

Early Education: Which Path to Inclusion? From the Editors:

by Mary A. McEvoy, Carla Peterson, and Scott McConnell

Early childhood special education is at a cross-roads. Over the past few years we have seen rapid expansion in services to young children with disabilities. In fact, the mandate for services is nearly nationwide for children ages three to five. Further, we have an array of programmatic options and models for serving these children in integrated settings. Finally, researchers in the field are exerting unprecedented efforts to evaluate and refine these program features and models to ensure maximally effective services in the least restrictive environment for all young children with disabilities. As school districts and parents consider classrooms and programs that serve children with and without disabilities as a first placement option in meeting the spirit of "least restrictive environment", the question arises: What is the best model for assuring successful placement in integrated programs?

Clearly there is no one best model. However, it appears that there are a number of "best practices" that should be used when designing and implementing integrated programs. Five best practices that individually have been shown to be important components of successful integrated programs are:

- Use of environmental and organizational design principles.
- Social integration of students with/without disabilities.
- Inclusion of families.
- Use of a transdisciplinary team approach.
- Use of a functional data-based instructional curriculum that can be applied in variety of naturalistic and instructional settings.



Anne Ellis (left), the first student with severe disabilities to be fully integrated into her first grade classroom, shares with a classmate the excitement of success in a computer game. See story on page 3.

This issue of IMPACT focuses on inclusive education for young children with disabilities. In these pages, parents, program administrators, researchers, and educators share information about different ways that families and professionals have gone about the process of including children with and without disabilities in educational and child care settings. There is no one best model and there are no strategies that guarantee rapid and easy success. There is, however, a common element in the efforts profiled here: success comes largely through collaboration between many people and agencies. We hope that the examples of collaboration and the strategies presented here will provide direction and encouragement to readers who are undertaking the process of including children with disabilities in early childhood programs.

This is the first of a two-part IMPACT series focusing on inclusive education; the second feature issue emphasizing inclusive education for K-12 will be available in September 1991.

CONTENTS

| | |
|---------------------------|----|
| Family Profiles | 2 |
| Integration Philosophy | 4 |
| Suggested Readings | 5 |
| Early Intervention | 6 |
| Social Training | 8 |
| Staff Training | 9 |
| Administrator Perspective | 10 |
| Transition | 12 |

Path, continued on page 15

The Struggle, The Reward: Two Families' Experiences with Inclusion

The benefits of inclusion for children with disabilities are well documented. The right of access to those benefits is not, however, interpreted in the same manner from setting to setting. On these pages two families share the stories of their efforts to obtain inclusive education for their daughters. While both families have overcome many barriers, one family is now enjoying the rewards of their persistence while the other is still facing incredible obstacles to meeting their child's educational, social, and developmental needs.

• **Trying to Keep Hope Alive**, by *Debra Carroll*

From the very moment I found out my child had a developmental disability, I began to educate myself about her disability and the best educational methods for working with a child like her. My daughter, Elizabeth, now 6 years old, has Rett Syndrome, which is a rare neurological disorder in girls. I immediately tried to surround myself with persons knowledgeable about her disability and became friends with several professors in special education from a university near my home. Before Elizabeth entered the public school system I had heard the phrases "least restrictive environment", "integration", "inclusion", and "mainstreaming". I knew what they meant in terms of their definitions, and I promoted their existence. But I still had no conception as to how integration could benefit Elizabeth. She has severe to profound mental retardation and no reasonable form of communication. When she entered the public school system at age 4, she still had poor eye contact and did not respond to simple commands, such as "come here". How could a child like Elizabeth benefit from integration? How could she make friends? How would the other children play with her? I couldn't visualize how integration could work for her.

Elizabeth went through two school years of no meaningful integration with typically developing age-appropriate peers. Children from her self-contained classroom ate in the lunchroom with the rest of the school, but they sat at a separate table, noticeably and physically separated from the rest of the lunchroom by being positioned perpendicular to the rest of the tables. Elizabeth's class went out to a playground where there were typically developing children, but she was left to "wander" the area during recess, and no planned or meaningful integration took place.

It was not until last summer, when we placed Elizabeth in a regular kindergarten classroom at a church school year-round program that I began to really understand the difference integration can mean for our family. The Department of Mental Health and Mental Retardation in our state had started a program where they paid an "assistant" of the parents' choice to go with the child to an integrated summer program. We picked out this particular program due to the enthusiasm of the director and kindergarten teacher in meeting the challenge, and due to the physical proximity to

our home. The special education teacher we hired sat down with the class the second day Elizabeth was there and explained to them that Elizabeth had a disability, but that she was just like the rest of them: she had a home, a pet, and her own room.

We began to see a difference in Elizabeth at home that very first week. She made herself more involved in the daily activities going on at home. She would come sit with the rest of the family and initiate eye contact with us, and generally communicated her needs much better by eye-pointing. Her temperament also improved. After a few weeks, I began to observe her in class and noticed that the special education teacher had faded back and the kindergarten children were talking and playing with Elizabeth as if she did not have a disability. She responded by following their lead in many activities, including art, playtimes, and lunch. I was amazed one day when the class was out on the playground and the kindergarten teacher called the children to line up to go back inside. My first reaction was to find Elizabeth, take her by hand and physically move her into the line, as I had always done. To my amazement, she had followed the lead of the other children and had lined herself up with them and was standing there very patiently waiting to go inside. It was then that I began to have real hope for Elizabeth's future. She was making progress and the difference was simple - she was placed in a "normalized" environment with age-appropriate, typically developing peers. It was obvious that she would only learn by seeing other children doing what we had been instructing her to do all along. Just telling her how to act appropriately was not enough, and perhaps our communication was not meaningful to her. She needed the other children to be her model.

While many parents across the country are reporting how they have worked cooperatively with their school systems to design integrated programs, it has been a long, hard struggle for us with our local school system. In general, they have resisted our efforts to have Elizabeth integrated into a regular kindergarten classroom for a good portion of the day at her school of zone. After refusing our requests for inclusion at several staffings, we were left with no alternative but to try and resolve Elizabeth's placement issue through the Due Process Hearing arena. Our evidence

Hope, continued on page 11

• **Realizing the Vision**, by Gary Ellis and Diane Kozlak

"At school, Annie's friends greet her with her own 'Hi' signal, vertical palm facing forward. When it's her turn in a computer game, classmates place her hand on the switch, then make her wait while they take their turns. If she slides to one side of her chair, they push her back up with a casual shove. Her 24 classmates enjoy being her helper and one, Caroline Becker, names Annie as one of her three favorite friends." (St Paul Pioneer Press, "Retarded Girl Finds Her Place in Real World", by Ann Baker, October 10, 1990).

These successes of integrative education programming were recounted in a recent newspaper article about our daughter's school program. Annie was the first student with severe mental and physical disabilities to be fully included in her neighborhood kindergarten and first grade class in the Mounds View School District. Such successes are powerful reinforcement for the hard work and commitment of school staff, students, and parents - essential ingredients for an effective integrated education program.

