Working With Children With Special Needs

1

Figure 1.1 Children with special needs learn best in a natural environment.

WHAT DO I NEED TO KNOW TO WORK WITH CHILDREN WITH SPECIAL NEEDS?

As with children in a general education setting, those with special needs have their own unique strengths and weaknesses. Some children may have recognizable disabilities, such as a child with cerebral palsy who is in a wheelchair or a child with vision difficulties who wears glasses. Other children, while not having been diagnosed with a specific disability, may exhibit challenging behaviors that interrupt the daily routine.

Children may have a nonspecific diagnosis, such as *developmental delay.* Pediatricians and other medical professionals often prefer this diagnosis for young children, since it implies that, given time and opportunity, the child may "catch up" in the areas in which they are currently

delayed. In other cases, a child may be "at risk" for a disability because of environmental conditions or due to a chronic health condition, such as a depressed immune system or chronic asthma. At risk does not mean that the child has a particular disability; it simply means that there is a high probability that, without intervention, the child will develop a permanent delay.

Regardless of the type of delay a child experiences, it is important to keep in mind that all children can learn and should be allowed to participate in everyday routines and activities to the best of their capabilities. Research tells us that children learn best in natural environments with typically developing peers (Allen & Cowdery, 2005; Brown, Hemmeter, & Pretti-Frontczak, 2005). This interaction not only benefits the child with special needs, but also helps children without special needs learn about tolerance and acceptance of others.

SETTING THE STAGE FOR INCLUSION

Prior to the 1960s, only a few programs served young children with special needs. Most of these "special schools" were residential state schools or were focused on specific disabilities, such as programs for the deaf or blind. Public school programs, if they existed at all, were self-contained programs located in buildings separate from where children without special needs attended school.

One of the most significant breakthroughs for children with special needs occurred in 1965, when Head Start, a program explicitly designed for low-income children and families, was signed into law. The Equal Opportunity Act of 1964 (PL 88-452) was instrumental in a Head Start initiative that was adopted in the early 1970s. This initiative mandated that 10 percent of the Head Start slots would be designated specifically for children with special needs. This was the first time that a federal program had provided incentives for children with special needs to be included in educational environments with their peers. In 1968, another critical piece of legislation was passed, the Handicapped Children's Early Education Program (HCEEP), funded by the U.S. Department of Education. This legislation provided money for states to develop model programs or to replicate existing programs for young children with special needs. These model programs served as the basis for most of the early research on the efficacy or effectiveness of services for young children with special needs.

Public Law 94-142, also called the Education of All Handicapped Children Act of 1975, mandated services for school-age children with disabilities. Under the provisions of this act, services for preschool children

were not required but were strongly encouraged through monetary incentives. This act introduced many new terms, including *mainstreaming,* which was used to describe the amount of time each day that a child with special needs participated in a program with peers who did not have special needs. For many children, the time allocated to spend with peers was during recess, lunch, or nonacademic subjects such as music or art. While mainstreaming was a far better alternative than a segregated or self-contained setting, it was still not very inclusive. Some educators seemed to believe that mainstreaming was like inviting someone to visit you for a few minutes or a few hours and then sending them back to their own house. In effect, mainstreaming for many children meant they could visit a regular classroom for a specified amount of time, but they really did not participate in many of the activities that were going on. In fact, some children merely observed, while others learned and interacted with each other. At best, interaction between children with special needs and their typically developing peers was minimal and artificial.

Public Law 94-142, however, did set the stage for subsequent laws that were designed to ensure that all children with special needs received the services to which they were legally entitled. One of the laws was Public Law 99-457, or the Education of the Handicapped Act Amendments, which amended Public Law 94-142 to mandate services for children ages three to five who have a diagnosed special need. Several other amendments have subsequently been put into place and have further strengthened the law and mandate for services for all children. Public Law 101-476, the Individuals with Disabilities Education Act (IDEA), which was later renamed the Individuals with Disabilities Education Improvement Act of 2004 (PL 108-446), outlines very specific guidelines that local school districts are required to adhere to by law when providing for the needs of children with disabilities. The provisions of the act for children age three to twenty-one are the following:

1. Each school district must provide a free and appropriate public education (FAPE). This includes the provision that the child is entitled to all services that are appropriate to meet his educational needs. Examples of related services include, but are not limited to, speech therapy, occupational therapy, and transportation. In addition, these services must be provided without cost to parents. Not all children with disabilities will qualify for all offered services, but each child is entitled to those services that accommodate his particular needs. It should be noted that many school districts do not have programs for three-year-olds. If this is the case, such districts may choose to make a contract with outside child care providers, or with centers where children without special needs may be enrolled.

