DOCUMENT RESUME

ED 249 725 EC 170 827

TITLE Preschool Special Education. Research & Resources on Special Education: Issue V.

INSTITUTION American Association of School Administrators, Arlington, Va.; Council of Chief State School Officers, Washington, D.C.; National Association of State Boards of Education, Alexandria, VA.; National Conference of State Legislatures, Washington, D.C.

SPONS AGENCY Special Education Programs (ED/OSERS), Washington, DC. Div. of Educational Services.

PUB DATE May 84

NOTE 24p.; Some tables may not reproduce well.

PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC01 Plus Postage.

DESCRIPTORS Definitions; *Disabilities; *Federal Legislation; Handicap Identification; History; *Intervention; Mainstreaming; *Preschool Education; Program Descriptions; *Program Effectiveness; Special Education; *State Legislation; Teacher Certification

ABSTRACT

This issue brief addresses policy and administrative questions in preschool special education. Background information is provided on the history of early intervention and predictions for the future are made. Research is presented on early childhood special education effectiveness (longitudinal and shorter-term studies and third-party evaluations) and cost-effectivenss. A discussion of legislation covers the history of federal initiatives as well as the status of state mandates to serve preschool handicapped children. Examples of state and national preschool special education programs are offered (Wisconsin's Portage Project, Missouri's Saturday School Program, Kentucky's Individualized Kindergarten, Project Home Base and Head Start). A final section focuses on three key questions and implications for policymakers: definitions of the population, certification of teachers of very young handicapped children, and integration of handicapped preschoolers. (CL)

RESEARCH & RESOURCES ON SPECIAL EDUCATION

ISSUE V
MAY 1984

PRESCHOOL SPECIAL EDUCATION

Once it is discovered that a child has a handicapping condition, research and common sense both dictate that the best available intervention should be applied as early as possible. For many of these children, the necessary intervention will include special education and related services designed to enhance the development of certain skills and behaviors.

Much is known about how to help very young handicapped children. Yet to deliver the services they need, public agencies must overcome obstacles such as inadequate information, commitment, financing and coordination. Despite these barriers, public officials are beginning to take steps to ensure that early intervention services are provided to the preschoolers who need them.

To help decisionmakers fill the information gap regarding preschool special education, this issue brief addresses questions like the following:

- WHY ARE SPECIAL EDUCATION PROGRAMS FOR PRESCHOOL HANDICAPPED CHILDREN A SOUND INVESTMENT?
- HOW ARE STATES CURRENTLY MEETING THE NEEDS OF HANDICAPPED INFANTS, TODDLERS AND OLDER PRESCHOOLERS?
- WHAT ARE SOME KEY ISSUES AND IMPLICATIONS FOR EDUCATION POLICYMAKERS?

A project for policymakers administered by the **National Association of State Boards of Education** *in cooperation with the Council of Chief State School Officers, National Conference of State Legislatures, and American Association of School Administrators.* **701 N. Fairfax St., Suite 340 Alexandria, VA 22314 (703)684-4000**

BACKGROUND

Child development researchers have established that human learning and development occur at their fastest rates in the years prior to any child's entrance into school. For the handicapped child, these early years are even more crucial. A child with a problem in only one developmental area may begin, as a result, to have problems in other developmental areas. Much empirical evidence indicates that early intervention can ameliorate many handicaps, and may prevent the compounding of a child's handicapping condition. The national trend toward providing education programs for young people who have traditionally been underserved has expanded in recent years to include high-risk preschool children.

There was little interest in the importance of early childhood education until the 1960s. Public awareness became heightened partly as a result of Head Start and similar preschool programs that drew attention to the needs of children who were economically disadvantaged and/or physically handicapped. In the fifties and sixties, these programs had a pragmatic base; it just seemed to "make sense" to start earlier to educate blind or deaf children. Whether a child might be able to gain intellectually or socially from the preschool curriculum was seldom considered. Programs were often designed on the assumption that they could borrow curriculum materials, methodologies, and theories of learning that were currently successful and being implemented in traditional non-handicapped preschool programs. Yet after programs were funded, it was realized that frequently there was no basic core of curricular information on which to draw. Finally, most programs lacked an evaluation component measuring whether the curriculum was meeting the needs of the students.

A new rationale for early education emerged during the late sixties and the seventies. The belief that patterns of learning and personality development are fairly well solidified by the end of a child's early years became stronger. This led to broadened support for the hypothesis that educability could be enhanced through properly planned early experiences, and that such experiences should be of particular benefit to disadvantaged and handicapped children. Demonstration preschool programs were established, grounded in the rationale that effective teaching could overcome barriers to learning that environmental factors often imposed. By the mid-seventies, this rationale was supported by strong evidence, including Head Start evaluations (Hubbell, 1983).