We have two daughters attending the Turtle Lake Elementary School: Mario, age 10 and Anne, age 6. They are great support for one another and, like all kids, have their own special needs for friends and acceptance. However, because Anne was born with developmental disabilities she has had to overcome many barriers to her full participation in school life.

During the first three years of her life Anne received therapy and other programming services through the St. Paul and North Suburban D.A.C. After she turned three, new legislation went into effect that required local school districts to provide programming for children with disabilities. Our school district contracted with Special District 916 to provide services to Anne at a segregated site. Although we were pleased with the programming that Anne was receiving, we found the segregated site lacking in many ways. Since none of the children in Anne's classroom talked or were ambulatory, the only verbal communication and role models for her were her teachers.

Her life was without playmates or friends. Since her pre-school experience was outside of the neighborhood setting, she did not have opportunities to make friends with other children in her neighborhood. We decided we wanted more for Anne when she entered kindergarten and elementary school.

This decision began a process that spanned over one year to convince Mounds View School District officials to provide services for Anne in her neighborhood school. The process of expressing our vision for Anne resulted in a very positive team approach to beginning an inclusive education project in our district.

Anne began kindergarten and then first grade by riding to school on the same bus as her classmates and joining them full time in the regular classroom. Our pain of

watching the isolation of Anne's life changes to the excitement of seeing her surrounded by other children who were drawn to her uniqueness and enjoyed her friendship.

How is the integrated learning process working out in the classroom? It is benefitting all the children. For instance, since Anne uses sign language to communicate there has been great interest from her classmates to not only learn her signs, but sign language in general. Students often come up to Anne and show her the new signs they have learned. Students also have become actively involved in adapting Ann's environment to fit her needs. One day in art Anne was having difficulty gluing paper together. A classmate came up with the idea of using a paintbrush to apply the glue. In addition, Ann's classmates have really learned the art of patience as well as tolerance. They not only will wait for Anne to respond rather than answer for her, but appear more tolerant to the differences of other peers in the class. Very seldom are negative things said about other people in the class.

Along with the interaction with her peers at school, we have been pleasantly surprised to find that Anne has new friendships outside of school. She has been invited to the birthday parties of her friends, boys and girls alike. When we attend school or community functions, children come over to say hello to Anne and introduce her to their families.

We have been amazed to see the many changes taking place in Anne. She has become more interested in communicating her needs, both verbally and with sign language. She is also more motivated to be upright and learn to walk. We believe this increased motivation is due largely to the role models of her peers and her desire to interact with them.

These experiences have certainly convinced us of the value and naturalness of integrated programming. It is a constant challenge to facilitate this learning process and we are thankful for the enthusiasm and dedication of the professionals who have been part of Anne's team. We are also thankful for the openness of Anne's classmates who accept her for her abilities. Most of all we are very proud of Anne who plays the key role in all of these efforts. Her sister Mario wrote about Anne in a way that sums up all of our sentiments: "I am thankful for my sister. I think that if my sister was not handicapped, I wouldn't be half the person I am. My parents have helped me learn more about disabilities. My sister gets into my stuff like any first grader would."

Contributed by Gary Ellis and Diane Kozlak, Anne's parents, who live in Shoreview, Minnesota.

Infants, Toddlers, and the Integrated Community

by Linda Kjerland

The 1980s will be remembered as the decade that opened doors for many children with disabilities to enter schools, "regular" classrooms and after school activities, and recreation programs. Young children and their families have benefitted from these opened doors through developmental gains and increased opportunities for friendship for the children, and through a growing confidence for families that their children belong in more ways and in more places than seemed possible in the past.

This growing vision of inclusion for infants, toddlers, and their families has impacted professionals who work with them, shifting to a new focus on supporting families in a way that is more harmonious with their everyday life. This isn't an easy evolution for staff whose training has been in traditional models and whose systems may offer few supports for this more inventive and functional approach. As a means to understand this evolution, I will share the story of our journey at Project Dakota Outreach as we've moved toward a philosophy of family support and inclusion.

The story begins in 1981 when 'our' special needs preschool children were looked at in terms of overall 'readiness' to withstand the rigors of placement in an integrated preschool of 20 children. The conclusion nearly always was that each child was seen as "not ready." We then decided to make those *settings* 'ready,' i.e., more like us. We decided to send an early interventionist with a small cluster of these children into each setting to team teach, lend equipment, and adapt the curriculum. Our goal was to reshape the preschool so that it more closely resembled our special preschool rather than adapting for individual children within the context of their existing preschool. This approach neglected to recognize and respect the inherent autonomy and uniqueness of the nursery schools. Not surprisingly we received thinly disguised 'no, thanks' either at the time of the offer or in the early months of the 'partnership'

From that experience we decided if we couldn't wholly import our program out there, we should bring non-delayed

children in. This reverse mainstreaming involved sprinkling groups of three to five neighborhood children into groups of five to seven Dakota children. While obvious benefits resulted we found ourselves doing the double work of being

in the business of nursery school as well as of early intervention. Such extension of resources was hard to justify when short distances away were successfully operating nursery schools.

Reverse mainstreaming did, however, build confidence in the idea that there was much to be gained from integration. Impetus for change also came from early mainstreaming studies and our growing understanding of social and cognitive development. How could we promote social competence if we withheld exposure to the natural learning and teaching that happens among peers? Finding a way to include children in integrated environments not only became a topic of staff discussion, but also became a stronger part of contacts with all families.

Questions shifted from "Which nursery could possibly handle Jo?", to "What does that nursery school do well that Jo

could be part of and benefit from?", "What might we learn about Jenny if we sit back and observe her interactions in a typical setting?", "What do those teachers with the sharp eye of the experience on the 'range of normal' have to tell us?", and "What do we want to achieve and what kind of assistance and roles will be helpful?"

Our next era came in realizing that there is more to the notion of inclusion than nursery school attendance. Informal settings became just as important and merited team time, attention, and resources. Families and staff scoured local newsletters and announcements for toddler tumbling events, library story hours, and playground tot lot and wading pool schedules. Even kids' day at the mall became a target for fun, inclusion, and learning. This broader definition of natural resources and settings within the community opened up the idea that there was certainly no magical time to wait to begin participation, i.e., age three or four.

We copied what most infants and toddlers were doing



Three-year-old Andrea, who has Down syndrome, shares a story with her cousin Jason in the family day care she's attended since she was six weeks old.

Early Intervention in Day Care Settings

by Mary Beth Bruder

The natural group environment for infants and young children in today's society is community early childhood programs: child care programs, nursery schools, play groups, library groups, and recreation groups. Congress has reinforced this notion by stating that early intervention services for infants and toddlers with disabilities should be provided in the types of settings in which infants and toddlers without disabilities would participate (Section 303.12(b), P.L. 99-457). Additionally, Part B of P.L. 99-457 affirms the requirement that preschool children with disabilities must receive special education and related services within least restrictive settings. This has provided the impetus for many early intervention programs to expand services into non-specialized, non-segregated community programs, the most prevalent of which are child care or day care programs.