2. Assessments must be nonbiased and nondiscriminatory. They must be conducted in the child's native language, and most important, educational decisions about a child cannot be made based on a single test. In other words, a variety of assessments is used to determine eligibility for educational services.

3. Once a child has been determined as eligible for services, an educational plan is developed and written by a team that includes the child's family, a special education teacher, and a general education teacher. This team reviews and updates the individual education program (IEP) on an annual basis. The child's IEP clearly outlines what types of service she will receive and how often she will receive the service.

4. The child must receive the service to which he is entitled in an environment that is the least restrictive. Presumed and made clear in the most recent reauthorization of IDEA is that the least restrictive environment (LRE) should be the general education classroom, unless there is justification as to why it would not be appropriate. Again, many school districts elect to make a contract with a private preschool to provide these services. However, because contracting with organizations outside the school is often cost prohibitive, more districts are opting to provide the services themselves.

5. Children from birth to age three with special needs usually receive services through a state-provided comprehensive early intervention system. The child is assigned a service coordinator who works with the family to assess the child, plan appropriate services, and develop an individual family service plan (IFSP). The IFSP is a written plan for services the child will receive, which helps guide the family as the child transitions into other programs. For children, birth to age three, services are provided in the child's *natural environment,* defined as the place where the child might spend time if she did not have a disability. In most cases, the natural environment is at home. However, if both parents work, the natural environment may be a preschool or a private home care provider.

INCLUSION, BLENDING, AND REVERSE MAINSTREAMING

Over time, as children with special needs were observed spending time with their typically developing peers, educators began to recognize that inclusion went beyond mainstreaming. More important, they realized that to fully include a child meant that the child had to become more than an occasional visitor in the classroom. It meant that the child needed

to become a member of the classroom community. One method for providing children with special needs with opportunities to be with their peers without special needs was called *reverse mainstreaming.* Children without special needs are placed in a program or educational setting that consists of children with special needs. Reverse mainstreaming is certainly considered a better alternative than segregated programs, but it is still not a fully inclusive program since most of the children in the classroom have special needs.

Because regular early childhood educators and early childhood special education teachers work together in the inclusive program to "blend" aspects of both regular and special education into their programs, the term *blended practices* is often used. However, before practices can be successfully blended, all those working with the child must fully understand the concepts and philosophy behind inclusion.

WHY IS INCLUSION IMPORTANT?

For the past 25 years, a significant body of literature has attested to the positive outcomes for children with special needs who have been placed in settings with their typically developing peers (Brown et al., 2005). Children with special needs who receive related services (special education, speech/language therapy, occupational therapy, etc.) benefit more when those services are provided in the natural environment with their peers (Allen & Cowdery, 2005). Natural environments are settings where children without special needs learn and play. These may include public and private preschool programs. Ongoing research has shown that embedding instruction and therapeutic services within the framework of natural environments is both beneficial to the child and cost effective for the setting (Bailey & McWilliam, 1990; Bricker & Cripe, 1992; Noonan & McCormick, 2000). However, just placing a child with special needs in a setting with his peers does not ensure that "meaningful" inclusion will take place.

WHAT IS "MEANINGFUL" INCLUSION?

The Division of Early Childhood (DEC), a subdivision of the Council for Exceptional Children, is a professional organization dedicated to the field of early childhood special education. The DEC position paper on inclusion states that inclusion is "a value that supports the rights of all children, regardless of their diverse abilities, to participate actively in natural settings

within their communities." However, *meaningful* inclusion is much more than just inviting a child with special needs to join a general education class with her peers. Inclusion is a philosophy that embraces a core belief that children with disabilities learn best in typical settings with peers and that the benefits of such programs have far-reaching, long-term effects on *all* the children in such a classroom. In addition, research has shown that children without special needs experience benefits in these blended settings as well (Bricker, 2000; Schwartz, Sandall, Odom, Horn, & Beckman, 2002).

Successful inclusion requires a team approach and commitment from all team members (the regular education teacher, the special education teacher, administrators, assistants, and most important, the child and her family). It is also important that teachers have all the resources necessary to make inclusion a successful endeavor. Resources may include such things as

- time to meet with the special education teacher and review the child's goals for the year;
- additional staff or assistants;
- access to support services, such as speech therapy, occupational therapy, and physical therapy;
- time to plan and implement the necessary curriculum and environmental adaptations that a child might require;
- funding to purchase special equipment that the child will use in the classroom; and
- a clearly defined plan for working with the child's family to enable the child to reach her potential.

