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ABSTRACT

This manual is a guide to recommended practices and procedures for meeting the special educational needs of young children with disabilities, especially those ages 3 through 5 in Illinois. Chapter 1 provides a brief history of national and Illinois state mandates in early childhood special education, notes the critical role of the family, and points out the importance of flexibility and teamwork. The second chapter looks at program development and offers guidelines for selecting objectives, effective management, formative evaluation, student evaluation, and program evaluation. The next chapter follows one hypothetical child from identification through interdisciplinary evaluation, referral, the case study process, decision making, development of an individualized educational program, periodic re-evaluation, and transition into a primary school program. Chapter 4 describes actual educational practices as they are carried out in the early childhood classroom. Principles such as the importance of play, curriculum outcomes, family involvement, teamwork, a loving climate, and student diversity are explained. The final chapter briefly addresses personnel training and professional standards. An appendix briefly describes major judicial rulings and state and federal laws. (Contains 42 references.) (DB)

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Early Childhood Education for Children with Disabilities

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State Superintendent of Education

Special Children, Special Care
Early Childhood Education for Children with Disabilities

For word

Paper wind socks hang from the ceiling. Oversized ladybugs decorate the windows. One area of the room has a shelf full of toys and a play kitchen. On another wall is a bulletin board with a weather chart, a days of the week calendar, a large caterpillar whose arms hold the names of children who are the week's "helping hands," and several pictures—a birthday party, a field trip to the post office, and the "teddy bear parade."

On the floor beneath the bulletin board lies a large, bright, colorful rug. It is a comfy, cheery, welcoming spot for any child, and a group of youngsters gather in a semicircle around their teacher, whom we'll call Ms. Cramer. There are Alexis and Angela, Kevin and Jonathan and Mike, Chaundra and Jennifer. They are a collection of typical four- and five-year-olds dressed in Chicago Bulls T-shirts and Little Mermaid socks. Some sit quietly; others fidget. Some are giggly; others are all business.

But these are also very special four- and five-years-olds. A couple of them walk with difficulty, one with the aid of a walker; another cannot walk at all but must be wheeled in a stroller or carried by the teacher's aide. Others have trouble talking; one has to be coaxed to say the word "shirt." Each of them, to one degree or another, struggles with what are ordinary tasks for other kids: stacking blocks, cutting with scissors, naming the day of the week.

These are special children in a special class in a special school—an early childhood special education class for children with disabilities. Two of these children have cerebral palsy, one has spina bifida, another has characteristics of autism, one has significant behavior problems, one has a cognitive disability, and several have a combination of speech and language difficulties. "We have a whole variety in every class, mixed together," says Ms. Cramer. They are special children who need special care.

Special Children, Special Care is a how-to manual of sorts, a guide to recommended practices and procedures for educating those thousands of youngsters--children like Kevin and Chaundra, Mike and Jennifer--who bring a variety of special needs, challenges, and opportunities all mixed together to classrooms serving children with disabilities throughout Illinois. This manual, sponsored by the Illinois State Board of Education, is designed to guide teachers, principals, other professionals, and especially parents to the methods and measures that help meet the diverse and special needs of children with disabilities.

This book, an updated and revised edition of *Early Childhood Education for the Handicapped: Recommended Procedures and Practices Manual* first published by the Illinois State Board of Education in 1979, is aimed at programs for children ages three through five years although the information here will prove useful to all programs for youngsters with disabilities from birth to eight years old.

This manual was developed under a grant from the Illinois State Board of Education to the South Metropolitan Association. It is the product of many expert individuals gathering information from current research literature and their own experiences to recommend best practices in the State of Illinois. Among those who contributed to this project were university faculty in special education and early childhood schooling, a Head Start representative, a bilingual education expert, a staff development trainer, an early childhood teacher, two professionals who work with children birth through two years old, early childhood education supervisors, administrators, a parent, a psychologist, and a public health nurse.