The use of child care settings as early intervention placements is one strategy that seems to meet both the needs of families (for child care) and early intervention providers (for appropriate placements). However, the use of this model cannot be advocated without caution. Some day care programs have problems that may be exacerbated by this practice (e.g., failure to meet licensing regulations on child-adult ratios; high staff turnover; inaccessible buildings), and thus appropriate supports must be in place to insure the effective use of this strategy. Additionally, those who are involved in the provision of this service delivery model must adapt to new ideas and roles if the early intervention is to be successful. For example, specialists from the early intervention team must learn to function as consultants to the day care staff, and they must learn to design, implement, and evaluate interventions within typical early childhood program routines. These interventions will also necessitate a broadened focus on peer and environmental mediation as opposed to teacher directed learning. Likewise, day care staff may have to become more systematic in their interactions with children and their use of environmental designs and adaptations when incorporating children with disabilities into day care settings. Lastly, families of children with disabilities may also have to adapt their intervention expectations to accommodate a more generalized focus on socialization and learning as opposed to a traditional focus on isolated therapeutic interventions.

For the past four years the Connecticut Department of Mental Retardation (DMR) has been providing early intervention services to young children with disabilities within community settings. There are currently 200 infants

and toddlers with moderate to severe disabilities receiving early intervention services within day care programs. The Early Childhood Special Education Community Integration Project and the Inservice Training Model for Day Care Staff (both federally funded model demonstration projects at the University of Connecticut) have been working with families, day care providers, and DMR staff to design, implement, and evaluate early intervention services delivered within day care settings.

Cindy Barberry is one of the parents who has been

The use of child care settings as early intervention placements is one strategy that seems to meet both the needs of families and early intervention providers.

involved in the projects since their inception. Her daughter, Tara, who has Down syndrome, is now five years old and attends kindergarten in her neighborhood school (in which all the

children have learned to sign to communicate with her) with the assistance of a teacher's aid and a combination of direct and consultative special education and related services. According to Cindy:

"Tara's placement in a "normal" early childhood setting from age two was the most beneficial aspect of her education thus far. Not only did she learn all the social graces necessary for inclusion in society, she made friends among her typical age-appropriate peer group, relationships that continue to grow as she ages. Educationally, Tara has learned more in the integrated environment than she would ever have learned in a segregated classroom. I wish her inclusion was not "experimental", but rather the norm for all handicapped children. Tara will soon be entering first grade with her age-appropriate peer group. This is a direct result of her integration since day one in normal settings."

The many challenges inherent to the delivery of early intervention services within day care settings must be systematically addressed. As a result of the experiences in Connecticut, a number of positive practices have been identified that facilitate the effective implementation of this model. These include:

A philosophical commitment to the belief that children with disabilities and children without disabilities can learn and play together in day care programs.

A system of collaboration and communication with all agencies involved with the child and family (e.g., early intervention, medical services, social services).

A consistent, ongoing system for family involvement.

and picked up on ideas from them. Many were in child care centers because parents worked. Others were tagging along on the delightful diversions of older children in their neighborhood. They were in church nurseries on Sunday mornings, drop-in child care at malls, and part of parent and child playgroups run by parent education centers. Those settings became targets for early intervention strategies by teams. Soon 100% of children were spending time each week with non-delayed peers. Family members excitedly recounted new adventures and staff passed on the creativity of one family to others.

If readers wonder at what stage they may be regarding inclusion of young children, the statements below may serve to identify their present philosophy:

Stage 1: Early intervention means plenty of specialized help at an early age to reduce/prevent later problems; there isn't time for typical settings.

- Stage 2: Typical settings are helpful for older preschoolers with milder needs who will benefit from the socialization.

Stage 3: Typical settings are helpful for preschoolers with moderate and severe needs because of the natural motivators and rich environments that help all areas of development.

Stage 4: All ages, including very young toddlers, benefit from non-delayed peers due to the motivators of active playmates and the focus on functional skills. We can no longer deny children the culture of childhood by demanding interventions take place in specialized settings.

Stage 5: Typical peers and typical settings are the right of all children needing early intervention. Staff roles and expertise are stretched and altered for the better because of learning to work in context on functional and vital skills. Good teamwork in typical settings not only addresses primary needs of children, but helps prevent secondary handicaps that derive from social exclusion.

How can staff, friends, and neighbors join families in this endeavor? Perhaps the biggest change can be a recognition that the earliest years of getting out and about may take a bit more courage, inventiveness, and support from all concerned, but that the rewards shall indeed be great for all.

Contributed by Linda Kjerland, Project Director, Dakota, Inc., 680 O'Neill Drive, Eagan, MN 55121.

Suggested Readings on Inclusive Education

- Ostroskey, M., Chandler, L., Odom, S., McConnell, S., & Peterson, C. Comprehensive intervention manual to promote social interaction skills for preschool children with disabilities. Available from Vanderbilt/Minnesota Social Interaction Project, Box 40, Peabody College/Vanderbilt University, Nashville, TN.

- Peck, C., Hayden, L., Wandschneider, G., Peterson, W., & Richarz, S. (1989) Development of integrated pre-schools: A qualitative inquiry into sources of resistance among parents, administrators, and teachers. Journal of Early Intervention. 13, 353-364.

The following are published by the Institute on Community Integration. For ordering information call (612) 624-4512 or write Publications Office, Institute on Community Integration, University of Minnesota, 109 Pattee Hall, 150 Pillsbury Dr. SE, Minneapolis, MN 55455.

- Inclusive Education for Learners with Severe Disabilities: Print and Media Resources. An annually-updated listing of journals, books, manuals, reports, newsletters, videotapes, and other materials that can assist school personnel and families to include learners with severe

disabilities in general education classes and school community life.

- IMPACT: Feature Issue on Inclusive Education (K-12). Available Fall 1991. A 20-page newsletter containing articles on practices, philosophies, research, and trends in inclusive education.
- Strategies for Full Inclusion (1989). J. York, T. Vandercook, C. Macdonald, and S. Wolff. A monograph containing seven papers presenting practical strategies and examples for designing and implementing inclusive educational programs. Especially useful for teachers and other school personnel.
- Inclusive School Communities: 10 Reasons Why. This brochure lists 10 reasons why more and more families and educators support inclusive school communities.
- Learning Together Stories and Strategies. Parents, educators, and other professionals share success stories and strategies that offer ideas and inspiration to those seeking to include all children, regardless of abilities and interests, in the schools and classes they would attend if they did not have labels.