HOW DO I DEVELOP A PHILOSOPHY OF MEANINGFUL INCLUSION?

To develop a philosophy and an attitude of full inclusion of all children, several important basics should be understood:

1. Children with disabilities do not need to be "repaired" or "fixed" before they can be included with their peers. This means that you recognize that every child is unique and has worth, regardless of his challenges.
2. Children will be growing up in a society where not everyone is the same. Preschool and kindergarten children are at a developmental stage where they can learn to be tolerant and accepting of others.

3. A successful inclusion program must involve a team approach to the child's education, which means input and ongoing collaborative efforts from all participants (especially the child's family) are welcomed and encouraged.
4. Inclusive programs encompass the belief that all children are entitled to developmentally appropriate materials and exemplary classroom practices that honor the child's strengths as well as weaknesses.
5. One should believe that "one size" does not fit all and no one method, process, or product will work for all children. This includes an understanding that working with children with disabilities is not about using a specific product, but about following a process.
6. Quality programs for children should allow the teacher flexibility to perceive when something works, and for change and adaptation when something does not work. It is all right to recognize when an approach or a method is not working and change it.

GENERAL STRATEGIES FOR WORKING WITH CHILDREN WITH SPECIAL NEEDS

1. Demonstrate that you value each child in your classroom.
   - Children in your classroom hear what you say, watch what you do, and notice how you act. It is important that the other children in your class see that you view all children, especially children with special needs, as valuable class members who are important not only to you but also to each other.
   - Use people-first language when talking about a child. Refer to the child first and the disability last. For example, Davis is a child with Down syndrome; he is not the "Down syndrome child" in your class. Sheila is a child with a visual challenge; she is not a "blind child."
   - When other children ask about a child's disability, answer it honestly and openly. Provide enough information to help the child without special needs see that her classmate learns differently or needs help doing some things. Always explain that everyone can do certain things well and everyone needs help at times.

- Never talk about the child with disabilities as if he is not present. Parents of children with disabilities do not want pity; they want support from people who value what their child can contribute.

2. Help children in general education classes accept their peers with special needs.
   - Recognize the value of partial participation. Plan activities that include all children. Look for ways to help the child with challenges participate in everyday activities and routines. If the child cannot fully participate and do everything exactly like her peers, look for ways to adapt an activity so the child can partially participate.
   - In your classroom, read stories that feature people with disabilities as members of a community and put up pictures that depict people with special needs as active participants within the community. A list of books featuring people with special needs can be found in the appendix.
   - Remind all the children in your classroom that everyone has both strengths and weaknesses. Remember that all children can learn; some just take more time and practice.
   - Clearly demonstrate that you have a "zero tolerance" policy against bullying, teasing, and laughing at others for any reason. Teach children what to do if someone teases them.
   - Do not set up a child for failure; give the child a task he can do before introducing something he is just learning to do. This builds self-esteem and encourages children to try new things.

3. Look for opportunities to help a child learn school survival skills.
   - Preschool is the time when children learn fundamental skills they will use to get along with others. These are often referred to as social skills. Parents often report that one thing lacking in their child's life is friends (Willis, 2006). Learning the skills needed to make friends is especially difficult for children with special needs.
   - Often, a child's inability to communicate her wants and needs makes it difficult for other children to know how to interact with her.
   - Learning how to make friends and keep friends, to interact with others around them, and to ask an adult for assistance are very important "survival" skills in an early childhood setting.

- While most children learn social skills through observation, experience, and play, children with special needs often struggle with social cues. For example, they may not know how to ask another child for a toy or how to join into a playgroup activity. For this reason, they are frequently unable to establish lasting friendships.

Figure 1.2 Positive social interaction is often difficult for children with special needs.

4. Aim for the child to become competent in all social situations.
   - One of the primary goals of most early childhood classrooms is for children to learn to be socially competent. A socially competent child has learned through observation and play what it takes to get along with peers and how to control his own behavior so that others will want to be his friends.
   - Self-confidence is a characteristic of a socially competent child. Because of self-confidence, she is more likely to participate in novel situations, to experiment, and to enjoy new activities.
   - Children learn by observing others. This is often difficult for a child with special needs. He is less likely to imitate the behavior observed in other children, which might ultimately allow him to be more socially accepted by others.