From their diverse backgrounds and knowledge came a common goal: to show how to provide the special care needed for special children.

Joseph A. Spagnolo
State Superintendent of Education

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Chapter 1
The Foundation

A Child's Springtime

Early childhood is like the springtime in the life of a plant. It is a crucial and fragile time. With the proper mixture of sunshine, rain, nutrients, and nurturing, the plant blossoms, flourishes, and grows hearty. But too much rain or too little, too many nutrients or too few, a late frost or early heat wave can doom the plant, stunting its growth, or worse.

So, too, with children. The springtime of childhood, about that span from a child's birth until the eighth birthday, is a time of rapid and important change in a youngster's social, emotional, intellectual, communicative, and physical growth. And the development of each is connected to the rest—physical growth influences intellectual growth which affects emotional development which relates to social development, and round and round. Because the changes of early childhood are so many, happen so quickly, and relate so inevitably one to another, this is a time with significant potential for both positive and negative influences on a child's growth. What a child learns in the first eight years of life is critical to later development and serves as the foundation for all later accomplishments. It is a time that requires special care for all children and especially so for youngsters with special needs.

Who are these children and what are their needs?

They are Kevin, who has cerebral palsy. Kevin arrives at school each day in a wheelchair, but is becoming so mobile with a walker that he virtually races through the hallways at school. Even so, when it is Kevin's turn to help dress the doll in clothing suitable for a warm spring morning, Ms. Cramer must reach over to help him walk the few steps to where she sits.

They are Jennifer, labeled TMH, or "trainable mentally handicapped," in the parlance of the federal law. Jennifer temporarily balks at naming the garment she wants to place on the doll, but finally under Ms. Cramer's gentle cajoling says, "Shirt," and adds her contribution to the doll's apparel.

"Thank you for the good talking," says Ms. Cramer.

They are children who have any of a variety of—or a combination of—mental, physical, or emotional disabilities that impede normal development. There are twelve disability categories that make preschool children eligible for special education services:

- mental retardation,
- physically impaired,
- specific learning disabilities,
- visually impaired,
- hearing impaired,
- deaf,
- deaf-blind,
- speech and language impaired,
- behavior/emotional disordered,
- other health impaired,
- autism, and
- traumatic brain injury.

Any particular diagnosis can range from mild to moderate to severe/profound. Still, no two children are alike. Even youngsters with identical diagnoses and similar levels of severity may need vastly different programs and services to meet their needs.

The Law Steps In

Yet, it was not all that long ago that the needs of children with disabilities were virtually ignored by public schools. Before 1968 very few public schools in the United States offered programs serving young children with disabilities. The majority of services that did exist related to a particular disability and were generally supported by private initiatives responding to the concerns of citizens, parents, and advocacy groups. However, during the last twenty-five years, the federal court system, the United States

Congress, and state legislatures have established and defined the rights of all children in need of special services to an appropriate and equal education.

The cornerstone in the foundation of education for children with disabilities was laid in 1954 by the United States Supreme Court. Though the court's landmark ruling in *Brown* v. *Board of Education* outlawed discrimination in schooling based on race, the decision also has served as a fundamental milestone in guaranteeing the rights of people with disabilities to an equal education. Other important judicial rulings followed; courts ordered that tests used to place children in special education classes be free of ethnic or cultural bias, gave parents the right to participate in decisions affecting their children's education, and obliged public schools to provide appropriate education for all children, no matter how severe a child's disabilities nor how costly to serve them. [See Appendix B]

Following the lead of the judiciary, legislators in state capitals and in Washington enacted laws that translated the rights guaranteed to children with disabilities into measures ensuring they would receive a proper education, equal to that available to other children.

Illinois has been a leader in adopting legislation which has resulted in progressive approaches to educating young children with disabilities. In 1943, for example, Illinois law permitted enrollment of children with "physical handicaps" in school at three years of age. The law defined handicapping conditions as visual, orthopedic, and health disabilities. In 1956, the law was amended from "permitting" enrollment to "requiring" enrollment.