Social Interaction Training for Young Children with Disabilities

Richard J. Spicuzza

Preschool children with disabilities are at significant risk for problems in the development of social interaction skills. As a result of early learning problems and initial skill deficits, as well as frequent educational placement in segregated settings, the problems that these children experience may be expected to worsen and intensify throughout their lifetimes. The

end result comes at a significant cost to the children, their families, school, and society.

Recently, there has been a concerted effort to include children with developmental delays in programs that serve typically developing children.

Unfortunately, an integrated environment is often not a sufficient intervention in and of itself to promote social interaction between children with disabilities and their more socially competent peers. In most cases, the physical environment alone cannot reduce social behavior problems. Typically developing peers, furthermore, may not have been instructed on how to initiate or sustain social interactions with children with developmental delays. Researchers have developed and evaluated ways to remediate many of these social interaction problems. However, it has become increasingly obvious that a gap exists between research knowledge and the practical application of intervention features.

To bridge this gap between research studies and implementation in preschool settings, the U.S. Department of Education's Office of Special Education and Rehabilitation Services funded the "Social Interaction Training Program for Young Children with Handicaps" (SIP). This four year Program Feature Project, under the direction of Dr. Samuel Odom at Vanderbilt University and Dr. Scott McConnell at the University of Minnesota, has looked at ways to effectively translate research into practice. SIP project staff, working in close collaboration with early childhood special education teachers in Minnesota and Tennessee, have initiated research activities that include a) a descriptive study of the classroom environments; b) an observational study of children's social interactions; and c) the design and implementation of four intervention packages to teach social interaction skills to young children with and without disabilities. These four interventions are called: *Environmental Arrangement*, *Child-Specific*, *Peer-Mediated*, and *Comprehensive Intervention*. The four interventions can be viewed as separate intervention packages or as a building block for each successive program. What follows is a brief description of each of these interventions.

Unfortunately, an integrated environment is often not a sufficient intervention in and of itself to promote social interaction between children with disabilities and their more socially competent peers.

The first intervention, Environmental Arrangements, is the initial building block for all intervention. The key components of this intervention include limiting the physical space or play area, examining the nature of the play activity or toys, and using developmentally heterogeneous play groups. The Environmental Arrangements intervention is an important part of all the interventions described next.

The Child Specific intervention incorporates the previously mentioned components, plus integrates teacher prompts and feedback to target children during structured play groups.

A social skill training group for targeted children provides verbal descriptions of behaviors (e.g. sharing, assisting, organizing play, etc.) to be learned along with opportunities for the children with disabilities to role play the newly learned skills.

The Peer-Mediated intervention also incorporates the Environmental Arrangements package, with the addition of social skill training. Using this intervention, normally developing peers are taught to direct social initiations toward classmates who exhibit social interaction deficits. Teachers prompt and provide feedback to the normally developing peer during structured play groups.

The last intervention package, the Comprehensive Intervention, uses features of each of the preceding three interventions. This intervention integrates the social skill training for children with disabilities and peers into one single lesson. Children are taught new skills and then practice these social interaction skills in a more natural setting. Teachers continue to support the social skills learned by children with disabilities and their peers through the use prompts and feedback.

This research project has focused on developing effective and efficient interventions to promote social interaction skills. The interventions described above should assist teachers in producing valid and lasting changes in the social behavior of young children with disabilities in integrated settings.

Contributed by Richard J. Spicuzza, Doctoral Student, Department of Educational Psychology, University of Minnesota. For more information about the SIP Project contact Dr. Scott McConnell, N548 Elliott Hall, University of Minnesota, Minneapolis, MN 55455, or Dr. Samuel Odom, Box 328GPC, Peabody College/Vanderbilt University, Nashville, TN 37203

A system of cross disciplinary team planning (including day care staff), service delivery, and communication.

A well-constructed, integrated, individualized education program or IFSP that focuses on child strengths, and includes the necessary supports to enable the child to continue to learn in the day care environment (e.g., environmental adaptations, supplementary teacher aids, technological assistance).

A consistent and ongoing system for training and staff development for early intervention staff, day care staff, families, and (if appropriate), children.

Integrated instructional delivery of educational and related services across day care activities and routines.

A comprehensive system for evaluating the effects of the program on families, all children, and staff.

This service model has resulted in a number of positive outcomes for infants and young children with disabilities. Most importantly, their peers without disabilities have had the benefit of playing and learning beside infants and toddlers who have disabilities.

Contributed by Mary Beth Bruder, Director of Family Support and Early Intervention, MRI/Dept. of Early Intervention, New York Medical College, Valhalla, NY 10595

Integration: A Cooperative Effort

by Betty Kasel

It was a typical way to celebrate Earth Day, 1991. The students in Stepping Stones preschool and kindergarten program were planting trees on the hill behind the school with the assistance of high school students from the Groves Academy. For some of the Stepping Stones children it was quite an accomplishment to climb up the back hill and to respond to the high school students' questions about the tree planting process. Approximately one-third of the students enrolled at Stepping Stones have difficulty performing many tasks in the cognitive, communicative, motor, sensory, self-help, social, emotional, and/or physical domains.

Stepping Stones was established in 1971 as an integrated early childhood program. In 1982 it joined the Groves Learning Center, a school for children with learning and/or attention problems. It is now an integral component of Groves Learning Center and benefits from the wide range of resources available to parents, students and staff. Stepping Stones also serves as an early childhood special education site for the St. Louis Park, Minnesota, public school district, which provides many support services including occupational therapy, physical therapy, adaptive physical education, and family therapy. Because of its success as an integrated program, the program has grown to include students from other school districts, and county, state, and professional agencies.

Stepping Stones curriculum is built around a weekly unit theme similar to other preschool/kindergarten programs. The difference is not so much in the content of the curriculum, but in the method of presentation. A hands-on approach is followed whereby children learn by doing. Activities focus on communication, inquiry, construction, and artistic expression. Experiences are not only enjoyable but connected to further experiences.

Teachers follow a daily schedule that is structured to balance active and calming activities. A pictorial schedule is posted in the classrooms and discussed daily. This allows children to prepare for transitions as well as schedule variations. The children's repertoire of songs is also posted with pictorial cues so they can actively participate in music selections. Whenever possible, multisensory approaches and brief positive language is used to facilitate learning. An emphasis is placed on enhancing self-esteem through positive peer interactions and successful learning experiences. With a minimum 1:7 staff/student ratio, individual needs can be met in all areas of development. This individualized attention to children's progress helps them to grow toward independence.

The inclusion of children with special needs gives an extra dimension for all of the children enrolled in the Stepping Stones program. Close contacts with a child with various difficulties teaches patience, sensitivity, and understanding as no other experience can. As students question others' individual differences, the staff provides simple and honest answers. Children learn they can help as well as be helped. Once their questions are answered they are able to evaluate their classmates as individual personalities in an open, honest and accepting manner. In fact, when children with special needs accomplish difficult tasks, they have many peers to cheer them on. As children learn to understand individual differences, they develop maturity, self-confidence, independence, and a willingness to try new things. Our goal is to enable all of our students to successfully manage life experiences as they transition from our program into a private or public kindergarten/first grade.