A recent general surge of interest in infancy and the early childhood years holds high promise for improving the lives of exceptional children. According to Bender and Bender (1979), most professionals agree that the period from birth to 36 months is especially crucial and receptive to interventions because it coincides with the rapid development of language and related cognitive abilities. The purposes generally cited for early intervention by parents and specialists with infants and toddlers are: 1) helping babies and their families to live fuller and happier lives together from the outset; 2) preventing or minimizing the development of problems that are rooted in the first three or four years of life; and 3) increasing the chances for satisfactory future schooling and wholesome life patterns.

(Continued on back cover)

American commitment to early special education is still precarious. Data submitted to Congress (Sixth Annual Report, 1984) for the school year 1981-82 indicate that the number of children ages three to five served under Public Law 94-142 totaled only 239,250. Most communities that have started preschool programs for handicapped children are continuing to provide them, yet these communities tend to be the exception rather than the rule. Still, the outlook for the future of early education is promising. Many opportunities are appearing for persons prepared as early childhood teachers or administrators. More importantly, perhaps, a substantial body of research indicates that if and when free, public education becomes available to all America's very young children, the following changes might be anticipated:

1. Many more children who need special education will be identified early.

2. Early identification will permit equally early intervention to provide the best start for each child's education and self-concept.

3. Early intervention should result in greater cost-effectiveness, because special education is applied earlier when the situation is more amenable to change. Need for later special education may be eliminated in many cases.

4. Parents will be spared the concerns that mount as they see their exceptional children grow older without adequate attention, and parental commitment to education should be increased (Reynolds & Birch, 1981).

Exactly these kinds of results are being reported in outcome studies of early education programs. Such evidence is reviewed in the "Research" section of this issue brief.

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ABOUT THE PROJECT

This material is made available through NASBE's Special Education Dissemination Project. Working in cooperation with the Council of Chief State School Officers, National Conference of State Legislatures, and American Association of School Administrators, NASBE has undertaken a variety of activities aimed at providing education policymakers with research and practice-based information on special education.

The project is funded by the Division of Educational Services, Special Education Programs, U.S. Department of Education. However, the views expressed herein do not necessarily reflect the position or policies of that Department. This material may be reproduced.

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Effectiveness

Efficacy studies of early childhood special education strongly suggest that it is both cost-effective and beneficial to handicapped children. Substantial gains have been documented across diverse handicapping conditions and all degrees (mild, moderate, severe) of impairment. Longitudinal follow-up studies have found that these gains do not disappear over time. Each of these findings will be addressed in this section, which summarizes a research review published by the Colorado Department of Education (McNulty et al, 1983).

Longitudinal Studies: Sustained Performance and Benefits

Longitudinal studies conducted since the 1930s have suggested that early intervention increases intellectual development and that the increases are lasting. McNulty (1983) reports an analysis of the findings of fourteen long-range studies of handicapped and low-income children served by a variety of infant and preschool developmental programs. Compared to children who did not have preschool, the children served by these programs:

1. consistently scored higher on achievement measures,
2. required less special education, and
3. were held back in grade less often.

In 1982, the New York State Department of Education completed a five-year study of 1,348 disadvantaged children enrolled in an experimental pre-kindergarten in the public schools. By the end of third grade, significantly fewer of the pre-kindergarten children, compared to control group children, had repeated grades or been placed in special education. The study's authors suggested that "substantial savings in the cost of special education and remediation might be realized by expanding educational opportunities for preschool children" (McNulty, 1983, 9).

Shorter-Term Empirical Studies

Short-term studies respond to a different set of important research questions, such as:

1. Is early intervention effective for all categories of handicapping conditions?

2. Does the severity of the handicap influence program effectiveness?

McNulty's review highlights research on the effectiveness of preschool programs for several handicapping conditions:

- Mental Retardation. Many researchers have demonstrated that preschool contributes to higher skill acquisition in language, academics, self-help, and motor development; a number of studies specifically support early intervention with Down's Syndrome (Kirk, 1985, 1965; Moore et al, 1981; Hanson et al, 1978; Hayden et al, 1976; Dimitriev et al, 1981).

- Sensory Impaired. The research indicates it is particularly valuable for severely hearing-impaired and congenitally blind children to enter preschool programs before the age of three (Horton, 1976; Simmons-Martin, 1981; Clark, 1981; Adelson et al, 1975).

- Emotional Disorders. One study found that early intervention with severely emotionally disturbed preschoolers produced long-term beneficial effects (Strain, 1981).

- Severely/Profoundly Handicapped. Preschool programs have helped these children in a variety of areas such as communication, social, and self-help skills (Bricker et al, 1981; Rosen-Morris et al, 1981).