The principle that preschool was a vital educational experience for youngsters in poverty was established in the federal Economic Opportunities Act of 1964, which created Head Start programs based on the belief that early stimulation for children would prevent or ameliorate mental retardation. A decade later, Head Start programs were required to include ten percent of children with disabilities.

In 1968, Congress took up the issue head on and enacted the first federal law specifically aimed at the education of children with disabilities. The Handicapped Children's Early Education Act established model programs to test effective procedures for working with young children with disabilities and their families. These demonstration projects, in turn, influenced the content of the landmark Education for All Handicapped Children Act, passed in 1975, which defined the rights and obligations for schooling children with disabilities. Commonly known as Public Law 94-142, this law required that states ensure a free, appropriate public education for all children with disabilities. Public Law 94-142 mandates procedural safeguards in the areas of assessment of disabilities, individualized education plans, parental involvement, due process rights for parents to challenge decisions affecting their child's education, and schooling for youngsters with disabilities in the least restrictive environment, that is, the most normal classroom setting possible.

Meanwhile, advances continued in Illinois. Amendments to state law resulted, by 1974, in the availability of services to all children with disabilities from age three to twenty-one. In 1972, the state superintendent elected to use discretionary federal funds to develop regional programs for children with disabilities under age three. And as part of its implementation of Public Law 94-142, Illinois made services permissive to children from birth to age three.

In 1986, Congress acted to strengthen the provisions of Public Law 94-142. The new law mandated services for eligible preschoolers, broadened the definition of eligibility, expanded the services available to children and their families, provided means for the successful transition of children from one program to another, and set up collaboration between agencies and disciplines that offer services to youngsters with disabilities. [See Appendix B for a complete listing of laws related to education of children with disabilities.]

Parent and Child

The law, of course, can only do so much. It can protect and enforce rights and create and finance programs. But those rights will prove empty; those programs will be useless unless certain principles guide the schooling of children with special needs.

Foremost of those principles is that each program, every service, and all individuals dedicated to the schooling of youngsters with disabilities must be motivated by the conviction that at the center of all that they do is a special child and a unique family.

The young child cannot be separated from the family, either psychologically or physically. This fact has inescapable implications for the way that services are organized and provided. Early intervention services must support and respond to the abilities and environments of both young children and their families. They should encourage and help achieve successful relationships among children, family members, and others. Families are key and must have the opportunity to take an active role in planning programs, carrying them out, and judging their effectiveness. Planning for individual services must be guided by informed parental decision making; family preference; and family strengths, concerns, and priorities. Each youngster needs an individual plan tailored specifically to the child and family and their unique combination of capabilities, resources, desires, priorities, beliefs, and cultural and linguistic environment.

Second, a successful early childhood program will set goals to help children grow in ways that will help them accommodate their disability. Ms. Cramer, for example, works with Jonathon to help him get along better with his classmates. When Chaundra, during outdoor play time, wants a shovel to play in the sand by the swing set, Ms. Cramer asks Jonathon if he will get one from the classroom. Jonathon fetches the shovel and proudly hands it to Chaundra. "Thank you, Jonathon," says Ms. Cramer, "for being such a good helper."

All children, of course, like to be helpers and all in their own ways need to be helped, including those with special needs. Early intervention programs should strive to help youngsters gain greater independence; learn to function in different environments; build social competence; mature in cognitive, motor, language, play, and self-care skills; and acquire the ability to transfer those skills from one situation to another.

And they need faith in themselves. Ms. Cramer looks over at Angela showing Mike how to tie his shoe. "C'mon, Mike," Angela encourages, "you can do it." And when he does he looks at Ms. Cramer, grins, and gives her a thumbs-up.

"We try to build self-esteem and success in school," says Ms. Cramer.