Contributed by Betty Kasel, Director, Stepping Stones Preschool, 3200 S. Hwy 100, St. Louis Park, MN 55416

Staff Training for Inclusion

by Dennis J. Sykes

A federally funded inservice training project in Ohio has taken a different, and apparently successful, approach to staff training related to the inclusion of young children with disabilities in community early childhood programs. The Early Integration Training Project of the Ohio State University's Center for Special Needs Populations has been in operation since September of 1989 and is funded through the U.S. Department of Education's Office of Special Education Programs. The project's purpose is to develop model inservice training that will facilitate the inclusion of young children with disabilities, birth through age five, and their families into a variety of existing community early childhood programs. After an initial development period, the project began its training in four pilot counties (two urban, two rural) in the spring of 1990 and has since expanded the training to over 20 additional counties involving more than 500 professionals, para-professionals, and parents in the 15 hour series. Over 1,200 individuals in more than 40 Ohio counties are expected to participate by the end of the project's initial funding period in August, 1992.

There are several features of the training and the project that the project staff believe contribute to its popularity and to the fact that more than 95% of individuals beginning the training complete the 15 hour series: (1) a value-based approach; (2) a format and incentives that invite diversity; and (3) an approach to program and service development that is based upon the strengths of existing community resources.

The initial design of the Early Integration Training Project was based upon a competency model. Skill development related to the inclusion of young children with disabilities was to be provided for teachers, teacher assistants, and administrators in community child care, preschool, and other "regular" early childhood programs. Encouraging the use instead of a "value-based" approach to training, advisory committee members, project consultants, and project participants contributed to the subsequent development of the project and identified five basic values or beliefs that underlie the training: (1) young children with disabilities have more similarities than dissimilarities with typically developing children; (2) the inclusion of young children with disabilities in regular community programs can be a positive and beneficial experience for all involved; (3) the family is the key context in which the child develops; (4) collaboration with other programs, professionals, and families can contribute to enhanced outcomes for children and families, and (5) the structure and approach of current services can be enhanced through individual and collaborative effort.

It has been the observation of project staff that most inservice training efforts in education and human services tend to segregate participants. Public school teachers attend

workshops with their peers, as do administrators, parents, Head Start teachers, child-care staff, therapists, etc. While this may be an appropriate approach to individual skill development, it does not appear to encourage the cross-disciplinary collaboration required for successful inclusion efforts. The design of the Early Integration Training modules is intended to reinforce the belief that the learning needs of individuals can be successfully accommodated within a diverse group if individual strengths are capitalized upon and an atmosphere of mutual respect is engendered. Diversity within the project's training groups (whose average size is approximately 25 individuals) is encouraged through active recruitment. In addition, participants are eligible for a variety of inservice and university credits. The project currently cooperates with the Ohio Department of Education, Health, Human Services, and Mental Retardation/Developmental Disabilities along with six other Ohio Universities to offer the training series for inservice, undergraduate, and graduate credit depending upon the needs and desires of the particular participant. Parents of children with and without disabilities are seen as an especially important part of a training group's diversity and their involvement has been recruited actively and successfully.

Participants in the project often have the same critical request of project staff and consultants: "Please give us (show us, share with us, point us to) the model of service delivery we should be using." Drawing from experience, the project has developed its own belief about "models". Models are only useful insofar as they provide information and ideas that are applicable to particular communities, staff, and families. The truth about any "model" is that it was developed in a particular location, with particular resources (human and otherwise), and with particular children and families in mind. Therefore, any community wishing to develop high-quality, inclusive, family-centered services must complete a series of preliminary steps. First, the community must assess their resources (these may be defined quite broadly). Second, a consensus or a "shared vision" must be created. Finally, resources and ideas from outside the community which seem most appropriate and helpful must be adapted to meet the "shared vision" using resources identified previously. To do otherwise risks the development of inappropriate, ineffective services.

Contributed by Dennis J. Sykes, Director, Early Integration Training Project, Center for Special Needs Populations College of Education, The Ohio State University 700 Ackerman Road, Suite 440, Columbus, OH 43202. He may be contacted for information on project materials

Integration in Early Childhood Education: An Administrator's Perspective

Jean Rochelle, Coordinator of Special Programs for the Hickman County Schools in Centerville, Tennessee, was interviewed for this article and was asked to share her perspective as an administrator on inclusion of young children with special needs.

- Question: Please describe your experiences with integration/inclusion of young children with special needs.

I have served as special education supervisor in a rural school system for the past six years, and during that time we have served approximately 20 preschool children (3,4, and 5 year olds) each year. Most of these children had either speech or language impairments. The two speech therapists in our school system have been heavily involved in program development and implementation for the students. Teacher involvement would include five to ten special education teachers and approximately the same number of "regular" education teachers. Five to ten kindergarten classrooms have been utilized.

The types of programs and integration opportunities have varied according to the needs of the students. A four-year-old girl with physical impairments provides a good example of how children with disabilities have been integrated in our system. This child has been diagnosed as being affected by TAR syndrome, which involves the absence of the radius and ulna in the forearm. Her hands are attached to the body at the elbow area, which obviously causes difficulty with balance as well as fine and gross motor tasks. She also suffers from a disorder in which the clotting of the blood is inhibited, and as a result she bruises very easily. Intellectually she functions at a level with her chronological peers. Numerous integration activities were incorporated into this child's individualized education program. Adaptations of the school environment were necessary to provide an educational program in the least restrictive environment.

Teachers and administrators were understandably apprehensive regarding the implementation of a program for this child. The family initially requested a full time teacher assistant to accompany her throughout the school day. After several meetings and the sharing of information among all parties, we were able to develop a program that met the child's needs and was acceptable to all members of the multi-disciplinary team.

Transportation proved to be an interesting hurdle to overcome. Since members of the M-team (IEP team) felt that the child would need someone to sit with her on the bus, her brother was asked to sit with her. Eventually this proved to be a problem since he felt confined, and an older student on the bus who was held in high esteem by the parents was enlisted to sit with the child and provide any necessary assistance. A teacher assistant was assigned to meet the bus at school and assist the student in negotiating the bus steps.

A number of adaptations were made to facilitate her participation in the school setting. Small chairs with arms were purchased for use in classrooms. Soft "nerf" balls of various sizes, a mat, and an adapted swing (toddler style with front enclosure) were purchased for use in physical education classes. In music class the child was instructed to sit on the bottom row of seats in order to minimize the risk of injury due to a fall. The M-team suggested that she wear pullover shirts and pants that fit somewhat loosely and have narrow elastic since she has very little strength in her fingers and she is not able to button/unbutton her clothing without assistance at this time. Her parents were also asked to attach small cloth loops to her pants in order that she could grasp them and assist with moving clothing up and down during toileting. Strips of velcro were used to attach her crayon box to the table since the box seemed to end up often on the floor. Teachers suggested that she go first or last to the rug for group activities. This, of course, would lessen the possibility of being bumped and falling. A coat rack was installed that was lower and thus more accessible for the student. Glue sticks were recommended by the teachers as opposed to tubes due to the lack of hand/finger strength.