- Mixed Handicaps. Successes documented for programs that serve children with different handicaps indicate the feasibility of serving a variety of handicaps in one program (Zeitlin, 1981: Bricker et al, 1981; Hayden et al, 1977).

Third-Party Evaluations

Independent evaluations of demonstration preschool programs established by the federal Handicapped Children's Early Education Program (HCEEP) have found:

1. over half (55%) of all HCEEP graduates are placed in integrated settings that are less expensive than more specialized placement alternatives (Littlejohn, 1982);

2. two-thirds (67%) of the graduates perform in the average and above-average ranges in relation to their peers, according to staff of the regular and special education programs which the graduates attend (Littlejohn, 1982);

3. significant gain in five skill areas among 160 randomly-selected children from 32 randomly-selected early childhood projects (Stock et al, 1976).

Cost-effectiveness

Early special education can result in a total cost savings of over $16,000 per handicapped student throughout the years in school, according to data compiled by Mary E. Wood (1981) from individual studies throughout the United States. Wood also found that handicapped students who attend preschool leave special education for regular education at a higher rate and a younger age than those without preschool. The costs of special education increase at each higher educational level; thus, delaying intervention results in more children requiring more special services at higher costs. Because institutionalization is the most expensive form of service, it is particularly cost-effective to provide very early intervention services for severely and profoundly handicapped children.

Based on a 15-year follow-up study of children who had attended a two-year preschool program, Schweinhart and Weikart (1981) projected the following economic benefits:

1. savings of $3,353 per child as a result of reduced need for special education services; and

2. an increase of $10,798 per-child lifetime earnings based on achievement of a higher educational level.

The researchers projected a total of 248 percent return on the cost of the original investment in the pre-school program.

In conclusion, the McNulty review states that money spent on the excess costs of early intervention might be paid back to the government through:

- reduced future needs for special education,
- higher projected earnings which result in higher income taxes,
- reductions in income maintenance payments, and
- avoidance of institutionalization.

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Review of Federal Initiatives

This section summarizes a review of the progression of federal attention to early childhood education provided by Bender and Bender (1979). During the early 1960s, the federal government began to lay the foundation for serving handicapped children in publicly-funded education programs with enactment of programs serving disadvantaged youth. While many of these programs centered on helping adolescents, the emphasis on public responsibility for the education of underserved, out-of-school youth had implications for preschoolers.

Several important social movements then created an impetus for early education programs. One was the initiation of major intervention programs for young poverty-level children, a focus of the 1965 **Elementary and Secondary Education Act**, which provided for compensatory school programs, and also encouraged program innovation. In addition to federal funding, private foundations began supporting various phases of community education, and allowed local public school districts access to their support.

Of particular importance to an increasing national commitment was the creation of Head Start, funded in 1968 from the Economic Opportunity Act's Community Action Program (CAP). Simultaneously, Congress established the 1968 **Early Childhood Assistance Act**, which emphasized the needs of handicapped preschool children.

During the 1970s, these initiatives were strengthened and refined. In particular, the 1974 **Economic Opportunity and Community Partnership Act** revitalized Head Start and stipulated that ten percent of the children enrolled must be handicapped.

This was followed by what is currently the most significant federal commitment, the 1975 **Education for All Handicapped Children Act** (Public Law 94-142). P.L. 94-142 provided the impetus for state departments of education to provide a "free appropriate public education" (FAPE) to all handicapped children, including the previously underserved preschool population. It provided formula grants to states for funding direct services to handicapped children, and included preschool incentive grants based on the number of handicapped preschool children receiving special education. The following summary of its provisions is taken from Neisworth et al (1980). All indented quotes from P.L. 94-142 are taken from the Federal Register (1977, 42(183), p. 42488).

P.L. 94-142. The Education for All Handicapped Children Act, and the regulations that describe implementation procedures, provide broad guarantees regarding the law's application to preschool children. In general,

> Each state shall ensure that free appropriate public education is available to all handicapped children aged three through eighteen within the state...

There are, however, several qualifications that must be considered. With special reference to children in the age ranges of three to five years and 18 to 21 years, the following caveat applies:

> If state law or a court order requires the state to provide education to handicapped children in any disability category in any of these age groups, the state must make a free appropriate public education available to all handicapped children of the same age who have that disability.

This provision simply says that education cannot be denied to some children and provided for others who have the same disability and are the same age. In addition, the regulations specify that:

> If a public agency provides education to nonhandicapped children in any of these age groups, it must make a free appropriate public education available to at least a proportionate number of handicapped children of the same age.