Building a Person

Other building blocks are important to a child's development. Indeed, each day in the life of a child is like a new brick in building a person, so, too, are the different phases in the educational life of children with disabilities. Services and programs for infants and toddlers must build a sturdy foundation for classes designed for three-to-five-year-olds. Those classes, in turn, must provide a smooth transition into kindergarten and primary classroom programs.

There are two keys to cultivate success at each level of learning and to foster the move from one to the next. The first is flexibility, which implies that services should be available and accessible for youngsters within and between different agencies and programs. This means that there will be an array of options in the way services are delivered and where, in how often services are provided and for how long, and in the menu of related services that are available. Moreover, a plan for smooth transitions between placements should be built into a program, providing a continuum of care that transcends individual services and age periods. Programs for children with disabilities should operate in the least restrictive environment; that is,

children should be served, to the extent possible, in the same setting as if they were not disabled.

Second, teamwork is critically important. Collaboration among professionals and families is essential for accomplishing the goals of early intervention. A successful early intervention program integrates the skills and knowledge from a variety of professional disciplines and service agencies. Children with disabilities and their families have multiple needs that require the resources of social, health, medical, and developmental/educational agencies and experts and a team approach for meeting individual goals, objectives, and activities.

Ms. Cramer knows the value of teamwork. Alexis is a very bright girl with a severe hearing loss. Her sign language vocabulary and skill have been progressing nicely at school, and her parents expressed the desire to learn sign language both to help her at home and to foster communication in the family. With the help of a social worker, Alexis' parents and brother were able to take sign language classes and now carry on conversations with Alexis.

Alexis looks up, smiles, and signs: "I tell my brother all about school. And he listens."

Chapter 2
The Blueprint

The Fundamentals

Constructing a program for children with disabilities is rather like erecting a building—a large, elaborate, complex building. To build such a building, or craft such a program, you must design thoughtfully and plan carefully.

Ask first, why you wish to build. What is this edifice supposed to do? What needs will it answer? What purpose will it serve? What beliefs, values, philosophy will be reflected in its architecture and its use? Why do you wish to build?

When you know why, then ask what. What will the building look like? Who will use it and how will it be useful to them? What goals will fulfill the purpose of this building? What objectives will achieve the goals? Who will set the goals and plan the objectives? What will this building be?

When you know what, next ask how. Who will construct it and how long will it take? What are the best ways—the newest, most advanced, innovative ways to build the building? How should this building be built?

When you know how, ask where. Is your building convenient? More importantly, does its location help fulfill the goals you wish to achieve?

And when the building is built, ask whether it has accomplished your purpose. Ask, does this building work?

To build a building, to construct a program to meet the special needs of special children, you must have a blueprint. You must identify the philosophy that guides your program; establish and develop the policies that will bring that philosophy to life; set goals and objectives to carry out those policies; and prepare a plan to create, implement, and evaluate whether the program is working.

Who would help you plan your building? Architects, of course, and engineers, a contractor certainly, and probably someone schooled in building codes and regulations. You would need experts. How about the people who will use the building? Shouldn't they have some say, too? You need the experts--psychologists, pathologists, therapists--to plan a successful program of early intervention for children with disabilities. But the blueprint must begin with the use--teachers, and above all, families whose children are the consumers of it.

Getting Started

Now, where do they begin? With a mission and a vision: a philosophy that asks what needs to be achieved and why. The answers to those questions become statements of policies: what is to be accomplished. The policies produce goals and objectives: how the policies will be implemented and when and by whom.

After goals and objectives have been determined, a management plan—the blueprint, if you will—can then be developed to establish guidelines to implement a program. The management plan identifies what is to be accomplished, designates who is to do it, sets a schedule to get it done, describes how it will be achieved, and defines how it will be evaluated. All planning activities and policy statements should reflect best practices, applicable regulations, local needs, and the characteristics of the geographic region and the population served. The program plans and policies should be written and available for consumers and people in the community to review.

Here are some guidelines for creating an effective management plan:

- Get everybody with a stake in the program—parents, staff members, agency representatives, and individuals from the community—together to develop standards and practices of the program.