Other interventions recommended by the M-team included selection of a "calmer" group of students to sit with the student at lunch. A helmet designed for her was worn during physical education classes. Low-top sneakers with velcro closures were also recommended. The child was instructed to always play in grassy areas on the playground, and never around the rocky areas.

The student is accompanied in the hall between classes by a teacher assistant, and also receives assistance at lunch and in boarding the school bus in the afternoon. All classes are in the regular classroom except one hour each day that is spent with a special education teacher working on fine motor skills. Occupational and physical therapy activities are integrated with the program as prescribed by the therapists.

- Question: Is integration currently done on a case by case basis (e.g., by parent request or teacher recommendation) or is it a system-wide policy to integrate children with special needs?

All special needs children in our system are educated in the least restrictive environment with maximum opportunities for integration.

Transition to Integrated Kindergarten Programs: Child, Family, and Program Issues

by Lynette K. Chandler

Transition is a concept that has been used to describe the process of moving from one program or service delivery mode to another. It is an important part of a young child's education program, and presents opportunities for children to progress in many areas as they learn new skills, transfer and strengthen existing skills across programs, make new friends, interact with new peers, and learn to adjust to and take advantage of new experiences. For many children with disabilities, the transition from preschool to kindergarten will involve a move from a segregated special education program to an integrated kindergarten program. Integrated kindergarten programs are considered the optimal setting for many children with disabilities because they may provide a more stimulating, demanding, socially responsive, and normalizing environment than segregated programs that include only children with similar developmental skills.

Successful transition to an integrated program is dependent on transition planning and child preparation within preschool and kindergarten programs. Transitions that are well-planned maximize the probability of a smooth and effective transition. When they are not well planned, and children and families are not prepared for the new program, transitions can be stressful and unsettling and a time of insecurity, uncertainty, and vulnerability. The responsibility for transition planning and child preparation is shared by many individuals: it involves a team approach that is dependent on communication and cooperation between teachers in the preschool and kindergarten program, administrators in each program, and the child's family. Each member of the child's transition team will have different responsibilities and will complete different tasks related to transition.

- Preparation Within the Preschool Program

Staff within the preschool program are responsible for initiating the transition process and for preparing the child and family during the child's final year in preschool. Two types of skills are important to consider when preparing a child for transition to an integrated program. These include academic/preacademic skills and survival skills. Academic skills such as printing one's own name, matching colors and numbers, identifying objects by use, and understanding basic concepts of size, shape, and category generally are taught through traditional preschool and kindergarten curricula and are identified on developmental assessments and kindergarten readiness tests.

Survival skills consist of skills and behaviors that a child will need to function well and cope with the demands

of an integrated kindergarten program. Survival skills may be divided into academic support skills, social skills, self-help skills, and conduct skills. Academic support skills often are necessary for a child to begin and complete academic tasks and include behaviors such as following group directions, completing work in a timely manner, finding materials needed for a task, and seeking assistance appropriately. Social skills, such as playing cooperatively, expressing emotion appropriately, interacting without aggression, and respecting others and their property promote positive interaction with peers and adults in a variety of academic and play situations. Self-help skills allow a child to function in the integrated classroom without extensive teacher assistance and attention. Self-help skills include taking care of belongings, toileting and dressing independently, avoiding obvious dangers, and employing problem solving strategies. Conduct skills such as working without disrupting peers, listening to warning words, and understanding their role as part of a group allow children to conform to classroom rules and routines and the behavior expectations of teachers.

Survival and academic skills influence a child's adjustment to and success in an integrated kindergarten program. Academic skills that approximate those of other children in the class allow a child with disabilities to be integrated during academic periods. This provides the child with the opportunity to participate in group activities, observe and imitate positive peer behavior, and receive assistance from peers. Survival skills influence a child's social and behavioral adjustment to the new program and how well a child functions in social and academic situations within the program. They also influence teacher perceptions of achievement and the willingness of a teacher to maintain a child with special needs in an integrated classroom. Children who exhibit poor survival skills, require inordinate amounts of teacher time, have difficulty in peer interaction, and present behavior management problems are more likely to be referred for segregated placement than children with adequate or good survival skills.

Although the importance of survival skills is recognized, they often are not part of preschool and kindergarten curricula and are not readily identified on developmental assessments and kindergarten readiness tests. Teachers in the preschool program will need to identify what survival skills are necessary for successful transition to an integrated program and teach these skills before the child enters kindergarten. One way to identify critical survival and academic skills is to identify differences between programs

Question: What are major obstacles and administrative issues that you face in implementation of integration?

The major obstacles and administrative issues that I have faced revolve around a lack of knowledge and experience on the part of those who will be implementing programs. Teachers and administrators seem to automatically assume that any child with special needs will require extensive special education services, and that only special education personnel are trained to meet the needs of these children. Personnel also perceive additional liability by having such children in their classrooms, and are genuinely concerned about legal action from parents if injury occurs or if for some reason a child's program can not be implemented as planned by the team.

Also, many parents tend to be excessively protective of their young children with disabilities, and understandably so. However, this carries over into the school environment and often hinders a child's progress toward becoming more independent.

• Question: How have solutions to these obstacles been worked out? Please give examples of solutions.

I have found that it is extremely important to gather all possible data prior to developing a program, and to be certain that those data are shared with all parties before the M-team meeting in which the program is planned. It is also important to reassure (repeatedly) non-special education teachers that they have the necessary skills and knowledge to instruct these children, with the support of special education personnel. We do our best to present special needs children

Hope, continued from page 2

was overwhelming - Elizabeth had made no significant progress during the first two years she was in a self-contained classroom. After hearing our testimony and the school system's responses, the hearing officer rendered his decision two months later in our favor and ordered the school system to place her in our school of zone and organize a planned and purposeful program of integration. Immediately following this decision, I wrote the school system a formal letter requesting a staffing. The school system refused to hold a staffing, and the following month they filed for Appeal. Before the Appeal Hearing, the school system began including two other schools in the negotiation process. After visiting both schools, I determined that neither seemed appropriate. In January of this year, the Appeal was heard in federal court. They indicated that an elementary school 25 minutes away from us was the most appropriate placement for our child. This was the first time I had ever heard of this particular school. The judge did not allow my attorney to cross examine the special education teacher from this school, or to have any

as a challenge rather than a burden, and are careful to point out the benefits to non-disabled children of having a child with a disability in their classroom.