This mandates that whatever is provided for nonhandicapped children must be provided for handicapped children as well. The federal guarantees, however, also allow for deference to state laws and court orders, as noted by the following sections:

> A state is not required to make a free appropriate public education available to a handicapped child in one of these groups if:
>
> (i) State law expressly prohibits, or does not authorize, the expenditure of public funds to provide education to nonhandicapped children in that age group; or
>
> (ii) The requirement is inconsistent with a court order which governs the provisions of free public education to handicapped children in that state.

These two exceptions allow for the possibility that all handicapped preschoolers may not receive services under the law. In states in which nonhandicapped preschool children are not provided for, there is no mandate to provide for those who are handicapped.

Finally, however, the requirement to identify, locate and evaluate handicapped children (referred to as child-find) does apply from birth through age 21:

> Under the statute, the age range for the child-find requirement (0-21) is greater than the mandated age range for providing free appropriate public education (FAPE). One reason for the broader age requirement under "child-find" is to enable states to be aware of and plan for younger children who will require special education and related services... Moreover, while a state is not required to provide FAPE to handicapped children below the age ranges mandated under 121a.300, the state may, at its discretion, extend services to those children, subject to the requirements on priorities...

The final statement is important because it makes clear that states do have the discretion to extend services to preschool handicapped children. And, if they make this choice, the services must be provided in accordance with other

provisions of the law. Thus, in situations where preschool services are being provided, the provisions described earlier apply.

1983 Amendment. Prior to a recent amendment, the P.L. 94-142 preschool incentive grant program applied only to children three to five years of age. With passage of the **1983 Education of the Handicapped Act Amendments** (P.L. 98-199), Congress voted to extend the program to handicapped children under the age of three. A new section provides grants to states for planning, developing or implementing state plans for serving handicapped children from birth through five years of age.

State Legislation

Presently, about half of the states have mandated legislation for the provision of educational services to some children under five. Few states extend their service mandate to all handicapped children between the ages of birth and five years. The following chart, based on a 1981 survey to which all 50 states responded, outlines the picture of state mandates for early education for the handicapped (O'Connell, 1983).

STATE MANDATES TO SERVE PRESCHOOL HANDICAPPED CHILDREN

Mandate	Number of States	Percentage of States
1. All handicapped children from birth - to five years must receive educational services.	8	16%
2. Educational services are required only for children from birth to three years of age who are:	4	8%
a) deaf and blind (Delaware, Texas) b) 50% below normal development (Okla.) c) "in some specified categories" (Ill.)		
3. All handicapped children from three to five years of age must receive educational services.	12	24%
4. Educational services are required only for some three to five year olds:	7	14%
a) four- and five-year olds (Oklahoma and Minnesota) b) four-year old deaf children and all handicapped five-year olds (South Carolina) c) five-year olds only (four states)		
5. No mandate	24	38%

In conclusion, federal and state requirements for preschool education have grown slowly but steadily in the last twenty-five years. On the federal level, the 1975 Education for All Handicapped Children Act provided a catalyst for state and local involvement in educating very young handicapped children. Individual states are expanding their mandates in the direction of service to all handicapped preschoolers regardless of their age or handicapping condition. These trends reflect a growing commitment to providing children with the earliest possible intervention at a time when it may have the best chance of ameliorating the effects of a handicapping condition.

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EXAMPLES OF PROGRAMS SERVING PRESCHOOL HANDICAPPED CHILDREN

State Programs

Wisconsin: The Portage Project (Home-Based)

This program was originally funded in 1969 by the Education of the Handicapped Act (P.L. 91-230), Title VI, Part C, as an educational model for early childhood intervention for mentally retarded and very young rural children. The funding agency's goal was to develop, implement and demonstrate how a program of early intervention--compared to existing medical approaches--could be effective. The project is a response to needs expressed by large numbers of parents for help and support services for their children.

This home-based model provides screening, educational diagnosis, and planning to link parents with an array of services already existing in the community, yet designed to meet the individual needs of the child. Administrative responsibility rests with a regional education agency. The age range of the population served is birth to six years, and the initial program included only children who demonstrated some degree of handicap.

All instruction takes place in the child's home, taught by the parents or a parent-surrogate. The parents are provided with an individualized curriculum, and with assistance from a home teacher who visits once a week for 1-1/2 hours. To assure some success and to minimize frustration of the child and parents, only three behaviors are taught each week.

Evaluation. The educational advantages of home-based precision teaching models such as the Portage Project have been described by Tjossem (1976):

1. Learning in the natural environment, rather than a classroom setting, alleviates many problems with replication of behaviors learned in school.

2. Direct and continuous access to behavior as it naturally occurs is afforded. Because the parents are largely determining what is to be taught, curriculum planning incorporates the culture and values specific to the family.

