancement materials for preservice and practicing teachers. This module, on inclusion considerations for students with disabilities, will help you apply your knowledge of roles of educators in inclusion.



Duhaney and Salend (2000) did a literature review of parental perceptions of inclusive educational settings. After reviewing 17 studies published since 1985, they concluded that parents, for the most part, support inclusion for their children. In the study by Burstein, Sears, Wilcoxon, Cabello, and Spagra (2004), parents of children with and without disabilities reflected positive reactions to inclusion, stating that the process was beneficial for all students in the school.

Runswick-Cole (2008) noted that parents who oppose inclusion are more likely to have a medical view of disability, whereas parents who support inclusion are more likely to think of their child's disability as a barrier to learning. Regardless of the reason, schools must remember that parents are involved in decision making about where a student should receive educational services. Parents, therefore, have a voice in how extensively inclusion may be implemented. One way of securing and maintaining a level of parental support for inclusion is regular communication (Lohrmann & Bambara, 2006).

In addition to the attitudes of school personnel and parents, the attitudes of nondisabled peers toward students with disabilities are also important. In a national survey of over 6,000 middle school students, Siperstein, Parker, Bardon, and Widman (2007) found that attitudes of nondisabled students toward individuals with intellectual disabilities and the inclusion of these students varied considerably. Although the majority of students thought it would be "okay" to include students with intellectual disabilities in their classes, there were some varying opinions about the impact. Most students, 88%, believe that students with intellectual disabilities can participate in sports with other individuals with disabilities and can be friends with nondisabled students. A smaller number, but still over 50%, believe that these students can learn but thought that teachers might focus more on these students than nondisabled students.

Most of the students in the survey did not have significant experiences with students with intellectual disabilities. In fact, only 38% of the nondisabled students reported ever having a classmate with intellectual disabilities in their class, and fewer than 10% currently had a student with intellectual disabilities in their class. The fact that many students in the survey had limited contact with students with intellectual disabilities could easily be one of the reasons for some of the negative attitudes toward inclusion. One way of dealing with the impact of limited contact with students with disabilities is to ensure that they are introduced appropriately when they are first included in a general classroom (Campbell, 2006).

The attitudes of individuals toward persons with disabilities and inclusion are also important in postsecondary environments, such as postsecondary educational programs and employment sites. In a study of college students' attitudes toward the inclusion of individuals with intellectual disabilities in inclusive postsecondary programs, Westling, Kelley, Cain, and Prohn (2013) found that college students generally supported programs for this population on college campuses. Furthermore, the study determined that students who had experienced inclusive programs for students with disabilities in secondary schools tended to have a more positive attitude about inclusive postsecondary programs. This result supports the continuation of inclusion in high schools.

## CRITICAL COMPONENTS OF INCLUSIVE CLASSROOMS

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The concept of inclusion purports that students with special needs can be active, valued, fully participating members of a school community in which diversity is viewed as the norm and high-quality education is provided through a combination of meaningful curricula, effective teaching, and necessary supports. Anything less is unacceptable. Inclusion is not simply physically placing students with disabilities in general education classrooms; it is providing a support system for this group of students that makes them active participants in the classroom. Unlike other special education models, inclusion assumes that all students *belong* in the general education classroom with their

**TABLE 1-4 Critical Components of Inclusive Classrooms**

Acceptance and feeling valued	<p>Students with and without disabilities need to feel accepted and valued.</p> <p>All students must be fully engaged.</p> <p>Teachers and administrators are critical in acceptance.</p> <p>Teachers play an important role in creating an accepting environment.</p> <p>Teachers and administrators need to have positive attitudes about inclusion and students with disabilities.</p> <p>Teachers need to facilitate friendships.</p>
Appreciation of diversity	<p>Diversity is the norm in today's schools.</p> <p>Diversity occurs in many areas: socioeconomic, racial, language, ability, and family arrangement.</p> <p>School personnel need to understand diverse groups.</p> <p>School personnel need to be sensitive to diversity.</p>
Appropriate classroom experiences	<p>Curriculum needs to match students' needs.</p> <p>Effective classroom management sets the stage for effective instruction.</p> <p>Effective instruction must be individualized.</p> <p>Appropriate accommodations must be provided.</p> <p>School personnel must be flexible in their instructional practices.</p> <p>Differentiated instruction is important.</p>
Collaborative professional services	<p>Many different professionals need to be involved.</p> <p>Professionals and paraprofessionals must collaborate.</p> <p>Paraeducators, peer supports, teacher assistance teams, and other arrangements are needed for some students.</p>



## A LOOK INSIDE

This video examines the various components that teachers need to be aware of when working with students who are linguistically and culturally diverse.

chronological peers and should be removed from that setting only when appropriate services cannot be provided in the inclusive setting. Several key structural and philosophical differences distinguish the inclusive model and more traditional special education models. For example, in a traditional model, general classroom teachers typically work alone, teach content related to a particular grade level, and tend to “teach to the middle.” In contrast, in an inclusive classroom, teachers collaborate with special education teachers and others, teach to the level of students’ needs, and uses differentiation to reach a wide range of student learning needs. One additional difference is that in a traditional model, special education teachers are responsible for students with disabilities, whereas in an inclusive model, there is a shared ownership for the success of all students.

Including students with diverse learning needs creates challenges for educators. However, in today’s classroom, diversity is the norm. Therefore, including students with disabilities is simply one additional factor in the modern, diverse classroom. There are many different factors critical to the success of inclusion. Table 1-4 summarizes each of these factors.

## SUMMARY

### History of Education for Students with Disabilities

- The U.S. public school system attempts to provide 13 years of equal educational opportunity to all American citizens.
- Today’s student population is very diverse and includes students with a variety of disabilities.
- A sizable percentage of students are at risk for developing problems, present learning or behavior problems, or may be classified as having a disability.

## Defining Students with Special Needs

- The largest group of students with special needs in the public school system consists of those formally classified as having disabilities.
- Intellectual disabilities, learning disabilities, and emotional and behavior disorders make up the majority of student disabilities.
- In addition to students with disabilities served under IDEA, students with disabilities served under Section 504 and the ADA, students classified as gifted and talented, and students who are at risk for developing problems are considered students with special needs.

## Current Services for Students with Special Needs

- Services for students with disabilities have evolved significantly during the past 20 years.
- Public Law 94-142, now IDEA, provides the framework for services to students with disabilities in school settings.
- IDEA provides extensive regulations related to how children are identified, evaluated, and served.
- All students served under IDEA must have an IEP and be educated in the LRE.

## Where Should Students with Disabilities Be Educated?

- About 70% of all students with disabilities spend a substantial portion of each school day in general education classrooms.
- Inclusion is the current model for educating students with disabilities.
- Inclusion requires schools to educate students with disabilities with their nondisabled peers as much as possible.
- In an inclusion model, students with disabilities belong with their nondisabled peers.

## Perceptions of Inclusion

- General education teachers play a critical role in providing services to students with disabilities.
- The attitudes of classroom teachers are extremely important in the quality of services rendered to students with disabilities.
- Most classroom teachers are supportive of an inclusion model.
- Parental support for inclusion is important for its ultimate success.

## Critical Dimensions of Inclusion

- A sense of community is important for inclusion to be successful.
- Appreciation for diversity is critical for inclusion.
- Effective management, curricular adaptations, and flexible instructional techniques must be present in an inclusive classroom.

### CHECK YOUR UNDERSTANDING

Click here to check your understanding of Chapter 1,  
*"Inclusive Education: An Introduction."*





*E. D. Tortol/Alamy*

# 2

## PROFESSIONAL COLLABORATION AND HOME-SCHOOL COLLABORATION

## LEARNING OBJECTIVES

After reading this chapter, you should be able to:

1. Describe the different models of professional collaboration.
2. Discuss the particular challenges for creating and maintaining inclusive classrooms.
3. Describe how to plan for successful inclusion, one student at a time.
4. Describe the concept of family in our society.
5. Describe the impact children with disabilities have on families.
6. Discuss how schools and parents can collaborate on the education of students with disabilities.
7. Describe some specific home-based interventions for families of children with disabilities.

**Belinda** and Michael were enjoying their second child, a 3-year-old named

Dillon. Both had great professional jobs and planned on having another child soon. Although Dillon had hit all of his developmental milestones either on time or ahead of schedule, during the past several months Belinda and Michael noticed some regressive behaviors. Although Dillon was beginning to speak in simple sentences, he now rarely spoke at all. He had also enjoyed spending time with his cousin, Jake, who was 6 months older than him, until a few months ago. Now, it seems that he wants to play only alone. He used to be very engaging with adults but now seems to ignore them, even when they are overt in their efforts to become involved in what he is doing.

On the advice of a neighbor, Belinda and Michael decide to take Dillon on an unscheduled visit to the family physician, Dr. Blackmon, who had been Michael's doctor when Michael was growing up, so he was well acquainted with the family. After a short visit with Dillon and his parents, Dr. Blackmon concluded that Dillon was simply regressing a little and would bounce back soon. He was confident that Belinda and Michael should not be concerned and not push him too fast. During the next 6 months, Dillon continued to regress. He no longer attempted to speak, was awake most of the night, and began fixating on some specific objects, such as shoes and newspapers. Belinda and Michael decided that they needed to see a specialist regardless of what their family physician had told them 6 months earlier. After a 2-day, comprehensive evaluation at the state's children's hospital, the diagnosis was that Dillon had autism. Belinda and Michael did not have much information on autism, but they were aware that it was a devastating diagnosis.

One of the first things that Belinda and Michael did after receiving the diagnosis was to get in contact with the local autism support group chapter. Here, they learned a great deal

of information, including how to contact community agencies to immediately begin services for Dillon. They soon learned that early intervention by occupational therapists, speech-language therapists, and behavioral therapists could greatly improve Dillon's prognosis. Not only were the professional services available for Dillon helpful, but Belinda and Michael soon learned that the support they received from members of their support chapter made it possible for them to both accept Dillon's diagnosis and move forward with the best possible interventions available.

Belinda and Michael asked themselves many questions during the first several months after Dillon's diagnosis, including these: (1) Should one of us quit our jobs to provide full-time care for Dillon? (2) Should we even consider having other children? (3) Will Dillon ever be able to go to school, graduate, and live on his own? (4) How can we pay for all the services that Dillon may need? Now that Dillon is in first grade in an inclusive classroom, Belinda and Michael have accepted his disability and are able to be optimistic about his future. They believe that Dillon can be educated successfully with his nondisabled peers, live as normal a life as possible, and be a successful adult.