HOW DO I GET THE CHILD'S FAMILY INVOLVED?

Knowing what to say and how to interact with families of children with special needs takes time and practice. Remember that all families want their children to succeed and be happy. Families of children with disabilities

have the same concerns as those with children who do not have special needs, on top of the added challenges that other families may not experience. In addition, working with any family involves building a relationship. Be honest when you talk about the child, and remember that families want to hear about what the child can do as well as her challenges. It is also important to note that families may be from diverse cultures or backgrounds and that the definition of family has expanded to be, in itself, more inclusive and diverse. Guidelines for working with family members are as follows:

- Work under the assumption that parents are almost always doing the best they can at the moment. Sometimes parents may make choices that we feel are not in the best interest of the child; unless you have a child with disabilities, you can never truly understand the perspective of parents who do. As the child's teacher, you can empathize and try to appreciate how parents might feel, but you can never really know the day-to-day realities of living with and caring for a child with special needs. Therefore, unless your own child has special needs, avoid saying things like, "I know just how you feel" or "If it were my child, I would feel just as you do."
- Parents view their child as a valued member of the family unit. To a family member, a child with special needs is not just a child with disabilities; he is much more. Parents of these children have the same aspirations for their children as other parents do.
- Respect the opinion of a parent, even if you do not agree with it. Parents often suggest that the main thing a teacher can do to understand their perspective is to treat them as equal partners in the decision-making process.
- Establish rapport by being a resource they can count on. Teachers can help parents by making sure they are aware of the resources available to them.

RESOURCES FOR FAMILIES

1. Access to support services, such as physical therapy, speech/language therapy, or special education services
2. Information about local support groups for families of children with disabilities; such groups can help parents realize they are not alone, and can provide tremendous support

3. Suggestions about where parents might go to obtain adaptive equipment or specialized materials for their child, such as eyeglasses or hearing aids
4. Contact information for potential government resources, which may entitle them to certain benefits
5. Information about where to locate respite care (a place where the child can go for a day or a few days, so the parents can have a break)

WORKING TO "ENABLE" AND "EMPOWER" FAMILIES

The value of enabling and empowering families to become self-advocates is well documented in special education literature. When you *enable* a family, you give them the tools they need to make informed decisions; when you *empower* them, you show them how to use those tools. What this means is that you provide an avenue through which parents learn to access the resources and tools available to them to advocate for their child. Demonstrate that you are a team member who values their child by

- using words that show you are a team member—for example, words like we and us instead of me and you;
- being positive and referring to their child's special needs as challenges, not as weaknesses;
- listening carefully, and asking family members what they think—then, respecting what they say; and
- showing family members that you consider their child a valuable community member by using the child's name when you talk about her.

TERMS USED IN THIS CHAPTER

adaptive equipment—specialized equipment that enables a person with special needs to complete a task that he would be unable to complete without such equipment.

blended practices—the combining of practices that can be used to address the needs of all children in inclusive settings. This term usually means that regular early childhood practices and early childhood special education practices are blended in such a way that all children learn and participate in classroom activities.

developmental delays—used by physicians to describe a condition in which a child is behind in reaching developmental milestones. Often, this term is used when the physician is unsure whether the child just needs extra help to "catch up" or whether the child may develop more pronounced characteristics of a specific disability.

free and appropriate public education (FAPE)—mandated by law, this refers to the entitlement of every child, who has a diagnosed disability, to a free public education that is appropriate for her needs.

inclusion—used to describe a setting where all children are valued members of the classroom community.

individual education program (IEP)—a plan, written with input from the child's teachers and parents, that outlines the educational goals for the child during a given period (usually one academic year). The IEP must also include how the goals will be met and what services will be provided to the child to help meet these goals.

individual family service plan (IFSP)—The IFSP differs from the IEP in that it is written for a child from birth to age 3 and outlines goals and objectives for the child's overall development. The IFSP is strongly linked to the priorities of the child's family and their needs as well.

least restrictive environment (LRE)—mandated by law, the LRE is the environment that is least restrictive for the child to learn and develop. In most cases, the LRE is a setting where the child spends much of his time with peers without special needs. A statement of the LRE for the child is a mandatory component in the individual education program (IEP).

mainstreaming—when a child with special needs spends part of the day with peers in a general education setting and then returns to a self-contained setting for the remainder of the day.

natural environment—the environment most like the environment where children work, learn, and play.

partial participation—the philosophy that a child participates in an activity as much as possible, even if he cannot finish or complete the activity.

people-first language—describing people with special needs as people, first. For example, one might refer to a child as "Melissa, a child with a hearing impairment," rather than "Melissa, the deaf child."

respite care—care, usually overnight care, which is provided for a person with special needs so that the normal caretaker can be relieved on his duties for a period of time.

reverse mainstreaming—when children without special needs are placed in a program where the majority of the children have special needs.

social skills—skills needed to be social and make friends. Social skills might include such things as greeting a friend, asking to play with others, waiting for a turn, asking for something without hitting or biting, and so forth.

socially competent—a child who is very skilled in interacting socially with others.