3. Generalization and retention of learned behaviors are promoted.

4. Full family participation in the child's education is promoted.

5. A full range of behavior that does not usually occur in a classroom can be affected.

6. Generalization of parent training to new situations is also facilitated.

7. Individualization of instructional goals is increased.

Missouri: The Saturday School Program (In-school Intervention)

This is an early childhood education program integrating handicapped children with their non-handicapped peers. Conducted by one Missouri school district, the program is a home-school arrangement that couples high effectiveness with low cost; the yearly per-pupil expense is $230 (Reynolds and Birch, 1981). The Saturday School's youngest students are four-year olds, and the program serves 700 pupils annually, or 75 percent of the target population.

Both handicapped and non-handicapped children attend school three hours on either Saturday morning or afternoon. Parents have scheduled involvement as parent-teachers, planners and aides, all under professional guidance. On weekdays, preschool teachers meet with three or four children in the home of one; parents and siblings are encouraged to attend these sessions. Fifteen percent of the students receive special education and related services; this includes additional home visits by teachers who show parents how to apply activities specifically designed to match the child's needs.

Evaluation. The original participants in the Saturday School program were evaluated when they reached the fourth grade. At each elementary grade level, these children scored higher on standardized achievement tests than students with other preschool experience, and significantly higher than those with no preschool. The progress of the Saturday School handicapped children was evaluated as follows:

1. The majority were functioning well by the end of the first Saturday School year.

2. Of those with learning problems, 85 percent retested at age level by the end of the first year.

3. Children with emotional problems evidenced marked improvement in behavior and adjustment.

4. Seven out of eight whose test scores were initially in the retarded range moved out of that range.

5. Former Saturday School students with diagnosed learning disabilities improved more each year than did classmates without preschool training.

Kentucky: Project KIK (Model Mainstreaming)

The Kentucky Department of Education provides "model mainstreaming" services to preschool handicapped five-year olds enrolled in public school kindergartens. Between 1978 and 1982, 24 sites were established throughout the state. Project KIK (Kentucky's Individualized Kindergartens) is funded through P.L. 94-142 preschool incentive grant funds, and is planned and coordinated with other public and private agencies in the state. The program's varied goals include:

1. implementing a statewide procedure for early identification, including training teachers in its use;

2. generating innovative practices using individualized curricula and parent involvement;

3. training (local, regional and statewide), consultation and technical assistance to local school districts.

Evaluation. Effectiveness data are not available, but among other results, the project reports that approximately 35,000 children have been assessed to date (Bright, 1982), over 2,000 professionals have been trained in the KIK model, and over 600 agencies throughout the state have participated in KIK training. In 1982, direct services were provided to 360 handicapped children. The project emphasizes that in Kentucky, regular educators and special educators are working side-by-side for a common goal, and that teachers who were once experiencing frustration have been provided materials, methods and training.

National Programs

Project Home Base

A demonstration project of the U.S. Department of Education, originally conducted under Title III of the ESEA, this program was founded on the belief that parents are a child's first and best continuous teachers. It strives to support and enhance their teaching and parenting abilities and thereby to influence development of the very young child's learning potential. The central feature of the program is a weekly home visit by a paraprofessional parent educator. The parents are given a weekly task selected to meet the child's developmental needs, and provided with information about child development and health care.

Evaluation. Home Base children entering Head Start performed better on a preschool inventory than non-Home Base children. Project participants completed 92.5 percent of the tasks taught to them by parents. Home Base parents increased their use of "desirable teaching behaviors," described by the project as follows:

1. Explain what is going to happen before you start.
2. Give time to look at the materials before starting work.
3. Ask questions that require more than one right answer.
4. Ask questions that require more than one or two words to answer.
5. Get children to talk about their answers.
6. Get children to ask questions.
7. Give time to think about a problem.
8. Get children to back up answers with facts and evidence.
9. Praise children when they do well.
10. Let children know when their answers are wrong.

Project Head Start (In-school Intervention)

This federal preschool program for disadvantaged children was designed in the mid-sixties with five major components: 1) health, including a complete medical examination; 2) nutrition, including one hot meal per day; 3) education; 4) parent involvement; and 5) social/psychological information and referral. By law, at least ten percent of the overall Head Start enrollment must be handicapped children, and these children must be mainstreamed into regular activities.

Evaluation. A comprehensive review of Head Start research prepared for the federal government includes findings specific to handicapped children (CSR, 1983). According to this review, eleven percent of the children in Head Start are handicapped; the majority of these are mildly or moderately handicapped. One study reviewed found 90 percent of the Head Start Centers to be well equipped for special needs children. However, 40 percent of the children did not have individualized education programs (IEP), and only 20 percent of the teachers had early childhood or special education training.