### QUESTIONS TO CONSIDER

1. Analyze Belinda and Michael's potential feelings and possible reactions on learning that Dillon has a disability.
2. What advice, recommendations, and help would you provide for these parents?
3. What would you tell them about the advantages and challenges of inclusive preschool programs?
4. What influence could Dillon's condition have on Belinda and Michael's marriage?
5. How could other parents who have children like Dillon help Belinda and Michael deal with their crisis?

## PROFESSIONAL COLLABORATION

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Collaboration can be described as two or more individuals working together for a common purpose (Taylor, 2009). It occurs in many different places, including work settings, sports activities, domestic activities, yard work, and just about any other endeavor where more than one individual can work with others. In public education, the goal of collaboration is to improve the educational outcomes of students by professionals and families working together (Smith, Gartin, Murdick, & Hilton, 2006). Collaboration occurs in many different school activities, including teacher meetings, field trips, and playground monitoring. While there has always been some level of collaboration involved in educating students with disabilities, the inclusion of these students in general education classrooms presents an ideal opportunity for collaboration among educators and makes collaboration more important than ever (Lingo, Barton-Arwood, & Jolivette, 2011). For example, in describing an intervention model for adolescents with learning disabilities included in a general classroom, Fenty et al. (2012) note that students with learning disabilities often need a large group of individuals providing supports, such as learning disability specialists and specialists in various content areas.

In an inclusive classroom, collaboration occurs when general classroom teachers work in partnership with special education teachers. This collaboration occurs both formally, when teams are formed around a particular child, and informally, when two or more teachers get together and discuss how to meet a child's specific needs (Friend & Cook, 2010). Formal collaboration is not a process; it is a "way of thinking, planning, sharing, and working together" (Smith et al., 2006, p. 143). In other words, collaboration occurs when two or more professionals purposely work together to provide supports and services for this group of students.

Collaboration among general and special education professionals and others has become a key component of effective schools and a necessity for successful inclusion. It can occur in a variety of settings and activities, including pre-referral efforts and individualized education plan (IEP) meetings, consulting, cooperative teaching arrangements, assessment, and teacher assistance teams. Ludlow (2011) notes that collaboration is often involved in assessment, identifying programs and services, developing curricula, delivering instruction, and coordinating services among many different groups and agencies. The importance of collaboration is reflected in the fact that it is 1 of 10 standards that must be met for accreditation by the Council for Exceptional Children and the National Council for Accreditation of Teacher Education (Ludlow, 2011).

A good example of how collaboration is critical in today's inclusive model is the entire assessment process. Comprehensive assessment of students' learning ability and behavior is a basic component of providing an appropriate education for students with disabilities. Lingo et al. (2011) identify six different data collection strategies that can be used for data-driven decisions. These include (1) anecdotal recording, (2) work samples, (3) event recording, (4) interval recording, (5) duration recording, and (6) latency recording. Each of these requires some level of collaboration. Other intervention strategies that require collaboration include response to intervention (Hoover & Love, 2011), behavior intervention planning, IEP development, and intervention programs.

While there are significant benefits resulting from collaboration, many schools implement collaborative models because "everyone else is doing it." Implementing a collaborative model for this reason may result in failure. For collaborative models to work effectively, collaboration should be implemented for the right reasons and introduced through professional development for general and special education personnel (Wiggins & Damore, 2006). There are many different ways schools can encourage collaboration among school staff; one particular model is no better than another. Educators need to understand the variations that are possible and implement the approach that best meets their needs and the needs of their students. The most important thing to remember is that when working together in a collaborative model to solve problems, both teachers and students can benefit (Santangelo, 2009).

## Collaboration and Consulting

**Collaborating and consulting** is the simplest form of professional collaboration. It simply emphasizes a close working relationship between general and special educators. Through collaborating with one another, general education and special education teachers can bring more ideas and experiences to help students achieve success. A key requirement for collaboration to be successful is the relationship between special education teachers and general classroom teachers. When team members have good personal relationships, they are able to express different views more freely (Whitby, Marx, McIntire, & Wienke, 2013). Building these positive relationships requires a great deal of open communication and developing trust among all parties involved in the child's education.

Communication skills are absolutely critical for professionals to collaborate and consult successfully; in fact, strong relationships among various professionals can occur only when there is good communication (Sileo, 2011). While communication between the special education teacher and classroom teachers is critical, when there are more individuals involved in a child's educational program, which is often the case, effective communication is even more important and also more difficult. In fostering good communication among various team members, it is important to talk with colleagues regularly and not wait for formal meetings. Waiting for formal meetings may result in missed opportunities for necessary communication. Effective communication requires conveying thoughts and ideas to others effectively but also being good listeners to others (Whitby et al., 2013).

A second critical requirement for educators is planning. If two or more professionals are working with a student, there must be time for them to plan how they will coordinate assessments and interventions. And, in order to discuss and plan interventions, they must have time to do so. Planning requires (1) establishing a collaborative team, (2) organizing instruction, and (3) organizing materials. All these steps must be taken before effective intervention can begin (Fenty et al., 2012).

Unfortunately, the logistics of arranging planning time are often complicated by teachers not having planning periods or planning periods not coinciding with each other. Also, the more teachers are involved in the collaboration effort, the more difficult it is to arrange a common time for planning. Making planning time available for school staff requires the support of school administrators. School administrators who support inclusion will generally find a way to arrange for planning opportunities for professionals and paraprofessionals. On the other hand, administrators who are not supportive of inclusion or do not see the need for planning time are less likely to make the time available for their teachers. Making time for teachers and other staff members to plan for specific students can be accomplished in several ways. These include (1) arranging for team members to have the same planning periods, (2) having split schedules for teachers, (3) using roving aides to cover classes, (4) providing financial incentives, (5) providing team members with extended contracts, and (6) providing professional development related to teaming. Regardless of how it is accomplished, the fact remains that without time to plan, many attempts to provide supports for students with disabilities in general education classes will be unsuccessful.

When time for planning is available, teachers must use their time efficiently. Murawski (2012) suggests 10 tips for using co-planning time more effectively:

1. Establish a regular time to plan collaboratively
2. Select an appropriate environment without distractions



The teacher in this video discusses collaborative efforts in the middle school. Notice the different types of collaboration, including co-teaching, as they are explained.



Teachers often need to work together to solve some of the challenges created by inclusion.

**TABLE 2-1 Suggestions to Facilitate Collaboration**

Ensure you have administrative support
Arrange for time to plan and organize interventions
Agree on goals for the student
Be supportive of other professionals' efforts
Be respectful of different opinions
Remember to focus on the needs of the student first
Involve other professionals when necessary
Accept the role of equal partners

3. Save rapport building for another time
4. Have an agenda and snacks
5. Determine regular roles and responsibilities
6. Divide and conquer
7. Keep a list of individual student concerns
8. Build in regular time for assessment and feedback
9. Document your planning and save for future reference
10. Use the what/how/who approach

In addition to finding time for planning and using planning time effectively, there are numerous other factors that can enhance collaboration. Table 2-1 summarizes some of these ideas.

## Co-Teaching

A specific model of collaboration that provides support for students in general education classrooms is **cooperative teaching**, or **co-teaching**. Co-teaching is an instructional model in which a special education teacher and a general classroom teacher share instructional efforts and responsibilities for students with disabilities included in a general education classroom (Sileo & van Garderen, 2010). Co-teaching is an outgrowth of team teaching, a model that has been around for many years where two general classroom teachers teach their combined classes. As a result of the inclusion movement, the team teaching model evolved into the co-teaching model, where a general classroom teacher, with content knowledge, is paired with a special education teacher who has the skills to modify instruction and assessment for students with disabilities (Smith et al., 2006). This model has become very popular and is used extensively, especially at the secondary level, where one co-teacher is a content specialist and one is a specialist in modifying or adapting instruction and assessments. One of the positive outcomes of this model is that students do not have to leave the classroom to receive assistance in the resource room; rather, they have the support of two different teachers in the general classroom (Murawski & Hughes, 2009). While the resource room model is still important for some students, meeting their needs in the general classroom and not requiring them to go to another setting is less disruptive and results in a more inclusive atmosphere.

Co-teaching includes numerous activities, including the following:

- Teachers consulting with each other
- Teaching content by the general classroom teacher
- Implementing accommodations by the special education teacher
- Additional help given by special education teachers to children with and without disabilities
- Sharing teaching assistants

One shared area often overlooked in a co-teaching arrangement is co-assessment (Conderman & Hedin, 2012), which is a critical component of any successful co-taught classroom.



Better prepare to teach in an inclusive classroom and assess your understanding with the interactive module "Co-Teaching."

Co-teaching is perhaps the best vehicle for attaining successful inclusive classrooms; it truly provides supported education, the school-based equivalent of supported work in which students are placed in general education classrooms and provided with the necessary support by the special educator to be successful. It is not a simple solution for the many challenges of accommodating a broad range of students with disabilities. It requires both thoughtful planning and consideration. Scruggs, Mastropieri, and McDuffie (2007) reviewed 32 qualitative studies of co-teaching in inclusive classrooms to determine some of the variables associated with successful co-teaching efforts. Their analysis revealed that in order for co-teaching to be effective, several factors need to be present, including administrative support, planning time, training, and compatibility. Several teachers indicated that an effective co-teaching arrangement is similar to a good marriage—it requires a unique relationship and hard work to be successful.

A critical issue regarding co-teaching is voluntary involvement. Setting up cooperative teaching arrangements without regard to input from the teachers themselves will not set the stage for success for teachers or, ultimately, for students. Teachers should be given some choice and flexibility; for example, allowing general and special education teachers to select partners with whom to collaborate has worked well. Enabling teachers to select their co-teaching partners can help with compatibility; one of the obvious difficulties in implementing the co-teaching model is ensuring the compatibility of the individuals working together.

As with any collaborative model, one of the most critical components to co-teaching is planning between the classroom teacher and special education teacher. Both teachers must agree on numerous aspects of instruction. These include agreement on who (Sileo, 2011) does the following:

- Plans and teaches the lessons
- Prepares and organizes instructional materials
- Chooses co-teaching structures that complement the lessons and students' abilities
- Identifies assessment processes that determine students' acquisition of knowledge and ability to demonstrate skills and competencies
- Grades assignments

After planning, the next step is implementation, when co-teachers must work together to deliver instruction, assess their instruction, and modify instruction if necessary. Regardless of how well instruction has been planned, it is likely that problems will develop, and unless these problems are solved, instruction will likely be unsuccessful. Sileo (2011) identified seven steps that co-teachers should follow during problem solving: (1) identify the problem, (2) develop alternative courses of action, (3) analyze the risks and benefits of each course of action, (4) choose a course of action, (5) take action, (6) evaluate results of the action, and (7) take responsibility for the consequences. Table 2-2 describes each of these steps.