We deal with our excessively protective parents firmly but gently and realize that a level of trust must be established, which can only be accomplished over time. We encourage parents to contact us whenever they have questions or concerns, and involve them as much as possible in the planning and implementation of their child's program. Parent involvement is extremely critical in providing services for these children.

• Question: What are future goals in your school district for integration of children with special needs?

Goals in our school system for integration of children with special needs are as follows:

- To continue emphasis on provision of services in the least restrictive environment.
- To continue efforts toward educating teachers, administrators, and other school personnel regarding the needs of young children with disabilities.
- To improve and increase parental involvement in the development and implementation of programs for their children with special needs.

To increase public awareness relative to services for children with special needs.

To utilize consultants whenever necessary to plan appropriate educational programs for these children.

of our witnesses testify, including us - the parents. He ruled that he did not feel it was "society's obligation to provide educational benefit" when that benefit was teaching my child how to go to the bathroom or how to eat on her own. The federal judge overturned the hearing officer's decision and took away an assistant that was to work with my daughter even though the assistant was not an issue in this appeal.

It has been over three months since the judge's ruling, and we cannot get him to sign an order so that we can Appeal to the Sixth Circuit Court of Appeals. Also, the school system has still not allowed us to convene a staffing. Elizabeth's IEP is over 1 1/2 years old and she has not been to school one day this school year.

I will keep on with the struggle for something that seemed so simple and obvious. But we realize that every day Elizabeth does not get an appropriate program is a day that is forever lost. The hope we felt last summer for Elizabeth still survives. I just hope our efforts will keep this hope alive for her.

Contributed by Debra Carroll, Elizabeth's mother

in terms of classroom composition, frequency and type of attention/assistance provided to children, physical arrangement of the room, daily activities and routines, skill expectations, classroom rules and behavior management techniques, teacher-child ratio, size of instructional groups, type and number of directions used, expected level of independent performance during academic and social activities, and the type of curricular materials employed. Preschool teachers may identify critical skills and program differences by observing the kindergarten program or exchanging information with the teacher. For example, they may ask kindergarten teachers to provide samples of lesson plans and classroom curricula, to identify skills that children are expected to display during the first weeks of kindergarten, and to prioritize the importance of academic and survival skills that have been identified in the early childhood special education literature or on kindergarten readiness tests.

After critical skills, similarities, and differences across programs have been identified, preschool teachers will need to (a) develop goals that will promote skills that are critical to survival in the integrated program, (b) develop methods to teach these goals, (c) provide children with experiences that are related to the experiences they will have when they enter kindergarten, (d) develop methods to minimize the differences between programs, and (e) build upon program similarities as a method to facilitate generalization across settings. For example, preschool teachers may teach children to use simple worksheets during pre academic activities, if worksheets are a common part of the kindergarten curriculum. They might teach survival skills that children will need to interact with typical children in an integrated setting, such as sharing, peer initiation, and cooperative play. Teachers can minimize the differences between programs by increasing the level of independence children are expected to exhibit, decreasing the amount of assistance provided to children, varying the type of cues and instructions, and by varying the size of instructional groups.

Preschool program staff also are responsible for helping families prepare for transition. A first step in helping families may be to provide them with clear information about when the child will graduate from preschool and enter the kindergarten program. Information concerning the transition process, decisions to be made, and individuals who will be involved in transition should be given to families. Teachers also can help families adjust to the changes imposed by transition by acknowledging that transitions can be stressful and by telling families that it is common to experience stress and anxiety. Preschool staff also can help families during the transition process by allowing parents the option to participate in transition planning and child preparation activities.

• Preparation Within the Kindergarten Program

Teachers in the kindergarten program are largely responsible for preparing the classroom setting and educa-

tional curricula to accommodate the child with special needs. In addition, they must support existing child skills and strengths, and maintain and extend the training that occurred in preschool. In order to do this, teachers will need to learn about the child's handicapping condition or disability and methods to address limitations related to the disability. They also will need to learn about the child's strengths and needs and the specific academic and survival skills the child exhibits. Kindergarten teachers may need to teach academic and survival skills. They may also need to adjust academic, behavioral, and survival skills expectations, teaching style, and curricular materials to meet the variety of needs that children may exhibit.

Kindergarten teachers may assess the differences between programs by observing the child and the preschool program before the child enters kindergarten, or by exchanging information with the preschool teacher in order to plan for a child's entry into a mainstreamed kindergarten. Teachers may then work to minimize the differences across programs, build upon similarities between programs, and teach critical academic and survival skills. Teachers can minimize the differences between programs by using some of the materials, instructional methods, and behavior management techniques that were used in a child's preschool setting. They also might vary the type and number of cues and instructions provided children and vary the level of assistance, duration of activities, and size of instructional groups. They may teach new classroom rules and routines and survival skills through daily review and practice during the first few weeks of class.

Teachers in the kindergarten program also are responsible for helping the family adjust to the integrated program. They can help families by providing information about the new classroom such as common rules and behavior management techniques, daily routines, general descriptions about the other children in the class, and general expectations for children. In addition, teachers can include parents as important team members by asking them about child strengths and needs, favorite toys and activities, preferences for the level and type of involvement in their child's educational program, and priorities for child goals. Kindergarten teachers and parents also should discuss parent/teacher communication and establish a schedule and methods for sharing information (e.g. teachers and parents will share information through a daily notebook, parents may call after school hours each Friday).

One of the important tasks kindergarten teachers have is to prepare children within the integrated program to interact during social and academic activities. Simply placing typical children and children with disabilities in the same classroom does not guarantee that they will interact. Specific programming and classroom arrangements usually are needed to promote interaction between children. There are several strategies teachers may use to promote peer

Interaction, continued on next page

interaction. Teachers might pair children with disabilities and typical children during free play activities. They may discuss friendships and specific strategies children can use to initiate interactions. Teachers may incorporate cooperative goals during play and academic periods, use peer tutoring and buddy systems, prompt and reward positive peer interactions, and provide children with information about disabilities through discussion or simulation activities.

• **Parents' Roles in Transition**

Parents are critical to the success of transition to mainstreamed kindergarten programs. They tend to be an underutilized resource in transition planning. There are several ways that they can be involved in planning and preparing their child for transition. They can:

- Provide information about child strengths and needs across a variety of situations and settings.
- Assist in making decisions about program placement and initial program goals, and about goals and activities that will help prepare the child for transition to the integrated kindergarten.
- Teach transition-related goals at home. Parents might promote independence by asking the child to put toys away and care for personal belongings, and providing the child with opportunities to make decisions about clothes, toys, snacks, etc. during the day.
- Prepare the child for transition and provide experiences that will facilitate transition. Parents might arrange for the child to visit the new program and meet the teacher before school starts. **Or they might talk with the child** about the change in programs and help the child become excited and feel confident about going to kindergarten.
- Teach transition-related skills that are not easily taught in a classroom setting. Parents might show the child the school building, teach a child how to safely walk to school, or give the child experience riding a bus. They also might provide the child with opportunities to interact with typical peers by attending neighborhood or church play groups or day care programs.
- Provide continuity between programs'. Family members may continue to work on transition-related goals if there is a break in service between preschool and kindergarten.
- Work with the child to promote maintenance of child strengths and generalization of skills across settings (e.g. home and school). Parents can talk to the child about the rules and routines used in the kindergarten program and incorporate these in home daily activities.