Generally, Head Start appears to enhance the cognitive abilities of children with some types of handicapping conditions, notably those with speech, learning, and emotional problems. Experimental tutoring within Head Start has produced significant positive effects on the cognitive development of children with low achievement levels. The research review concludes that Head Start is fairly successful in socially integrating handicapped children into their programs; physically handicapped children show more gains in social development and self-help skills than do children with mental or emotional disabilities. Finally, most research indicates that Head Start children require fewer special education placements in elementary school than non-Head Start children.

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ISSUES AND IMPLICATIONS

This section focuses on three key questions regarding preschool special education that are of particular concern to policy makers. These somewhat thorny issues are: 1) defining who is to be served by public preschool special education, 2) certifying teachers of very young handicapped children, and 3) integrating handicapped preschoolers with their non-handicapped peers. Generalizations are difficult, because few data are available across states, and because each of these issues must be considered on a state-by-state basis. The following discussion frames the issues and draws some implications for the decision-making process.

Defining the Population

Lessen and Rose (1980) conducted a survey of state consultants responsible for preschool handicapped education, to determine the degree of accord that exists with respect to defining the population. Forty-four (88 percent) of the states responded; the results are presented in the chart on the next page. Seven of the responding states have a specific definition for preschool handicapped. Of these, Alabama and Kansas offer a definition that includes age, the use of categorical and ancillary special education services, as well as objectives for preschool handicapped education. New Jersey relies on a deviation from the child's chronological age group, while Michigan uses both the deviation and the categorical criteria. Connecticut, Iowa and Vermont specify preschool special education for those children requiring preventive services in order to preclude possible problems that may occur during the child's school years.

The remaining respondents had adopted no specific definition. Nineteen of these either offer no current guidelines, or they simply state their intention to comply with the requirements of Public Law 94-142. Fourteen states responded that they use existing categorical definitions. Two states, Wisconsin and Pennsylvania, use a demonstrated need for special education as their criterion. Massachusetts' criterion is that the child is perceived as being in need of special education upon entering kindergarten. Virginia describes a preschool handicapped child as "one who deviates significantly from established milestones or norms...."

The next chart in this section, Table 3C2 (Sixth Annual Report to Congress, 1984), documents how different states serve handicapped three- to five-year-olds in different educational environments. As can be noted on this chart, the integration of handicapped children varies dramatically from 1.93 percent served in regular classes in Iowa, to a high of 98.86 percent served in regular classes in Rhode Island.

Implications. The fact that only five of all responding states (CT, IA, MI, NJ, and VT) have adopted definitions that do not rely on traditional categories and are unique for this population points to the apparent difficulties in identifying the preschool handicapped population. These difficulties include variability in normal development and environmental experiences, and questionable identification and diagnostic instruments. To reduce the probability of misdiagnosis, especially of leaving out children who are in need, the requirements for a preschool handicapped population definition must be rigorous. Policymakers should work together with parents, professionals and government representatives to develop specific guidelines for early identification, and recommendations for an agreed-upon definition of the preschool handicapped population.

STATE DEFINITIONS OF PRESCHOOL HANDICAPPED POPULATIONS

	Specific Definition	P.L. 94-142	Category Definitions	Demonstrated Need	Deviation from Peers
Alabama	•		•		
Alaska			•		
Arkansas		•			
California		•			
Colorado			•		
Connecticut	•			•	
Delaware			•		
Florida		•			
Georgia		•			
Hawaii			•		
Idaho		•			
Illinois			•		
Indiana		•			
Iowa	•			•	
Kansas	•		•		
Kentucky		•			
Louisiana		•			
Maine			•		
Maryland			•		
Massachusetts				•	
Michigan	•		•		•
Minnesota			•		
Mississippi		•			
Missouri			•		
Nebraska		•			
Nevada		•			
New Jersey	•				•
New York		•			
North Dakota			•		
Ohio		•			
Oklahoma		•			
Oregon		•			
Pennsylvania		•		•	
South Carolina			•		
South Dakota		•			
Tennessee			•		
Texas			•		
Utah		•			
Vermont	•			•	
Virginia					•
Washington			•		
West Virginia		•			
Wisconsin				•	
Wyoming		•			

Source: Lessen, E.I. and T.L. Rose. State Definitions of Preschool Handicapped Populations. Exceptional Children, 48, 5, March 1982, 467-469.