**TABLE 2-2 Steps to Follow During Problem Solving**

*Identify the Problem*—Make sure both co-teachers are aware of what the problem is, such as a conflict about who is in charge or who is providing the majority of instruction.

*Develop Alternative Courses of Action*—Develop different ways for addressing the problem to resolve its impact on instruction.

*Analyze the Risks and Benefits of Each Course of Action*—Determine the pros and cons of each alternative course of action identified in the previous step.

*Choose a Course of Action*—Based on your previous analysis, choose the course of action that appears to be the best option based on pros and cons.

*Take Action*—Implement the action.

*Evaluate Results of the Action*—Evaluate the impact of your actions.

*Take Responsibility for the Consequences*—Based on the evaluation, co-teachers need to take responsibility for the outcomes, make any corrections needed if there are negative consequences, and begin the decision-making process again.

## COOPERATIVE TEACHING ARRANGEMENTS

Co-teaching usually occurs at set times, such as during second period every day or on certain days of each week. Although the model can be implemented in many ways, it essentially involves collaboration between special and general education teachers in the environment of the general education classroom, typically for several periods per day. Sileo and van Garderen (2010) discuss several different models of co-teaching, including (1) one teach, one observe; (2) team teaching; (3) alternative teaching; (4) parallel teaching; (5) station teaching; and (6) one teach, one drift. The first one appears to be the most frequently used model (Scruggs et al., 2007). Table 2-3 summarizes each of these models.

**Co-Assessment** Co-assessment is a component of co-teaching that occurs throughout the co-teaching process (Conderman & Hedin, 2012). Purposeful co-assessment, meaning assessment that has a purpose related to instruction, occurs (1) before team formation, (2) before instruction, (3) during co-instruction, and (4) after instruction. While co-assessment has been neglected in the literature, it is a major component of an effective, co-teaching model. Table 2-4 describes activities during each phase of co-assessment.

**TABLE 2-3 Characteristics of Different Co-Teaching Structures**

Type of Co-Teaching Structure	Characteristics
One teach, one observe	One teacher teaches the entire group, and the other teacher observes. Good for data collection and monitoring and supporting student behaviors.
Team teaching	Teachers share equally in planning and delivering instruction. Both teachers usually teach a large group of students together. Students can break into smaller groups for cooperative learning.
Alternative teaching	One teacher teaches a small group, and the other teaches a large group. Excellent for providing individual feedback and instruction.
Parallel teaching	Teachers plan together and teach simultaneously to two groups. Class is typically divided into two equal or nearly equal groups. Provides opportunities to work with smaller numbers.
Station teaching	Teachers divide responsibility for instructional content. Students divided into groups that work on different activities.
One teach, one drift	Similar to one teach, one observe. While one teacher teaches, the other moves throughout classroom. Provides opportunity for checking work and giving extra support.

Source: Sileo and van Garderen (2010). Creating optimal opportunities to learn mathematics. *Teaching Exceptional Children*, 42, 14–21.

**TABLE 2-4 Components of Co-Assessment**

Phase	Activities
Before team formation	Discussion of assessment philosophy between team members Discussion of assessment practices between team members Resolution of differences regarding assessment
Before instruction	Consider available data that are available and how to use those data Determine curriculum-based measures that would be useful Discuss and agree on assessment data and assessment instruments to be used
During instruction	Different types of formative assessment Observation Determine level of engagement Personal response systems
After instruction	Summative assessments Portfolios, checklists, rating scales, products, rubrics, and tests Grades

Source: G. Conderman and L. Hedin (2012). Purposeful assessment practices for co-teachers. *Teaching Exceptional Children*, 44, 19–27.

## OTHER PROFESSIONAL COLLABORATIVE MODELS

In addition to collaborating and consulting and co-teaching models, there are other collaborative models that are used in inclusive classrooms. These include (1) **teacher-assistance teams**, (2) **para-professional supports**, and (3) **peer support systems**. Each of these models requires the collaboration of several individuals focusing on meeting the needs of students with disabilities in inclusive settings. Teacher support teams are groups of teachers and other instructional support personnel who come together regularly to discuss various students and brainstorm ideas that can be implemented in classrooms. This model can be extremely helpful for teachers seeking ideas that can help specific children. One example is for teacher assistance teams to provide suggestions for differentiating instruction. See the nearby differentiating instruction features as examples for elementary and secondary classrooms.

**Peer Support Systems** Educators must realize that the staffing needed to successfully support students with disabilities in inclusive settings is increasing while the resources of many schools is on the decline (Smith et al., 2006). Often, subjects may go untaught simply because there are insufficient staff and time to provide instruction. One means for addressing this issue is through peer support systems (Bobroff & Sax, 2010). In this model, students with disabilities in general education classrooms receive social or instructional support from their nondisabled peers. While not the same as professional collaboration, peer support systems do result in collaborative efforts on behalf of students with disabilities. Peer support systems have been shown to be an effective means for providing instruction to students with disabilities included in general education classrooms. This success, for both tutors and those being tutored, probably results from numerous response opportunities and time for learning (Bowman-Perrott et al., 2013).

Peers can be used to support instructional activities and social activities. Both of these areas are critical for the success of students included in general classrooms. In the area of instruction,



## DIFFERENTIATING Elementary Instruction

### LITERACY USING CENTERS FOR THIRD GRADERS

Students read a passage on dinosaurs from materials that are differentiated for the following levels:

Pre-K to grade 1	Teacher rewrites passage at a beginning reading level and reads along with students.
Grade 2	Teacher uses a passage about dinosaurs at a second-grade reading level and has students read the passage in groups.
Grade 3	Teacher has students read a passage about dinosaurs at a third-grade reading level in groups.
Above grade 3	Teacher has students independently read a passage about dinosaurs at a third-grade reading level.

After reading the passage, students go to one of four centers, based on their reading level, to reveal their comprehension.

Pre-K to grade 1	Students draw a picture.
Grade 2	Students answer questions orally with the teacher.
Grade 3	Students answer specific questions in writing.
Above grade 3	Students write a story about dinosaurs.





# DIFFERENTIATING Secondary Instruction

## THE ASSASSINATION OF JOHN F. KENNEDY

**Students with Intellectual Disabilities:** Students are shown a documentary video of the assassination, and teachers lead a discussion following the video.

**Students with Reading Difficulties:** Students are shown a documentary video of the assassination, read an account of the assassination written at a fourth-grade level, and are required to complete an objective test on the content.

**Students with Average/Above-Average Learning:** Students are shown a documentary video of the assassination and

are required to read the section in the American history textbook and then respond to an essay question about the assassination.

**Gifted Students:** Students are shown a documentary video of the assassination and then assigned to go to the library and research the assassination and write an essay on the following topic: Do you believe that there was a lone assassin involved in Kennedy's death, or was there a conspiracy? Support your conclusion.

peer supports can be provided in any academic area, including literacy and language arts, math, social studies, science, and other core subjects. While peer supports are being used to target instruction, they also prove a side benefit of improving the social involvement of students with disabilities. Carter, Moss, Hoffman, Chung, and Sisco (2011) studied the impact of using peer supports for three individuals with severe disabilities included in a general education high school class. They found that peers were able to provide a wide array of peer supports, including academic supports and social-related supports, without having a negative impact on their academic standing. Some of the supports included checking the accuracy of assignments, sharing or assisting in taking notes, reading aloud a section of the book, prompting for social interactions, and providing emotional support. The results were that the individuals with severe disabilities increased their social interactions in every case, and the peers reported significant benefits. An equally important finding was that the peers also reported positive benefits from providing these supports.

There are numerous models for providing peer support for instruction. These include peer tutoring, peer assessment, peer modeling, and cooperative learning. Each of these models can be implemented in a variety of different ways. For example, with peer tutoring, one student can assist another, or an entire class can organize into pairs to assist each other. In peer modeling, students display specific behaviors to serve as models for their classmates. Implementing a peer support system should not be attempted without planning. Some recommendations for peer support systems include the following (Bobroff & Sax, 2010):

1. Begin the peer tutor process early in the school year for optimum results
2. Designate a specific day and time for holding tutoring sessions to ensure student availability and limit interruptions with scheduled classes
3. Provide assessment and structured training and specific feedback to peer tutors prior to their working with their peers

Students involved in the program as tutors should receive some instruction in how to carry out their role. Peers tutoring peers can be extremely helpful in an inclusive model, but it can also be problematic if it is implemented without adequate preparation. Service learning is one way of implementing a peer support system. Using service learning, students without disabilities become involved with students with disabilities as a service learning opportunity. This gives opportunities for students with and without disabilities to benefit from the service learning projects while providing needed supports for students

### apply your knowledge

The IRIS Center at Vanderbilt University develops training enhancement materials for preservice and practicing teachers. This module, on implementing the PALS reading strategy, will help apply your knowledge of peer tutoring strategies.



with disabilities. Most peer support systems involve a one-on-one arrangement; however, peer supports can be implemented using a classwide approach. Classwide peer tutoring is theoretically supported and has been found to be an effective model (Maheady & Gard, 2010) and maximizes learning opportunities for all students in the class (Scruggs, Mastropieri, & Marshak, 2012).

Peer support systems that focus strictly on supporting social activities are also important for inclusive classrooms. A more social focused peer support program avoids the need for the nondisabled peer to understand his or her role as an instructional support. Social peer support programs are a natural means for pairing students with disabilities and those without disabilities for social activities. These can include lunch buddies, playground buddies, and more group-oriented programs, such as circle of friends, where groups of nondisabled peers come together to support one or more individuals with a disability. When implementing any peer support system, school personnel must always remember that while these approaches may work extremely well in some situations, the peers providing the support are also students. They may provide a great deal of help, but providing the necessary support to enable students to be successful remains a professional responsibility.



Joshua Loty/Reuters/Corbis

**Paraeducators can provide direct services to some students with special needs in general classrooms.**

## Using Paraprofessionals

In addition to collaborative teaching models and peer support systems, the use of paraprofessionals to provide direct support to students with learning problems is becoming more common. While paraprofessionals have long been involved in educating students with special needs, their role has been shifting to include more responsibility for educational and therapeutic programming with the expansion of the inclusive education model (Ludlow, 2002). Paraprofessionals have been referred to as “sous-chefs,” meaning that they work closely with the teacher (chef) to provide instructional support and sometimes direct instruction to students with learning difficulties (Causton-Theoharis, Giangreco, Doyle, & Vadasy, 2007). The most recent amendments to the Individuals with Disabilities Education Act (IDEA) specifically note that “paraprofessionals who are adequately trained and supervised may assist in the delivery of special education and related services” ([Part B, Sec. 612 (a) (15)]). Therefore, IDEA provides regulatory support for using paraprofessionals in a direct support role for students with disabilities and indicates that paraprofessionals should have adequate training. Carroll (2001) suggests that this training should include professional interaction, communication, and conflict management skills. The U.S. Department of Education (2003b) noted that in the 2006–2007 school year, 321,657 paraprofessionals were involved in providing education services to children with disabilities.