- Make sure these standards, goals, and objectives reflect the philosophy you all agree should undergird the program.

- Build variety and flexibility into options for delivering services, the resources, and the facilities that are to be marshaled on behalf of youngsters with special needs.

- Ensure that assessment of the needs of children with disabilities and the instruction provided to them are developmentally appropriate and reflect cultural and linguistic diversity.

- Match the role of staff members to the concerns of the children and family and make certain that relationship emphasizes the family's strengths and capabilities.

- Devise personnel standards and staff development plans that support selected approaches to supplying services.

- Encourage and maximize family participation.

- Design evaluation strategies to ensure that different parts of the program are consistent with one another: compare the components of the program with the philosophy, recommended practices, research, family and community needs, and state and federal rules and regulations and assess the efficiency and effectiveness of each element of the program.

Is It Working?

When you build a building, you are more or less stuck with the result. Mistakes can be costly to correct. But, thankfully, designing a program to serve children with disabilities provides opportunities for second and third chances, as many chances as you need to get it right for a particular child and family. Chances are, you will need to make changes.

So, preparing an effective evaluation plan is a crucial part of planning the program. Because evaluation informs decisions about improving the program and making it accountable, include evaluation in your management plan.

Because the services needed to help young children with disabilities and their families are diverse, a variety of methods are needed to evaluate them. These may include systematic observations, focused interviews, questionnaires, surveys, checklists, rating scales, standardized tests, anecdotal records, portfolios, video/audio recordings, logs, formal and informal conferences, case study reviews, or records of program activities. Student records must always be accurately maintained. Analysis of demographic information should be part of evaluation plans.

Programs should be judged both internally and externally. Internal program evaluation is conducted by people who are involved on an ongoing basis with the program, such as staff and parents. Persons not associated with the program participate in the external evaluation providing an objective view of the program's strengths and weaknesses. It is recommended that external evaluations be conducted every three to five years.

There are a variety of ways to collect information to evaluate early childhood programs:

- Formative, or continuous, data are collected regularly throughout a designated time period and are used to make immediate or gradual changes or modifications.
- Summative data are collected at the end of a period of time and summarize the outcomes of the formative data.
- Longitudinal data are collected over a period of years and are used for a year-to-year comparison of outcomes or to determine trends.

On what basis do you grade an early childhood program? Look at child progress and family involvement; implementation of program philosophy, goals, and objectives; program quality and efficiency; and consumer satisfaction with the program.

Let's look in detail at each of these categories. What is it you want to know about the way the program is working?

Are Children Learning?

The first thing you want to know is whether children are learning. What is the rate of progress shown by each child in learning activities? Are current teaching methods helping each child progress steadily? Is each child meeting the goals and objectives of the Individualized Family Service Plan or the Individualized Education Program (IFSP/IEP) within the projected timelines? What are the overall gains made by children who participate in the program?

You will also want to know whether family members are engaged in a significant role. Are they actively involved in staffings and in the development of IFSP/IEPs? Are options available for family involvement? Are support and counseling opportunities available for family members? Are there mechanisms for family members to obtain information concerning issues related to their child? Are family members making progress on family goals they have selected?

Is the Program Doing What It's Supposed to Do?

Go back to your blueprint. Look at why you built this building, what you were trying to accomplish, and how you planned to do it. Then ask more questions.

Are program philosophy, goals, and objectives clearly defined and do all staff members understand them? Do the curriculum, the arrangement of the classroom, and the schedule all support the program philosophy, goals, and objectives? Is the location of services—classroom, home, clinic, or other agency—helping accomplish the goals of the program? Do family involvement activities reflect the program philosophy, goals, and objectives?

Have procedures been implemented to inform the community about the importance of early intervention, the availability of services, parent-child rights, and early warning signs of disabilities? Have procedures for locating preschool children been implemented? How effective are the child find activities?