Table 3C2

NUMBER AND PERCENT OF CHILDREN 3 - 5 YEARS OLD SERVED IN DIFFERENT EDUCATIONAL ENVIRONMENTS DURING SCHOOL YEAR 1981-1982

STATE	ALL CONDITIONS NUMBER REGULAR CLASSES	SEPARATE CLASSES	SEPARATE SCHOOL	OTHER ENVIRONMENTS	ALL CONDITIONS PERCENT REGULAR CLASSES	SEPARATE CLASSES	SEPARATE SCHOOL	OTHER ENVIRONMENTS
ALABAMA	1,139	250	22	21	78.99	17.34	1.53	1.15
ALASKA	441	251	113	0	56.78	31.18	14.04	0.00
ARIZONA	2,808	235	102	32	89.69	10.23	3.11	0.98
ARKANSAS	1,714	139	720	0	68.81	5.40	27.98	0.00
CALIFORNIA	10,838	8,359	134	0	62.93	38.70	0.77	0.00
COLORADO	488	549	707	6	37.80	31.41	40.48	0.34
CONNECTICUT	2,433	1,104	151	107	64.11	29.09	3.98	2.82
DELAWARE	241	421	146	0	29.83	52.10	18.07	0.00
DISTRICT OF COLUMBIA	154	19	67	18	61.65	7.14	25.19	6.02
FLORIDA	5,396	1,188	1,785	100	63.72	14.01	21.09	1.18
GEORGIA	8,319	1,133	331	300	79.16	14.19	4.15	2.51
HAWAII	65	323	14	0	16.17	80.39	3.48	0.00
IDAHO	338	151	129	2	54.29	24.47	20.91	0.32
ILLINOIS	2,443	4,097	1,587	68	29.89	50.13	19.42	0.58
INDIANA	4,131	390	1,121	44	72.95	6.86	19.72	0.77
IOWA	98	1,588	0	3,154	1.93	33.93	0.00	64.14
KANSAS	2,160	540	8	21	79.19	19.79	0.29	0.77
KENTUCKY	2,299	494	703	8	66.61	14.10	20.06	0.23
LOUISIANA	3,882	1,830	887	143	51.09	25.76	10.87	2.26
MAINE	1,307	948	103	115	51.24	37.70	9.23	5.83
MARYLAND	3,588	363	1,307	37	68.01	6.90	24.79	0.70
MASSACHUSETTS	2,309	3,478	221	19	38.27	57.79	3.87	0.32
MICHIGAN	8,384	4,909	285	458	53.57	41.20	2.39	3.84
MINNESOTA	3,857	3,238	122	19	53.32	44.73	1.69	0.26
MISSISSIPPI	632	301	243	12	52.80	25.15	20.63	1.02
MISSOURI	5,430	718	118	188	84.23	11.14	1.75	2.89
MONTANA	1,227	139	0	0	90.09	9.91	0.00	0.00
NEBRASKA	1,481	1,228	0	0	54.73	45.27	0.00	0.00
NEVADA	298	80	103	5	60.52	14.18	24.11	1.18
NEW HAMPSHIRE	974	154	49	3	73.89	19.74	6.28	0.38
NEW JERSEY	3,961	1,748	449	107	60.72	29.80	7.68	1.82
NEW MEXICO	-	-	-	-	-	-	-	-
NEW YORK	3,900	1,208	5,608	44	38.45	11.23	52.12	0.41
NORTH CAROLINA	2,708	312	478	94	75.43	8.69	13.28	2.62
NORTH DAKOTA	281	265	35	0	41.28	53.90	5.14	0.00
OHIO	8,958	981	1,288	13	72.31	11.91	15.63	0.16
OKLAHOMA	4,050	644	103	456	78.98	12.24	1.98	8.85
OREGON	1,496	498	82	14	71.58	23.83	3.92	0.67
PENNSYLVANIA	5,713	998	4,343	433	49.73	8.69	37.81	3.77
PUERTO RICO	0	412	420	0	0.00	49.52	50.48	0.00
RHODE ISLAND	593	1	8	1	98.86	0.14	0.86	0.14
SOUTH CAROLINA	2,998	341	417	39	78.77	9.08	11.11	1.04
SOUTH DAKOTA	819	889	27	1	40.14	58.43	1.78	0.07
TENNESSEE	7,087	785	3	90	88.95	9.88	0.04	1.13
TEXAS	14,991	7,780	1,595	310	60.78	31.53	6.46	1.26
UTAH	1,037	142	258	0	72.28	9.90	17.84	0.00
VERMONT	489	261	82	388	40.09	22.31	7.01	30.80
VIRGINIA	8,300	1,529	26	904	71.94	17.48	0.27	10.32
WASHINGTON	1,899	1,830	370	46	43.19	42.62	13.24	1.05
WEST VIRGINIA	1,743	93	118	262	79.41	4.19	5.38	11.03
WISCONSIN	2,819	4,273	243	4	38.70	59.88	3.39	0.06
WYOMING	329	34	10	0	88.20	9.13	2.68	0.00
AMERICAN SAMOA	0	0	12	1	0.00	0.00	92.31	7.69
GUAM	-	-	-	-	-	-	-	-
NORTHERN MARIANAS	-	-	-	-	-	-	-	-
TRUST TERRITORIES	-	-	-	-	-	-	-	-
VIRGIN ISLANDS	-	-	-	-	-	-	-	-
BUR. OF INDIAN AFFAIRS	281	19	0	0	94.93	5.07	0.00	0.00
U.S. AND TERRITORIES	142,801	81,281	37,238	7,930	59.89	25.81	11.28	3.31