Many changes in special education over the past 20 years have changed the role of paraprofessionals. For example, the implementation of response to intervention has created numerous opportunities for paraprofessionals to become involved in the implementation of this model and changed the roles of numerous other school professionals (Bean & Lillenstein, 2012). The mere presence of paraprofessionals in inclusive classrooms does not automatically result in their appropriate use. Having individual paraprofessionals obligated all day to one particular student can actually be detrimental because it could result in the student’s separation from classmates, unnecessary dependence, and even interference with the teacher’s efforts at instruction (Giangreco, Yuan, McKenzie, Cameron, & Fialka, 2005). Paraprofessionals have great potential to facilitate inclusion as long as proper safeguards ensure that they implement support services effectively.



This video exemplifies how paraprofessionals work with students with different disabilities. Pay attention to the roles these paraprofessionals play.

One problem with using paraprofessionals is that often their role is unclear and teachers often do not know how to use them. Whereas sometimes they take a major responsibility for the education of some students with disabilities, in other settings they function primarily as clerical aides. Still, their role in providing instruction appears to be increasing. To maximize the effectiveness of paraprofessionals, professional development opportunities need to be provided for both teachers and paraprofessionals. Professional development for teachers needs to focus on how to support paraprofessionals, while professional development for paraprofessionals should target the use of their strengths to support students (Jones, Ratcliff, Sheehan, & Hunt, 2012). Since the use of paraprofessionals requires teachers and paraprofessionals to work closely together, Jones et al. (2012) also recommend joint professional development opportunities that will help establish effective teamwork and trust.

Paraprofessionals are often critical to the success of inclusive classrooms and perform numerous roles in addition to direct instruction. These can include (1) performing clerical tasks, (2) supervising students in group settings, and (3) working with students in the areas of social skills. Regardless of the specific role played by paraprofessionals, classroom teachers must provide appropriate supervision to ensure student learning. Some elements of effective supervision of paraprofessionals include the following (Carnahan, Williamson, Clarke, & Sorenson, 2009):

- Establishing a shared philosophy
- Using effective communication
- Holding regularly scheduled meetings
- Evaluating the paraprofessional's knowledge and experience
- Providing professional development opportunities
- Engaging in problem-solving strategies around issues

Unfortunately, some districts experience a high turnover rate among paraprofessionals. This can create problems for schools because of the difficulty in finding qualified individuals to fill this important role and the amount of time and effort required to provide training for newly employed paraprofessionals. Some of the reasons paraprofessionals have been found to leave their jobs include (1) low wages; (2) poor benefits; (3) normal life events, such as entering college or retirement; (4) changing positions within the school; and (5) conflicts within the special education team (Ghere & York-Barr, 2007). School personnel should become proactive to prevent paraprofessionals from leaving their positions. One factor that can have an impact on the retention of paraprofessionals is professional development, which for this group of team members can lead to higher retention rates, increased enrollment in teacher preparation programs, and more involvement in IEP meetings (McKenzie, 2011).

## CREATING AND MAINTAINING INCLUSIVE CLASSROOMS

Although inclusion is the dominant model for serving students with disabilities, effective inclusive classrooms do not happen without a great deal of planning and effort. This preparation includes the preparation of staff for inclusion, preparation of students with and without disabilities for inclusion, and preparation of parents for inclusion. And, once an inclusive education model has been implemented, it must be maintained and evaluated to ensure its continued success.

### Preparing Staff for Inclusion

Inclusive education is a very different model from more traditional models serving students with disabilities. As a result, all school staff must be prepared for the transition. A comprehensive program for preparing a school setting for inclusion must consider the involvement of all staff members, including teachers, administrators, lunchroom workers, janitors, secretaries, bus drivers, and any other staff members who might come into contact with students. Although many preservice training

programs acquaint teachers in training with working with students with diverse needs, the nature of this preparation varies greatly. Moreover, many teachers who are already in the field have not been exposed to information important for implementing good inclusive practices. This conclusion is supported by the data discussed earlier in this chapter.

The primary goals of all preservice training and professional development of general education teachers include creating positive attitudes about working with students with diverse needs and allaying apprehensions and concerns that teachers might have about their competence to address the needs of these students. These goals are achieved by three major training-related activities: (1) opportunities to see good examples of inclusion; (2) provision of information about inclusion, student diversity, and inclusion-related practices, together with the development of skills that a teacher needs to feel comfortable and competent when working with students with special needs; and (3) time to plan with team members.

**Exposure to Good Inclusive Classrooms** Nothing is more encouraging and motivating than to see wonderful examples of what one wants to achieve. It is essential that teachers have opportunities to visit schools or classrooms that demonstrate the five critical dimensions of inclusion discussed earlier in this chapter. It is one thing to talk about these practices and yet another to see them being implemented. A number of projects in the United States have developed model inclusion classrooms. These settings can serve as demonstration sites that teachers can observe and imitate.

**Information and Skills Needed** Teachers regularly express a desire to know more about the inclusion process, the needs of students with learning-related challenges, and ways to address these needs. Teachers must find practical ways of matching individual needs with sound instructional practices. For teachers to become comfortable in making and implementing such decisions, they must have sufficient training in management techniques, instructional strategies, and curriculum adaptation tactics. Studies have shown, for example, that curriculum modifications are a very positive predictor of academic success (Lee, Wehmeyer, Soukup, & Palmer, 2010). However, the intervention may not be successful if teachers do not have the necessary skills to link appropriate accommodations with specific needs.

Teachers can also benefit from instruction in topics such as social skills, self-determination, learning strategies, and study skills. From time to time, updates and new ideas in these important areas can be offered to teaching staff to spark strategies and deepen knowledge. In turn, teachers can enhance the social acceptance of students with special needs by instructing their classes in social skills, such as how to make and keep friends.

Other skills are also needed in most inclusive arrangements. First and foremost are skills in collaboration. General education teachers will need to work collaboratively with other professionals within the school setting, especially special education staff, and with parents or other individuals who are responsible for students at home.

## Preparing Students for Inclusion

The goals for preparing students for inclusion, like those for staff, focus on developing positive attitudes and allaying concerns. Ultimately, we want students to understand the needs of others who are different and to welcome them into the classroom community as valued members. Many nondisabled students have not been involved with students with special needs. As a result, the movement to inclusive schools often results in students being unprepared for dealing with such diverse classrooms. While nondisabled students are generally supportive of inclusion, they need to be prepared for the changes that accompany this educational model. Awareness programs, class discussions, simulations, guest speakers, and social interactions can pave the way for inclusion.

**Awareness Programs** Disability awareness programs vary significantly, from providing information to simulations. Studies have shown that information alone, on such things as types of disabilities, myths about individuals with disabilities, and how to interact with individuals, has been shown to have a positive impact on attitudes (Ison et al., 2010). Over the years, an assortment of

formal programs has emerged to help change the attitudes of nondisabled students toward their classmates who have special needs. Discussions and simulations are among the different ways to develop and implement these programs.

**Discussions** In-class discussion is a good way to address topics related to students with special needs. Topics for discussion can be found in a variety of sources, including books and films about disabilities or famous people with special needs who have been successful in a variety of fields. Guest speakers can also be effective. Children's literature offers many examples of characters with special needs and can be used as a catalyst for discussions about disabilities. A number of books have been written about disabilities or conditions that might directly relate to students who are about to be included in a general education class. In fact, fictional books about every category listed under IDEA have been written (Dyches, Prater, & Leininger, 2009). Prater and Dyches (2008) have identified the top 25 children's books that portray characters with disabilities, while others have identified the top 10 books for children and young adults that portray characters with obsessive-compulsive disorder (Leininger, Dyches, Prater, Heath, & Bascom, 2010). Dyches and Prater (2009) identified books about adolescents with developmental disabilities. Some of these include the following:

- *The ADDED Touch*, by Roby Watson, Silver Star, 2000 (attention-deficit/hyperactivity disorder)
- *Freak the Mighty*, by Rodman Philbrick, Scholastic, 1993 (learning disabilities and other health impairments)
- *The Handmade Alphabet*, by Laura Rankin, Dial, 1991 (deafness)
- *My Brother Sammy*, by Becky Edwards and David Armitage, Millbrook, 1999 (autism)

When using literature or film, teachers need to be cautious that the material included is authentic and will not be overgeneralized. It must be stressed that individuals with disabilities, like individuals without disabilities, vary significantly in their abilities and disabilities and that every person is unique in specific areas.

Guest speakers with disabilities can provide positive role models for students with disabilities, give all students exposure to individuals who are different in some way, and generate meaningful class discussion. However, the choice of guest speakers must match the intended purposes of the teacher. For example, securing a guest speaker who is in a wheelchair and who has a negative attitude about his or her condition may not serve a positive purpose for the class. Advance planning and communication ensure that maximum benefit is achieved from this type of experience and also avoid inappropriate presentations. Guest speakers who are comfortable and effective when talking with students usually can be identified through local agencies and organizations.

**Simulations** Simulating a specific condition to give students the opportunity to feel what it might be like to have the condition is a common practice. For example, visual impairment is often simulated by blindfolding sighted students and having them perform activities that they typically use their vision to perform. In another simulation, students can use a wheelchair for a period of time to experience this type of mobility.

Although simulations can be effective in engendering positive attitudes toward individuals with special needs, this technique should be used with caution. It is impossible to understand the impact of a disability during a brief simulation; in addition, some simulation activities seem to be amusing rather than meaningful to students. Therefore, teachers must use caution when simulations are conducted to ensure that they serve their intended purpose.

Ison et al. (2010) evaluated the impact of a comprehensive cognitive-behavioral approach on disability awareness of fifth-grade students. This program used three different components, including information delivery and activities and interaction with people with disabilities. Information provided include different types of disabilities, appropriate terminology related to individuals with disabilities, and ways to communicate with persons with disabilities. Activities included simulations, discussions with persons with disabilities, and demonstrations of equipment and devices used by individuals with disabilities. The results indicated that improvement of students' attitudes and acceptance can benefit from short intervention programs.