Is the identification-referral process effective? How effective are assessment procedures and do they comply with federal, state, and local requirements? Have procedures for conducting multidisciplinary staffings been implemented? Are the IFSP/IEPs appropriate for each child?

Are records up-to-date, readily available, well-organized, and used in effective ways? Are coordination efforts between agencies effective? Have procedures for the smooth transition from one program to another been implemented? Are transition procedures effective?

Has a needs assessment been implemented to determine priorities for staff development? Have systematic procedures for in-service training been implemented? How effective are the procedures for in-service training? Are operational procedures clearly defined and followed by staff? Are individual staff members performing their jobs effectively and showing continuous growth in their own professional skills?

Are Consumers Satisfied?

You need to find out what consumers think of what you have built. The people who use your program will be the most informed about whether it is accomplishing what you set out to do. Ask them.

How do family members view the program and how it works? How do they rate the program,

the services they receive, and the manner in which staff members deal with them and their child? How do staff members rate the program? To what extent do suggestions and contributions of family and staff members affect the way the program operates day to day?

Ask these questions and then get everybody—professionals, consumers, and community members—together to analyze the answers to determine whether you need to modify the program and in what ways. Also, compare the results of evaluations with existing research to validate the need for program changes.

This is the blueprint, the guide to designing and constructing an edifice that will house and help special children with special needs.

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Chapter 3
One Special Little Person

Reaching Out

There is this pretty little girl; we'll call her Kimberly. She is four years old. Sometime between the ages of two and three, Kimberly's parents began to notice that she was less verbal than other children and that she had a tendency to keep to herself, but they figured (and prayed) she would grow out of it. They enrolled her in Head Start.

It was there, in a class run by the local Urban League, that teachers began to wonder and worry about Kimberly: she seemed like a loner, withdrawn, seldom speaking or playing with other children. Sometimes she would have violent tantrums, though for no discernible reason; mostly, she seemed self-absorbed. residing—or imprisoned—in a world of her own.

The Head Start supervisor urged Kimberly's parents to have her "tested" at the monthly screening for preschool children run by the school district. The screening was done by a teacher serving a special education class, who visited with Kimberly and her parents in their home. Kimberly's mother asked whether she would need to receive special education services and the teacher explained that the screening was just a first step, a preliminary step, really, to see if there were any warning signs that might indicate Kimberly had what she called "delayed" or "atypical" development. If so, Kimherly would be referred to other professionals for more extensive testing and evaluation, called a full case study evaluation. The evaluation, if it were necessary, would identify whether Kimberly had a disability that was impeding normal development and would also determine whether she would be eligible for special education services and what services might be needed. The teacher explained patiently and calmly that nothing would occur without the parents' approval and involvement, that teamwork between the school and the home was vitally important in helping children like Kimberly.

There are many Kimberlys waiting to be found. In some ways, finding children with special needs can be like an elaborate game of hide-and-seek. Children with disabilities may not be hiding intentionally. But they still can be hard to find—hidden behind parental fear, poverty, or a lack of knowledge or understanding.

So, a successful early childhood program for children with disabilities requires an aggressive, imaginative, and systematic approach to locating children and their families in need of special services, a process known as "child find."

Child find begins by heightening awareness in the community and among families about the early warning signs that indicate the need for intervention, the availability of specialized programs and services, and the rights of children and their families to services. But it is also crucial to reach out to all those people in the community who regularly deal with families and children: health care professionals like doctors and nurses, hospitals, clinics, and public health departments; community agencies that serve families, such as day care centers, early intervention programs, Head Start, preschools, and a Local Interagency Council on Early Intervention whose membership spans a variety of services relating to schooling, health, disabilities, and children; and the social service network like the Urban League, churches, housing projects, and recreational clubs and organizations. An effective child find effort should also target parents of newborns and families of school-age children with younger siblings. The mass media can play an important role. By establishing and maintaining contact with referral sources, the school fosters a system in which referrals are continuous and timely.