RESOURCES USED IN THIS CHAPTER

Allen, K. E., & Cowdery, G. E. (2004). *The exceptional child: Inclusion in early childhood.* Albany, NY: Delmar.

Bailey, D., & McWilliam, R. (1990). *Factors influencing child engagement in mainstream settings.* Washington, DC: Special Education Programs.

Bricker, D., & Woods Cripe, J. J. (1992). *Activity-based approach to early intervention.* Baltimore: Paul H. Brookes.

Bricker, D. (2000). Inclusion: How the scene has changed. *Topics in Early Childhood Special Education, 20*(1), 14–19.

Brown, J. G., Hemmeter, M. L., & Pretti-Frontczak, K. (2005). *Blended practices for teaching young children in inclusive settings.* Baltimore: Paul H. Brookes.

Division of Early Childhood. (1996). *Position paper on inclusion.* Missoula, MT: Author.

Filler, J., & Xu, Y. (2006). Including children with disabilities in early childhood education programs: Individualizing developmentally appropriate practices. *Childhood Education, 83*(2), 92–99.

Noonan, M. J., & McCormick, L. (2000). Practices of co-teaching in inclusive preschool classroom. *NHSA Dialog, 3,* 258–273.

Schwartz, I. S., Sandall, S. R., Odom. S. L., Horn, E., & Beckman, P. J. (2002). I know it when I see it: In search of a common definition of inclusions. In S. L. Odom (Ed.), *Widening the circle: Including children with disabilities in preschool programs* (pp. 10–24). New York: Teachers College Press.

Willis, C. (2006). *Teaching young children with autism spectrum disorder*. Beltsville, MD: Gryphon House.

SUGGESTED READING

Macy, M., & Bricker, D. (2007). Embedding individualized social goals into routine activities in inclusive early childhood classrooms. *Early Child Development and Care, 177*(2), 107–120.

McCormick, L., Noonan, M. J., Ogata, V., & Heck, R. (2001). Co-teacher relationship and program quality implications for preparing teachers for inclusive preschool settings. *Education and Training in Mental Retardation and Developmental Disabilities, 36*(2), 119–132.

Odom, S., Zercher, C., Li, S., Marquart, J., Sandall, S., & Brown, W. (2006). Social acceptance and rejection of preschool children with disabilities: A mixed-method analysis. *Journal of Education Psychology, 98*(4), 807–823.

THE RESEARCH SAYS . . .

Developmentally Appropriate Practices Must Apply to Everyone

The authors looked at inclusion in the context of developmentally appropriate practices. Developmentally appropriate practice (DAP) as defined by National Association of Education for Young Children (NAEYC) is considered the foundation of early childhood education and serves as a guideline for planning a quality curriculum. The NAEYC defined DAP in three dimensions: (1) child development and learning; (2) understanding the individual child and the variables in learning and abilities; and (3) a knowledge of the child's social and cultural environment (Bredekamp & Copple, 1997, p. 9). The authors looked at DAP as it relates to children from different cultures as well as children with diverse abilities. They feel that both the curricula and the instructional models used must reflect these differences.

The authors cite the work of Noonan and McCormick (1993), who noted the importance of understanding the child's social environment. They concluded, "children with a range of disabilities, including those with severe cognitive, motor, emotional, and behavioral disabilities, are a valuable aspect of the differences that we celebrate in our early childhood education programs." In addition the authors discuss the value in taking a closer look at what we believe about how all children grow and learn and how we teach them. This article clearly demonstrates the value of full participation in inclusive settings where educators, administrators, related service professionals, and parents adhere to the philosophy that achievement requires that we emphasize the uniqueness of each child.

Filler, J., & Xu, Y. (2006). Including children with disabilities in early childhood education programs: individualizing developmentally appropriate practices. *Childhood Education, 83*(2), 92–99.