## Maintaining Effective Inclusive Classrooms

Setting up a responsible inclusive classroom does not guarantee that it will remain effective over time. Constant vigilance concerning the critical dimensions of inclusive settings and ongoing reevaluation of standard operating procedures can ensure continued success. Too often, teachers, both special education and general education, become disenchanted with the process and burn out (Westling, Herzog, Cooper-Duffy, Prohn, & Ray, 2006). This may be due partly to the educational system constantly asking teachers to do more. As federal legislation focuses more on accountability systems, many teachers feel that they do not have time to teach students—the real reason they become teachers. A system needs to be in place to monitor and evaluate inclusion programs as well as provide appropriate support for teachers involved in delivering the programs.

Westling et al. (2006) describe a teacher support program designed to provide the necessary assistance for teachers involved in delivering services in inclusive settings. The program was founded on five principles:

1. Teachers can help each other through collaborative problem solving as well as other types of mutual support but can also benefit from additional expertise.
2. A support program for teachers should be available to all teachers but not required of any, should offer multiple types of support, and should allow for flexible participation.
3. A support program should provide valid information and assistance to deal with practical problems, and teachers should have the opportunity to specify the type of information or assistance they need and how it should be delivered.
4. Support must be disassociated from evaluation or judgment.
5. A support program should not create additional problems or increase stress.

The teacher support program provides for problem-solving meetings, electronic networking, information materials search, peer mentoring, on-site class consultation, teacher release, and staff development workshops. After an initial review of the program, it was found to have a positive impact on dealing with issues (Westling et al., 2006).

Maintaining flexibility contributes to long-term success; rigid procedures cannot adequately address the unpredictable situations that arise as challenges to management and instruction. Unforeseen problems will inevitably surface as a result of including students with special needs in general education classrooms. The more flexible a school can be in dealing with new challenges, the more likely it is that responsible inclusion will continue.

## PLANNING FOR SUCCESSFUL INCLUSION ONE STUDENT AT A TIME

Regardless of how much time and effort have been expended to create an environment that is conducive for students with disabilities to achieve success in general education classrooms, the fact remains that planning must be accomplished for students on an individual basis. Students with disabilities cannot simply be placed in a classroom regardless of the supports provided or teaching methods used and be expected to succeed. School personnel must develop a planning model that provides opportunities for school staff to develop supportive, individualized inclusive environments for each student. Successful inclusion does not just happen; it must be planned and the necessary instructional and administrative supports developed.

The first action that is required when planning for successful inclusion one student at a time is to determine the individual needs of the student. Inclusion does not mean placing students in inclusive settings regardless of their needs. Rather, inclusion is assuming that students belong in general education classrooms but building programs around students' needs. When determining the least restrictive environment for an individual student during the IEP process, school personnel should be sure that each student's unique characteristics have been considered in the planning process. See the feature "IEP Goals and Objectives for Dillon When He Is in the First Grade" along with "Tips for Adapting a Lesson for Dillon" as examples of IEP content.

## IEP GOALS AND OBJECTIVES FOR DILLON WHEN HE IS IN THE FIRST GRADE

Because Dillon's primary difficulties are in the areas of language and social skills, IEP goals and objectives reflect these two primary areas of concern:

### GOAL 1

**To improve the use of his language skills.**

- Objective 1: Dillon will be able to express himself orally when given a verbal prompt.
- Objective 2: Dillon will be able to express himself orally without a verbal prompt.
- Objective 3: Dillon will respond to peer oral interactions.
- Objective 4: Dillon will initiate peer oral interactions.

### GOAL 2

**To improve his social skills.**

- Objective 1: Dillon will engage in eye contact when called on by his teacher.
- Objective 2: Dillon will engage in eye contact when engaged with peers.
- Objective 3: Dillon will interact with peers when they initiate the involvement.
- Objective 4: Dillon will initiate involvement with peers.
- Objective 5: Dillon will increase his social skills by 25%, as measured by a social skills assessment instrument.
- Objective 6: Dillon will take turns when playing board games.



## TIPS FOR ADAPTING A LESSON FOR DILLON

Because Dillon's primary problems deal with language and social skills, classroom adaptations will focus on physical accessibility and manipulations. These could include the following:

- Oral directions for Dillon will be provided one-on-one.
- Allow Dillon to sit quietly at his desk for brief periods when he becomes frustrated.
- Allow Dillon to use a tape recorder or another person to make a written record of notes, assignments, or other materials.
- Allow Dillon extra time for tests and written assignments.
- Provide Dillon with a one-on-one aide various times during the day.
- Allow Dillon to go to the office for his medication on schedule.



## Collaboration with Families of Students with Disabilities

Prior to the enactment of IDEA, schools frequently did not encourage parents of children with special needs to actively participate in the education of their children. However, given the numerous concerns that parents may have and given the value of family input into educational programs, increasing parental involvement is a welcome trend. Federal law formally established the role of parents relative to students with special needs through IDEA, which requires schools to do the following:

- Inform parents in understandable language of impending actions regarding their child's education
- Involve parents in decisions regarding the education of their child

- Honor parents' decision for no special education services
- Make available due process rights for parents and their child
- Enable parents to request a due process hearing or engage in mediation or resolution efforts in cases of disagreements with schools

Decisions about children with disabilities are so important that parents must be involved. They are the most vital members of the educational team that develops and implements programs for students with disabilities (Cavkaytar & Pollard, 2009). Such involvement has been shown to have benefits in many areas, including student achievement, improved attendance, better attitudes, improved grades and test scores, and increased motivation (Kellough & Kellough, 2008). Not only does parental involvement result in these benefits, but schools are required by IDEA to ensure that parents are partners in their child's education. IDEA lists several specific rights of parents, which are described in the "Rights & Responsibilities" feature.

Legislation and parental advocacy have established an increasingly higher degree of family involvement in the education of students with disabilities. School personnel acknowledge the merit of having parents actively participate in the educational process, including identification, referral, assessment, program planning, and implementation. Comprehensive programs of family involvement begin when children with disabilities are young and continue through the transition process out of school and into adulthood.

Unfortunately, even though there are numerous benefits for family involvement and IDEA requires schools to involve parents, the challenge for educators is to consider effective ways to involve families in the education of children with disabilities. Edwards and Da Faonte (2012) suggest a five-point plan to facilitate this involvement. The plan includes the following:

1. Be positive, proactive, and solution oriented
2. Respect families' roles and cultural backgrounds in their children's lives
3. Communicate consistently, listen to families' concerns, and work together
4. Consider simple, natural supports that meet individual needs of students
5. Empower families with knowledge and opportunities for involvement in the context of students' global needs

While these steps will not guarantee parental involvement, they are basic ideas related to more parental involvement.

Families should participate in all areas related to the education of students with disabilities. These include involvement with the student's identification and assessment, development of



## Rights & Responsibilities

### PARENT RIGHTS UNDER IDEA

**Notice**—Parents must be notified before referral, assessment, identification as disabled under IDEA, IEP meetings, or change of placement.

**Consent**—Parents must give consent before the school can conduct an initial assessment and initial placement in special education.

**Evaluation**—Parents have a right to a full, comprehensive evaluation and the right to challenge that evaluation.

**Records**—Parents have access to all of their child's records.

**Confidentiality of Information**—Parents have a right to keep their child's records confidential and accessible only to those who have a need to know.

**Least Restrictive Environment**—Parents have a right to have their child educated with nondisabled children to the maximum extent appropriate.

**Disagreements**—Parents have a right to resolution, mediation, and due process hearing if they disagree with the schools assessment eligibility decision, placement decision, and IEP contents.



the IEP, involvement with parent groups, observation of the student in the school setting, and communication with educators. Of these activities, parental participation in the IEP process is the area most often emphasized. The assumption is that parent involvement benefits their children (Lo, 2012).

Professionals can satisfy the provisions of IDEA regarding involving families by simply inviting parental participation, but school personnel should develop strategies to facilitate parental involvement or, more appropriately, family involvement. They should become proactive in getting parents to be truly involved in the educational programs of their children. Although some parents create challenges for the school because of their intense level of involvement, for the most part educational programs are greatly strengthened by parental support. A general rule is that the more involved a family, the better for the education of the child.

## THE FAMILY

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In order for school personnel to effectively collaborate with family members, they must understand the family (Park, Alber-Morgan, & Fleming, 2011). The viewpoint of what constitutes a family has changed dramatically in recent decades. Traditionally, a family was thought of as a group of individuals who live together, including a mother, a father, and one or more children. However, this stereotypical picture has been challenged by the reality that many, perhaps most, families do not resemble this model (Smith et al., 2006). Allen (1992) noted that traditional families, with a stay-at-home mother and working father, simply did not exist as the dominant family model. Since the early 1990s, the family structure in the United States has continued to evolve. Families depicted in *The Cosby Show*, *Roseanne*, *Still Standing*, and *Everybody Loves Raymond* are no longer the norm (Smith et al., 2006). The family of today, unlike the family of the early 20th century, more simply can be described as a group of individuals who live together and care for one another's needs. Some differences in families today versus 50 years ago include the following (Smith et al., 2006):

- Many families are single-parent families, usually headed by a mother.
- Single-parent families headed by mothers often are low-income families.
- Different family structures, such as gay or lesbian couples, are more prevalent.
- Many families do not speak English as their primary language.
- Many families have two working parents.
- Cultural diversity among families is much greater.

Despite undergoing major changes in its structure, the family remains the basic unit of U.S. society. It is a dynamic, evolving social force that remains the key ingredient in a child's life. Teachers must be sensitive to the background of the family to ensure that cultural differences do not interfere with school-family relationships. In addition, school personnel must remember that students' parents or guardians should be involved in educational programs regardless of the specific composition of the family. School personnel must put aside any preconceived notions they may have about various lifestyles and work with students' families to develop and implement the most effective programs for the students. Finally, professionals should adopt a family systems perspective to involve the whole family. For example, in describing how to involve family members in behavior intervention planning, Park et al. (2011) encourage school personnel to work with the entire family, including siblings and grandparents.

### Cultural Considerations

Families today represent numerous races, cultures, socioeconomic levels, and religions. The "melting-pot" theory that projected our society would become culturally homogeneous has not happened (Smith et al., 2006). In contrast, the diversity of students in public schools has increased

dramatically over the past 25 years, and the success of parent–professional partnerships often hinges on the ability of professionals to develop a level of cultural competence (Florence, 2010). This need will only increase in the future. The U.S. Census Bureau (2011) noted that 43% of students in public school were from minority groups and projected that the number of individuals from diverse cultural groups will increase significantly over the next 40 years, resulting in more than 50% of the population being comprised of minorities in 2043.