Participation as members of the transition team also can help parents prepare themselves for transition and reduce the stress the family may experience. Parents should be

given information about the transition process, the kindergarten teacher and program, and options for participation as decision makers concerning placement and transition goals and strategies. It is important to recognize however, that families may vary in their ability and desire to be involved in planning for transition. As a result, parent involvement in transition planning and child preparation activities should be individualized to reflect a level and type of involvement selected by the family.

• **Administrators' Roles in Transition**

Administrative support is important to the overall success of transition. Administrators from each program must support the efforts of their staff to plan for transition. Administrators from the preschool and kindergarten programs should establish interagency transition agreements that identify the responsibilities of staff in each program, the lines of communication across programs, and that provide a timeline for the initiation and completion of tasks. They also must provide staff with time and resources to plan for transition and integration. For example, administrators may pay for substitute teachers so that teachers from the preschool and kindergarten programs can visit each other's classrooms. Or administrators may arrange for yearly inservice meetings across programs so that staff can share information about their programs. They also must recognize staff efforts related to transition. Staff commitment and support for transition reflects the support provided by and commitment of administrative personnel.

• **Summary**

Preparing children for the next educational environment and success in transition from one program to another are important goals of Early Childhood Special Education. Children who experience success in transition from a specialized preschool to an integrated kindergarten are more likely to remain in the integrated classroom and to benefit from the opportunities provided by a normalized environment. The success of a child's transition is related to many factors such as the child's level of functioning in academic and survival skills areas, expectations and demands, of the integrated setting, preparation efforts within the preschool and kindergarten program, family involvement, and administrative guidance and support. The goal of smooth and successful transition can be realized if transitions are carefully planned and include participation by teachers and administrators from the preschool and kindergarten program and family members.

Contributed by Lynette K. Chandler, Assistant Professor in the Department of Special Education, Southern Illinois University, Carbondale, IL 62901.

Path, continued from page 1

While not an exhaustive list, attention to these components will assist in designing effective integrated options based on any model.

A model for integration must also be flexible. In particular, program directors and others are faced with questions like: How can models be adapted to serve different children in different types of integrated settings? What model best prepares students for successful placement in regular education kindergarten and grade school? And how can services be created or expanded in ways that meet the legal and programmatic requirements of diverse agencies? These questions present real challenges to professionals charged with program development and must be thoughtfully addressed.

While important, the development of an adaptable model is not enough. It is necessary to identify and overcome other barriers to integration, including:

- Philosophical differences among personnel and parents about the value of educational integration of children with special needs.
- Lack of support services in the mainstream to allow modification of curricula to meet individual needs.
- Lack of administrative support.
- Minimal involvement of general educators in the educational planning of intervention methods for children with special needs that are effective in larger groups.

Specific barriers to integration will vary by state, district, building, and child. For example, certification requirements in one state may not be considered a barrier in another state. Similarly, transportation may be a major obstacle for one child in a district and not a problem for other children. What is needed is a way for districts and teachers to evaluate policies, logistical arrangements, inservice training needs, or other barriers to integration, and develop appropriate approaches to respond to and alleviate these barriers. This explicit attention to program implementation is a new direction for model development activities.

Unfortunately, even with a commitment for high-quality, integrated programming for all children with disabilities, teachers, parents, administrators and others need effective strategies for producing integrated outcomes. Knowledge of effective programs is not sufficient; solid guidance is needed in the implementation of these programs. In fact, it appears that policy, not practice, may be the most significant limiting factor to increasing the variety of integrated programs for preschool children with disabilities. Individuals trying to create integrated options for preschoolers with disabilities often face questions about transportation, locations and licensure of physical plants, administrative organization of centers, staff qualifications and licensure, and assurances for program quality and due-process. It

is clear that we must begin developing, implementing, and evaluating integrated early childhood special education programs that help people decide what to do and how to do it.

Despite the development and implementation of appropriate models for integration, the question remains: Is inclusion in a program that serves typically developing children the "least restrictive environment" for all young children with disabilities? Perhaps not. Obviously, each child's individual abilities and needs must be considered. Unfortunately, for many children with disabilities participation in an integrated program is often either dismissed immediately without opportunity for the child to even participate at some level in the classroom, or is attempted without appropriate support. In essence, the child is set up to fail. Inclusion does not mean that the child is merely placed in a classroom, but means that support for the placement (i.e. special education or related services assistance) is an integral and critical part of integration.

These issues are critical and additional research is needed to address them. In short, local school districts need well thought-out, realistic and proven systems for deciding what to do in integrated classroom programs for young children with disabilities, and how to do it. And, as importantly, they need to assure that every child has an opportunity to participate at some level in programs that serve children with and without disabilities.

In a presentation for the day care providers in southwest Louisiana in 1990*, Lisbeth Vincent noted that in the 1970's we developed a tolerance for persons with disabilities. Legislation, among other things, forced us as parents and professionals to consider ways to "include" young children with disabilities in our communities and schools. In the 1980's we began to accept children with disabilities and noted the benefits of including them in our programs. For example, we noted that typically developing children had more positive attitudes about persons with disabilities and that we no longer needed to teach children about individual differences through the use of puppets or simulations. These children had opportunities to learn about accepting differences by interacting with or observing children with disabilities in their classrooms, on their playgrounds, in their grocery stores, and so on. Dr. Vincent believes that in the 1990's we will learn to cherish persons with disabilities and learn from them as they learn from us. Clearly, including all children regardless of their individual differences in programs to meet their individual and unique needs is a goal that we all must cherish.

*Vincent, L. (January, 1990). "Working with Families of Children with Special Needs". Workshop presented at the Southwest Louisiana Education and Referral Center, Inc. Day Care Provider Conference. Lafayette, Louisiana.

Contributed by Dr. Mary A. McEvoy, Assistant Professor, Carla Peterson, Doctoral Candidate, and Dr. Scott McConnell, Associate Professor, Department of Educational Psychology, University of Minnesota.

In this issue . . .

- Early Education: Which Path to Inclusion?
 - The Struggle, The Reward: Two Families' Experiences with Inclusion
 - Infants, Toddlers, and the Integrated Community
 - Early Intervention in Day Care Settings
 - Integration: A Cooperative Effort
 - Social Interaction Training for Young Children with Disabilities
 - Staff Training for Inclusion
 - An Administrator's Perspective on Inclusion
 - Transition to Integrated Kindergarten
- ... and more.

IMPACT

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