Source: Division of Educational Services, Special Education Programs. Sixth annual report to Congress on the implementation of Public Law 94-142: The Education for All Handicapped Children Act. Washington, D.C.: U.S. Department of Education, 1984.

Personnel Preparation

A number of states are moving toward the establishment of standards and regulations for certifying teachers of preschool handicapped children, as evidenced by the following data (O'Connell, 1983):

	Number of States	Percentage of States
"Preschool handicapped" is a separate and recognized category of its own within the overall state certification guidelines.	18	35%
Currently in the process of developing certification standards.	12	24%
No specific standards governing teachers of young handicapped children.	21	41%

Implications. Like the data on defining the population, these data imply difficulties in standardizing the preparation for teaching preschool handicapped children. Early childhood programs are extremely diverse in terms of services and curricula offered, number of staff members and their training backgrounds, the administrative systems or agencies under which programs operate, and the resources available. Teacher training needs, therefore, differ from program to program. Unlike elementary school teachers, preschool teachers have not all passed through a common university-level pre-service training program; not all are certified or even college educated. There is no single agency responsible for providing inservice education; each agency arranges its own training for its own staff. Training must be planned for three distinct target groups: regular preschool teachers, special education teachers, and special services personnel such as therapists.

Peterson (1983) calls prepared personnel "the bottom line for success" in the early education of handicapped children. Important issues for decisionmakers to consider include the following:

1. Given limitations on time and the amount of training that can be provided, upon what training goals should priority be placed?

2. What specific competencies and information should staff members acquire, and when (preservice vs. inservice)?

3. Who should assume responsibility for organizing and delivering training ... for determining needs ... for defining content?

4. How can training be delivered most efficiently to such a varied clientele at preservice and inservice levels?

Mainstreaming

Goals. The objectives of preschool mainstreaming are identified by Turnbull (1982) as the following:

1. an increased opportunity for handicapped children to learn social and developmental--particularly language--skills, through modeling and imitation;

2. enhancement of the social status of handicapped children;

3. an opportunity for non-handicapped children to develop sensitivity toward handicapping conditions;

4. preparation of handicapped children for mainstreaming at the elementary and secondary level.

All but the last objective could be read as similar to goals for mainstreaming at the elementary/secondary level, yet early intervention is regarded as giving children a "head start" in meeting the other objectives. Further, preschool mainstreaming is generally considered separately because of the differences in curricular goals and developmental processes.

Implementation. Research is mixed regarding the success of mainstreamed programs in fulfilling these goals. It has been demonstrated, however, that the objectives are not achieved simply through integrated placement alone (Bender, 1979). Where success is reported, a most critical factor seems to be the existence of direct interventions designed specifically to produce one or more desired effects (Guralnick, 1983). Turnbull (September 1982) emphasizes that successful integration in any one setting--home, school, or community--is enhanced by success in other settings. She also concludes that success is enhanced by individualization: curriculum, teaching strategies and social opportunities must all be tailored to individual needs.

Implications. As long as there remains a lack of public preschool programs, opportunities for mainstreaming will be limited. Education agencies must form new relationships and modes of collaboration, such as:

1. contracting with agencies or organizations (Head Start, day care centers) that can accommodate handicapped children;

2. developing preschool programs for limited populations of non-handicapped children in order to provide an environment for the handicapped children who need to be served;

3. entering into jointly funded and controlled preschool programs which meet both private preschool obligations and public school special education requirements and objectives;

4. enlisting community and parent support and establishing volunteer efforts to create integrated preschool experiences.

In addition to these concerns, other policy questions should be considered when preschool special education services are initiated or expanded. One is the need to delineate the scope of services, i.e., whether to simply extend a current school-age mandate downward or to tailor new services to the needs of very young children and their families. Other important issues include delineation of the service provider, and determination of the extent to which local services will be mandatory or voluntary. For more information about these and other policy implications, Smith's Policy Considerations Related to Early Childhood Special Education is a helpful resource.

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