In order to work effectively with diverse families, school personnel must be culturally responsive; they need to self-reflect and ask themselves questions concerning their beliefs and feelings about cultures. Cartledge and Kourea (2008) suggested the following questions:

1. What is the racial or gender breakdown of the students from my class that I typically send for disciplinary actions?
2. How often do I send the same students for disciplinary actions?
3. What messages am I communicating to the students who are the recipients of these actions?
4. What messages am I communicating to their classmates?
5. Is the behavior of my students getting better? How do I know? If it is not getting better, why not?
6. Do I dispense disciplinary referrals fairly on the basis of race and gender?
7. Are disciplinary actions therapeutic or simply punitive?
8. Do I distinguish culturally specific behaviors from behavioral inadequacies?
9. If students have substantial behavioral differences, have I taught them the skills that they need to know?
10. Am I punishing students for my lack of skill in effective behavior management?
11. Do I punish students because of my lack of skill in effective instruction?

## FAMILIES AND CHILDREN WITH DISABILITIES

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Any time a new child arrives in a family, whether by birth or adoption, the family structure and dynamics change dramatically. Children change the lives of the mother and father and siblings, and each child alters the dynamics of the family unit, including finances, the amount and quality of time parents can devote to individual children, the relationship between the husband and wife, and the family's future goals. When a child with a disability becomes a member of the family, whether through birth, adoption, or later onset of the disability, these changes are only exacerbated and often result in the entire family needing to make adjustments (Smith et al., 2006).

For many families, accepting and understanding the child and the disability is a difficult process. This can result in problems because parents may have difficulty in developing realistic expectations of the child. For example, parents might not understand the nature of a learning disability and therefore accuse the child of being lazy and not trying. On the other hand, parents may overlook the potential of students with intellectual disabilities and develop low expectations that will limit the child's success. Being able to understand the disability and have reasonable expectations for their child is critical for the child to be able to achieve his or her maximum potential.

Being told that your child has a disability typically results in families having a wide variety of feelings and reactions. Some of these may include grief, loss, denial, guilt, bargaining, anger, depression, acceptance, and stress (Smith et al., 2006). Parents of children with disabilities often have greater levels of stress than other families (Vermaes, 2008) and higher levels of depression (Quintero & McIntyre, 2010) and may face greater problems with children's behaviors than do parents of children without disabilities (Brobst, Clopton, & Hendrick, 2009).

Some parents and other family members experience all of these different reactions, while others might experience only some of them. Each family, due to numerous reasons, reacts differently (Smith et al., 2006). Regardless of specific reactions, family members almost always experience some negative reactions on learning that a child has a disability. Although it cannot be

assumed that all or even most parents have particular reactions, many must deal with complicated emotions for many years. School personnel—including teachers, school social workers, counselors, and administrators—need to be aware of these dynamics and be prepared to deal with family members who are experiencing various feelings. For example, when parents say that they feel guilt after learning that their child has a disability, school personnel should listen with acceptance to the parents and help them understand the nature of the disability and the fact that they are not responsible for it. Hutton and Caron (2005) interviewed 21 families of children who had been diagnosed with autism and found that 43% felt grief and loss, 29% shock and surprise, and 10% self-blaming; 52% said that the diagnosis resulted in some relief in knowing what was wrong with their child. The study found a wide range of reactions to their child's diagnosis. Some of the statements made by family members included the following:

- When I went to my doctor and told him something was wrong, he said not to worry—that sometimes boys are just slower than girls.
- The psychologist treated me like it was my fault. He said my child's behavior was because of his home environment.
- It was heartbreaking, stressful, and devastating—especially for my husband. We were quite overwhelmed with the demands and needs of our child.
- He (my son) never gets invited anywhere and doesn't have friends over to the house.

There are several characteristics of families that may impact their reaction to their child's disability and even intervention choices. For example, one study found that parents with higher-educational opportunities were more likely to consider placing their children on specialized diets and seek more services for their child. The study also found that the more severe the child's problems, the sooner services were sought (Patten, Baranek, Watson, & Schultz, 2013).

Stress is obviously a common factor families must deal with when they have a child with a disability. Some of the sources of this stress may include the following (Smith et al., 2006):

- Financial burden
- Additional behavior issues
- Problems with siblings
- Frustration with educational systems
- Lack of understanding about the full impact of the disability
- Concern for the future of the child
- Individual family factors, such as marital solidarity, financial resources, and religious background
- Age of diagnosis
- Severity of disability
- Type of disability

The way families deal with stress and other emotions resulting from having a child with a disability is impacted by different personality traits of parents. For example, Vermaes (2008) found that emotional stability and extraversion were associated with less stress for mothers, while agreeableness in fathers also resulted in less stress. Other external factors that have been shown to impact the way families react to children with disabilities include the family's income level, preexisting problems within the family, spirituality, and how much support parents seek (Brobst et al., 2009).

Parents of children with disabilities experience significant difficulties. In a study of seven families raising young children with disabilities, several specific major themes emerged. These included getting useful information, securing appropriate services, financial issues, stress, and social isolation (Worcester, Nesman, Mendez, & Keller, 2008). The financial stress on families has been well documented—raising children with disabilities simply costs more than raising children without disabilities (Hodgetts, Nicholas, & Zwaigenbaum, 2013). Unfortunately, often children with disabilities from poor families, especially headed by single-parent mothers, face extreme issues due to the lack of family resources to help meet their needs (Parish, Rose, & Andrews, 2010).

Children with disabilities who display aggressive behaviors often create major problems for families. In a study of families who had children with autism with aggressive behaviors, Hodgetts et al. (2013) found that the impact on families included the following:

- *Isolation*: Family members had difficulty taking their child in public, socializing, or taking holidays either with or without the child.
- *Exhaustion*: Family members noted that dealing with the child's aggressive behaviors resulted in their being exhausted from their efforts.
- *Safety*: Some families actually expressed that their aggressive children resulted in their being concerned for their safety or the safety of others.

School personnel need to support family members' acceptance of children with disabilities. This effort begins with assisting parents in understanding the needs of their child; at the same time, the educator should listen to the parents to better understand the child from their perspective. Further, teachers must be sensitive to the fact that many parents do not see the school as a welcoming place for various reasons (e.g., problems the parents experienced as students themselves or negative responses communicated to them as advocates for their child). Professionals must understand that all of their actions can have a profound impact on families. For example, how professionals describe assessment results can impact parental attitudes, acceptance, and stress (Hutton & Caron, 2005). If school personnel are involved in delivering this report, they must be sensitive to the reactions that parents may exhibit.

Just because the child gets older does not minimize many problems experienced by family members. As the child ages, issues related to independent living, postsecondary education and training, and employment emerge. Ankeny, Wilkins, and Spain (2009) note that families deal with a great deal of stress as their child moves through adolescent development and when their child is transitioned from public school programs to postschool environments and services. There are several things teachers can do to help families deal with this stress. Examples include focus on the strengths of the child and helping parents work with adult service agencies to provide needed support (Ankeny et al., 2009).

## Impact on Siblings

Like adults, siblings are important in developing and implementing appropriate educational programs. Because over 10% of the school population is identified as disabled, the number of children with siblings who are disabled is significant: A working estimate of 15% to 20% or more seems realistic. Siblings of children with disabilities often experience the same reactions as their parents (Smith et al., 2006). The presence of a child with a disability definitely alters the typical sibling role. Siblings often have to deal with increased parental expectations, less parent involvement in their own lives, and added responsibilities. Also, as parents age, siblings often are expected to become the primary caregiver (Quintero & McIntyre, 2010). Although not all siblings experience adjustment problems, some doubtlessly have significant difficulties responding to the disability. Sparks (2013) reported the following about siblings of children with disabilities:

- They were more likely to have academic problems than their peers.
- Sisters completed .62 fewer years of school.
- The likelihood of girls with siblings with disabilities dropping out of school went from 15% to 27%.

The impact of having a sibling with a disability affects children in different ways (Mosher, York, Silberg, & Elsea, 2012), but it does present a unique opportunity to learn about the diversity of individual needs. On describing growing up with her brother with a disability, Bowie (2012) noted that other children who experience growing up with a sibling with a disability should be patient, and although it might seem as if parents do not pay attention to a child, this is due mainly to their level of stress and confusion.

Siblings of children with disabilities need support from family members as well as from other adults. Teachers and other adults should be aware of the stress and additional impact a sibling with a disability can have on his or her brothers and sisters (Smith et al., 2006). Some considerations adults

## apply your knowledge

The IRIS Center at Vanderbilt University develops training enhancement materials for preservice and practicing teachers. This module, on collaborating with families, will help apply your knowledge of building positive relationships.



## A LOOK INSIDE

This video (<http://www.youtube.com/watch?v=p2DsJVmzMkA>) examines the sibling perspective of having a brother or sister with a disability.

should make when dealing with children who have siblings with disabilities include the following (Smith et al., 2006):

- Make sure attention and love are given to the sibling
- Inform siblings about the disability
- Provide ongoing information to siblings concerning any changes
- Invite siblings to participate in family and school meetings
- Discourage siblings from being second parents
- Remember that children's needs will change through the family life cycle

It is important for school personnel to remember the impact that a child with a disability can have on a sibling. Educators should include siblings in various activities and encourage them to participate in a sibling support group. Schools can offer siblings a safe place to discuss the impact of their brother or sister with a disability with others who experience similar issues (Smith et al., 2006). See the “Personal Spotlight” feature regarding a sibling's feelings about having a brother with a disability.

## Parent Support

Many educators believe that parents of children with disabilities benefit tremendously by attending parent support groups. In these groups, parents can interact with other parents who may have similar problems and issues and learn from each other. Some studies actually show that parents learn more from support groups than school personnel and rely heavily on support groups to provide information and provide advice (Mueller, Milian, & Lopez, 2009). Seeing that all parents face similar challenges with their children can be both comforting and empowering to parents (West, 2002).

Parent support groups have been shown to be helpful for parents of students with a variety of disabilities in many settings. For example, parents support groups are helpful during transition planning and implementation (Kingsnorth, Gall, Beayni, & Rigby, 2011), for children with eating disorders (Pasold, Boateng, & Portilla, 2010), and for children from Latina families (Mueller et al., 2009). In a study of family support groups for Latina mothers, findings noted three major benefits to the group, including

## PERSONAL SPOTLIGHT

### My Brother

**ANNETTE** is 16 years old, a sophomore at her high school, on the cheerleading squad, and an honors student. She has a 10-year-old brother with Down syndrome. Annette understands the different reactions one can have when a brother or sister is born with a disability. Although she was only 6 years old, she remembers the drama that unfolded when her brother, Marshall, was born. Her parents experienced numerous reactions—crying, talking with doctors, meetings with experts on intellectual disabilities, and discussions with family friends. She also remembers her parents talking with her about Marshall and understanding, at an early age, that her brother was different but would, in many ways, be like any other brother.

As Annette became older, she at times resented Marshall. It seemed that the majority of the family resources and attention were focused on her brother. Twice she asked to go to a summer camp with her friends, only to be told that her parents could not afford it because there had been some unexpected medical expenses for Marshall. There was even a time when she became a teenager that she did not want to invite her friends to her house because she was embarrassed by

her brother's appearance and behavior. About a year ago, however, she was encouraged to join a support group for siblings with disabilities. She attended, reluctantly, thinking that she did not want to talk with others about her brother.

After the first session, however, she began to view Marshall differently. She realized that some of the issues she had faced with Marshall and her family were common with some of the other siblings who attended the meeting. She began to look at Marshall differently, and her entire relationship and outlook of having him as her brother began to change. Now she views Marshall as any proud big sister would view her little brother. She enjoys taking him to social events with her, and she always finds him to be the center of attention. Annette says that having a brother like Marshall was one of the best things to happen to her and her family. She sees great things for him as he becomes an adult.



*Erna Vader/E+/Getty Images*

(1) the feelings that the support group was family, (2) having a source of information, and (3) receiving emotional support from others with similar issues and experiences. To ensure that families are fully engaged in the process, schools should take steps to recognize or even establish family support groups.

## HOME–SCHOOL COLLABORATION

In order to meet the needs of children with disabilities, educators and parents must be partners. Having a strong teacher–family relationship is one of the most critical components of effective education for children with disabilities (Ludlow, 2012). This partnership has been a legal requirement since the first passage of IDEA as Public Law 94-142 in 1975 and has been maintained as one of the primary components of the law through all of its reauthorizations. The most recent reauthorization of the law in 2004 continues to emphasize the role of parents and mandates that schools involve families in the decision-making process (Lalvani, 2012). While this mandate has opened the doors for parental involvement, it has also put a large responsibility on parents (Turnbull, Turnbull, & Wehmeyer, 2010).

To meet the child’s needs best, classroom teachers, special education teachers, administrators, and support personnel need to be actively involved with the child’s family. IDEA implies that the delivery of special education services has a foundation of schools and family members working together in a collaborative fashion (Mueller, 2009). While school personnel work with students for a few hours daily for a few months during the year, parents are involved for a much longer period of time. So, while teachers may be knowledgeable about special education practices, evidence-based interventions, and so on, parents are likely to know the child better than are school personnel. Indeed, parents are in a position to spend much more time with their children than are school personnel (Ludlow, 2012).

Ideally, parents and schools should be equal partners in the education of children with disabilities. Unfortunately, too often this ideal of equal partnership between families and school personnel may not be a reality. According to Lalvani (2012), parents noted that an “imbalance of power” was more the reality, often with some parents believing they were the “junior” partners while others felt they were the “senior” partners. Unfortunately, this means that, at least from parents’ perspectives, a true partnership between parents and schools continues to be an unachieved goal.

There are numerous reasons why the ideal parent–school partnership is elusive. These could include (1) some professionals thinking that some family members lack knowledge about students with disabilities, (2) teachers not knowing how to involve parents in the process, (3) parents not trusting school personnel, or (4) teachers not wanting to take the time to involve parents in the process.

For parents to be effective partners in the education of their children, they must have a good understanding of the special education process (Diliberto & Brewer, 2012). Unfortunately, educators find that parents vary tremendously in knowledge and expertise about disabilities. Some parents are well versed in special education laws and practices and have informed opinions that must be considered in effective instructional planning. Lalvani (2012) interviewed one parent who felt as if she were the CEO of her son. In noting this role, she stated that she considers herself Jack’s CEO but that the goal is for Jack to be his own CEO; everyone else involved with Jack are simply in supportive roles.

All parents are not knowledgeable regarding special education and are less likely to take the lead in their child’s educational programming. They may not understand educational terminology (or especially new trends, such as response to intervention), but most are very interested in knowing about the interventions that schools are implementing (Byrd, 2011). In these situations, school personnel are not “off the hook” in their need to collaborate with parents. IDEA requires schools to involve families; therefore, educators are responsible for informing parents so that they can become effective advocates for their child and partners in educational programming (Diliberto & Brewer, 2012). This is important even in areas that might be considered the primary purview of school personnel.

Some families of children with disabilities do not feel empowered. They feel like they have little control over what is happening with their child. In these cases, a first step in increasing family members’ involvement is to empower them to become more actively involved in the special education process. Some of the ways this can happen include (1) increasing family coping skills, (2) offering professional development opportunities, (3) encouraging parents and students to

participate in all stages of the IEP, (4) modeling effective problem solving for family members, and (5) helping families develop a vision for their child (Van Haren & Fiedler, 2008). Professionals need to remember that parents are actually the “senior partners” in the collaborative relationship with the school (Cavkaytar & Pollard, 2009). As such, school personnel must empower families to assume this senior role.

Another way of empowering parents in the special education process is to ensure that they have a thorough understanding about inclusive education. Stivers, Francis-Cropper, and Straus (2008) suggest a monthly guide that teachers can use to help inform parents about educating students with disabilities in inclusive settings. This guide includes monthly activities aimed at empowering parents about the special education process. It includes information describing inclusive educational programs, recruiting volunteers to participate in the program, tips on participating in meetings, participating in community activities, and end-of-year gatherings.

## Communicating with Parents

Good communication between the school and parents is critical if a true collaborative relationship is to be developed. Unfortunately, many parents feel that too little communication takes place between them and the school. Perhaps this response is to be expected—approximately 50% of both general and special education teachers indicate that they have received no training in this area and consequently rate themselves as only moderately skilled (e.g., Buck et al., 1996; Epstein, Polloway, Bursuck, Jayanthi, & McConeghy, 1996). This deficiency is particularly unfortunate because many problems between parents and school personnel can be avoided with proper communication. Professionals, therefore, should make a conscious effort to begin the year with a discussion of roles and responsibilities in terms of communication (Stivers et al., 2008).

True family involvement in the education of a child cannot occur without good communication. Brandes (2005) makes the following recommendations to enhance communication between school and parents:

- Give parents your undivided attention and be an active listener
- Stand or sit alongside parents when communicating
- Take notes openly while conversing with parents
- When first meeting parents, engage them in conversation and pay close attention to what they choose to discuss
- View parents who are challenging as an opportunity for you to grow
- When working with angry parents, maintain a respectful demeanor and take notes rather than defending your actions at the time of the accusations
- Allow parents to regard you as one of the experts in their child’s education
- Share the relevance of the curriculum to the student’s goals
- Share specific behavioral expectations early and regularly
- Explain that you will try to resolve any conflict their child may have at school before you engage the parents
- Model respect for the student by frequently acknowledging his or her efforts and achievements
- Share some of the student’s positive events that happen at school, such as successfully serving on a committee
- Set up regular and frequent positive communication avenues such as a weekly newsletter that is sent home each Thursday
- Be specific about when you will return phone calls, e-mails, and notes
- Communicate often
- Let parents know you appreciate their support and follow-through at home
- Encourage parents to make provisions for their children who do not need to be at a meeting
- Try to have both parents present when “major” topics are discussed



The narrator in this video explains parental rights in special education.

- Start every meeting with a welcome, introductions, and review; clarification of the purpose of the current meeting and the ending time; and a recap of the meeting before everyone leaves
- Never assume parents know how to help with homework

In order for communication to be effective, it must be regular and useful. Communicating with parents only once or twice per year, such as with IEP conferences, or communicating with parents regularly but with information that is not useful will not facilitate meeting educational goals. Therefore, simply meeting the minimal requirements of IDEA, which requires communicating around specific annual meetings, does not necessarily result in effective communication.

One good way to communicate with parents is the home-to-school notebook. The home-to-school notebook is simply a notebook that the child takes daily, from school to home and back to school, containing notes from the teacher and parent about the child's activities. This particular communication device serves three functions. First, the notebook can encourage problem solving; second, the notebook helps parents and school personnel analyze information; and, finally, the notebook provides documentation of program implementation (Hall, Wolfe, & Bollig, 2003).

Effective communication can be informal, including telephone calls, written notes, e-mails, or newsletters. Regardless of the method used to communicate with parents, school personnel should be aware of how they convey messages. For example, they should never “talk down” to parents. They should also choose their words thoughtfully. Some words convey very negative meanings, whereas other words are just as useful in transmitting the message and are more positive. For example, a better choice than “your child is dirty” might be “your child needs to improve his grooming skills.” Likewise, it would be better for a teacher to tell a parent that his or her child “has problems getting along with others” rather than “your child is mean to other children.”

When communicating with parents, school personnel should also be aware of cultural and language differences. Taking these factors into consideration enhances the quality of communication with family members. School personnel must remember that the use of professional jargon can be just as much a barrier as communicating with parents whose primary language is not English (Dabkowski, 2004).

**Informal Exchanges** Informal exchanges can take place without preparation. Teachers may see a parent in the community and stop to talk momentarily about the student. Teachers should always be prepared to talk briefly to parents about their children but should avoid talking about confidential information, particularly in the presence of individuals who do not need to know about it. If the conversation becomes too involved, the teacher should request that it be continued later in a more appropriate setting.

**Parent Observations** Parents should be encouraged to visit the school to observe their children in the classroom. Although the parents' presence could cause some disruption in the daily routine, school personnel need to keep in mind that parents have a critical stake in the success of the educational efforts. Therefore, they should always feel welcome. If the teacher feels that one time would be better than another, this information should be conveyed to the parent. Also, both teacher and parents should realize that children tend to behave differently when being observed by parents.

**Telephone Calls** Many teachers use telephone calls effectively to communicate with parents. Parents feel that teachers are interested in their child if the teacher takes the time to call and discuss the child's progress with the parent. Teachers should remember to call when there is good news about the child as well as to report problems the child is experiencing. For example, teachers can make notes of positive behaviors and follow through with a call. Again, understanding the language and culture of the home is important when making telephone calls. Giving parents your home telephone number is an option that may reassure parents. Used appropriately, voice mail may enhance ongoing communication, especially when contact times are not mutually convenient.

**Written Notes** Written communication to parents is also an effective method of communication. Teachers should consider the literacy level of the parents and use words and phrases that will be readily understandable. They should also be aware of the primary language of the home. Written communications that are not understood can be intimidating for parents. When using written communication, teachers should provide an opportunity for parents to respond either in writing or through a telephone call.



Parent communication is essential to work effectively with students. Watch this video to see how parents may feel about the process.



**Electronic Communication** Increasingly, e-mail offers opportunities for ongoing communication (Smith et al., 2006). As more and more families gain access to e-mail, teachers should take advantage of this form of communication. Not only is it expedient, but it also provides a record of the communication.

**Home Visits** A home visit is the best way to get an understanding of the family. When possible, school personnel should consider making the extra effort required to arrange and make home visits. Parents view school personnel who make home visits as being really caring about their child (Nelson, Summers, & Turnbull, 2004). When visiting homes, school personnel need to follow certain procedures. One way to ensure that these procedures are followed is to use a home-visit checklist. Smith et al. (2006) suggest that this checklist is divided into three sections: before the visit, during the visit, and after the visit. Items on this type of checklist could include (1) did you schedule the visit around the family's needs?, (2) did you arrive on time?, and (3) did you provide a summary of the meeting?

Although home visits are an important option, there is low teacher acceptability of this practice. General education teachers report that they consider home visits the least effective (and perhaps least desirable) alternative available to them in terms of home–school collaborations (Polloway et al., 1996). Among other possible concerns, home visits for a potentially large number of children simply may be unrealistic. They tend to be more common—and perhaps more effective—at the preschool level. However, this form of communication can be essential in some instances and can take on greater significance when parents decline invitations to visit the school.

**Formal Meetings** Parent–teacher meetings and conferences provide an important opportunity for collaboration. IDEA requires several formal meetings between school personnel and parents, including referral meetings, evaluation meetings, IEP meetings, annual review meetings, and, as applicable, behavior intervention plan meetings. Regardless of the purpose of the meeting, school personnel should focus attention on the topics at hand. They should send advance information home (e.g., a week before the meeting) to parents and make them feel at ease about their participation. Directing parents' attention to academic, social, and transitional goals before such meetings enhances their participation.

When preparing to meet with parents to discuss children who are experiencing problems, school personnel need to anticipate the components of the discussion. Some of these questions could include the following:

1. What is special education?
2. Do we have to label my child before he or she can be provided services?
3. Can I have a say in what you do with my child?
4. Will my child ever not need special education?
5. How will other children interact with my child if he or she is in special education?
6. Will my child be able to be promoted and graduate with his or her peers?
7. What happens if he or she needs more help than is listed in his or her IEP?
8. What rights do I have if I disagree with the school?

To increase parental participation in formal conferences, school personnel may wish to consider whether parents should have an advocate present at formal conferences. The advocate could be a member of the school staff or, in some cases, will be privately contracted by the parents. An advocate can facilitate parental participation by enhancing communication, encouraging parental participation, and providing them with a summary of the discussions and decisions at the end of the conference. State regulations govern this practice; teachers should consult with administrative colleagues concerning this practice.

**Mediation** The legal requirements concerning the involvement of parents in their child's education provide a foundation for appropriate practices in home–school collaboration. Nevertheless, even when careful efforts at compliance are made by school personnel and when educators attempt to fulfill both the letter and the spirit of the law, some conflicts are inevitable in such an emotionally charged area as the determination of an appropriate education for a student with a disability. Local education agencies are mandated by law to offer **mediation** to resolve disagreements between parents and school

personnel. In mediation, the parties share their concerns and then work to develop a solution that is mutually acceptable, typically through the facilitation of a third party. School districts are not allowed to bring an attorney to this meeting unless parents are accompanied by one (Cope-Kasten, 2013).

IDEA 2004 also provides an opportunity for parents to engage in a resolution session with school personnel in situations where there is disagreement. The resolution session is required when a due process hearing has been requested, unless the school and parents agree not to have one. If effective, mediation or the resolution process can result in the avoidance of a hearing, the subsequent cost of attorney fees, and the potential for an adversarial relationship developing as a result of due process hearings (Cope-Kasten, 2013).

## HOME-BASED INTERVENTION

In addition to participating in decision-making meetings, families can become involved with the education of a child with a disability through home-based intervention. For preschool children, home-based services are fairly common; however, parents less frequently provide instruction at home for older students. Nevertheless, such support can be very beneficial to all students with disabilities. The fact that children with disabilities need as much intervention as possible means that individuals other than school personnel may need to be involved in providing some of these interventions. Parents and other family members are the likely group of individuals who can provide this intervention. There are numerous ways parents and other family members at home can get involved in the student's educational program. These include providing reinforcement and instructional support and facilitating homework efforts. At the same time, teachers should be sensitive to the numerous roles parents must play in addition to supporting their child with special needs and not expect excessive amounts of time, which could only add to the level of parent stress. Unfortunately, some parents either feel unprepared for getting involved in home-based interventions, or they lack skills necessary to effectively engage in home-based interventions. In these situations, it is the responsibility of school personnel to provide support to families so they will develop skills and feel comfortable utilizing these skills.

### Providing Reinforcement and Encouragement

Because eligibility for services under IDEA requires that students need special education, most students with disabilities experience some degree of failure and frustration because of their academic difficulties. One way that parents can assist students is to provide them with positive reinforcement and encouragement. Parents spend more time with their children than school personnel do, and are involved in all aspects of the child's life, so they can provide reinforcement in areas where a child most desires rewards, such as time with friends, money, toys, or trips. For many students, simply allowing them to have a friend over or stay up late at night on a weekend may prove reinforcing. School personnel do not have this range of reinforcers available to them; therefore, parents should take advantage of parents' repertoire of rewards to reinforce the positive efforts of students.

A special example of reinforcement is home–school contingencies, which typically involve providing reinforcement in the home that is based on the documentation of learning or behavioral reports from school. The basic mechanism for home–school contingencies consists of written reports that highlight a student's behavior with regard to particular targets or objectives. Two popular forms are daily report cards and passports.

Daily report cards give feedback on schoolwork, homework, and behavior. They range in complexity from forms calling for responses to simple rating scales to more precisely designed behavioral instruments with direct, daily behavioral measures of target behaviors. Passports typically take the form of notebooks that students bring to each class and then take home daily. Individual teachers (or all of a student's teachers) and parents can make regular notations. Reinforcement is based both on carrying the passport and on meeting the specific target behaviors that are indicated on it (Walker, Shea, & Bauer, 2006). Some overarching considerations will enhance reinforcement programs in the home. Discipline in the home involves two types of parental action: (1) imposing consequences for misbehavior and (2) reinforcing positive behavior. Rushed and stressed parents frequently are

better in one area than another. School personnel need to let parents understand that reinforcement of positive behaviors is crucial to a child's self-esteem and growth. To see a new positive behavior or achievement and fail to reinforce it is a form of neglect that is unintentional but damaging. Parents need to train themselves to see and to reinforce positive behaviors, attitudes, and achievements.

## Providing Instructional Support

Parents and other family members may become directly involved with instructional programs at home, which can be critical to student success. Unfortunately, many family members provide less direct instruction as the child gets older, assuming that the student is capable of doing the work alone. Too often, the reverse is true—students may need more assistance at home as they progress through the grades. While older children sometimes resist their parents' attempts to help, parents nevertheless should endeavor to remain involved at an appropriate level.

Parents are generally with the child more than are school personnel, so it is logical to involve them in selected instructional activities. These instructional activities can range from assisting with homework to implementing formal intervention programs. Welterlin, Turner-Brown, Harris, Mesibov, and Delmolino (2012) recently completed a study to determine the effectiveness of family members implementing the TEACCH model at home for preschool children with autism. TEACCH is a program often used with this population in schools. The results of the study showed that the TEACCH model can be implemented successfully at home by parents. Specific findings of the study included the following:

- After children learn to work independently, these skills transfer to numerous other activities.
- Parents can learn to use a highly structured environment.
- Effective prompting behavior in parents increased.

Another study investigated the effects of home-based applied behavior analysis on children with autism. Findings indicated that there were increases in positive interactions between parents and the child with autism and fewer negative interactions following the intervention. While these improvements were not reported for families who had previously provided the home-based applied behavior analysis, they still reflect a positive impact of the home-based intervention (Cebula, 2012).

There are numerous home-based interventions that can be implemented, depending on the needs of the child and the capabilities of family members. Home-based interventions can assist schools in breaking a failure cycle that is frequently present in children with disabilities. Some parents may need assistance in providing home-based interventions. Turnbull et al. (2010) suggest the development of knowledge-to-action guides for parents that can assist them in implementing interventions. Using this model, parents and school personnel engage in a six-step process that funnels knowledge into an action cycle that can help parents understand how to provide home-based interventions. These steps include the following:

1. Identify the needs of a particular child
2. Gather resources that are related to the identified needs of the child
3. Identify the evidence-based resources
4. Select those resources that are evidence based
5. Make resources easily understandable for end users
6. Format resources to match the preferences of end users

## SUMMARY

### Models for Professional Collaboration

- Collaboration is when two or more individuals work together for a common purpose.
- Collaboration among general and special education professionals is critical for inclusion to be successful.

- Collaboration-consultation is when the special education teacher consults with the general classroom teacher and provides advice and assistance.
- Co-teaching is the collaborative model where a special education teacher and general classroom teacher share a class.
- There are numerous co-teaching models that can be adapted by special education and general classroom teachers.
- Paraprofessionals can provide a great deal of support when they collaborate with general classroom and special education teachers.

### Challenges in Creating and Maintaining Inclusive Classrooms

- Appropriately trained personnel, in adequate numbers, are a major factor in successful inclusion programs.
- Both staff and students must be prepared for inclusion.
- Once inclusion is initiated, its effectiveness must be monitored to ensure its ongoing success.

### Planning for Successful Inclusion, One Student at a Time

- To be effective, planning an appropriate environment for students with disabilities must be carried out one student at a time.
- School personnel must develop supports that provide each student with the least restrictive environments possible that still meet the individual needs of each student.

### Concept of Family in Our Society

- Today's family is significantly different from families of the 1950s.
- There is significantly more diversity in today's families than in those of the past.

### Impact of Children with Disabilities on Families

- A major change in the past several decades in provision of education services to students with special needs is the active involvement of families.
- Encouraging parents to participate in school decisions is essential.
- Schools need to take proactive steps to ensure the involvement of families of students with disabilities.
- Siblings of students with disabilities may experience special problems and challenges.
- Overriding attention needs to be given to cultural differences in families as a basis for collaborative programs.

### How Schools and Parents Can Collaborate

- Families and schools must collaborate to ensure appropriate educational programs for students with disabilities; this is a requirement of IDEA.
- A critical component in any collaboration between school personnel and family members is effective communication.

### Specific Home-Based Intervention

- Family members should be encouraged and taught how to become involved in the educational programs implemented in the school.

## CHECK YOUR UNDERSTANDING

Click here to check your understanding of Chapter 2,  
*“Professional Collaboration and Home–School Collaboration.”*