Looking for Warning Signs

Finding Kimberly is the first step; screening her to identify potential developmental problems is the next. The screening process, which schools must undertake for three-to-five-year-olds at least once a year, is not a diagnostic tool and cannot be used to determine whether a child is eligible for special education services.

The teacher who conducted Kimberly's screening used a plan developed jointly by schools and special education cooperatives, regional agencies, and the Local Interagency Council on Early Intervention. The cooperative plan provides a unified screening process for all children, from birth to age five, in the community. It establishes when, where, and how often screening takes place and lists the personnel who do the screening, what tests and other methods they use, and what follow-up activities parents can expect. The plan calls for ongoing, year-round screening opportunities and directs all cooperating community agencies to promote information about screenings.

Based on the guidelines used to develop the screening plan, the teacher assures Kimberly's parents that they will be active participants in the screening procedure and that a parent interview about Kimberly is a vital part of the process. She asks them, for example, for their observations about how Kimberly performs different tasks such as eating or dressing herself, how she spends her time, and what she likes to play with. The teacher also pledges that the results of the screening will be shared with them in a personal, confidential manner and notes that, because young children often change rapidly, the results will be treated as tentative information.

She states that there will be a team of specialists who will take part in Kimberly's screening—a psychologist; health professionals for vision, hearing, and physical exams; a speech pathologist; perhaps a physical or occupational therapist; and a social worker who will gather family history information from parents—and that all have extensive experience with children. Each also has been trained to be sensitive to social-cultural factors in Kimberly's family and background. All the tests and other measures used for the screening, she says, meet standards designed to ensure they will be reliable and valid and will accurately identify the children who should be referred for a diagnostic assessment. Also, she says, the procedures used in the screening are comprehensive and conducted within the attention span of the child. If the screening shows Kimberly should be referred for a diagnostic assessment, the teacher says, it will occur quickly and in an organized manner. She assures Kimberly's parents that there can be a rescreening if, for some reason, Kimberly doesn't complete the screening, if her performance is affected by an acute illness, if she has borderline scores, or if the parents request one.

Kimberly's parents are encouraged by the teacher's calm and professional manner, by her careful explanation of all procedures in the screening, and by her assurance that they will be actively involved in the whole process. But they are unsettled by one thing: "Kimberly is only four years old. How can she take a test?"

"Don't worry," replies the teacher, "the screening activities will seem like play to Kimberly."

The Next Step

> "Let's play a game, Kimberly. Stand on one foot for me."
> Kimberly lifts a foot and balances on the other.
> "Good, Kimberly. Can you walk down this line for me now?"

This is more difficult for Kimberly to do. She also has difficulty duplicating shapes she is asked to draw and navigating a simple maze. When she is asked to identify pictures of a ball, a bird, and a dog on a flip chart, she can't—or won't—respond. Kimberly's language-use pattern, cultural background, manner of

communication, and English proficiency also are assessed during this stage of the screening process.

Kimberly's screening leads to the suspicion that her developmental delay may be the result of a disability. The team recommends that Kimberly be referred for a full case study evaluation. The referral is based on written criteria developed by the school and understood by the parents, the screening team, and those who will conduct the case study. The process is designed to speed her receipt of early intervention services or secure other needed services for her.

Following recommended practice, the referral process begins immediately after the screening team concludes Kimberly may have a disability, so that if she needs special education or other services she can begin receiving them quickly, ideally in less than the sixty school days prescribed by Illinois law. The referral process also should not interfere with any existing service a child already receives, and in such an instance the person responsible for overseeing the child's services, called a service coordinator, would be part of the referral process.

A Closer Look

After reviewing the referral information, the school district determines that a case study evaluation is appropriate for Kimberly and requests her parents' consent. Upon receiving the required written consent from Kimberly's parents, the evaluation proceeds.

Based on recommended practices, Kimberly's case study evaluation is done by what is called a "multidisciplinary" team of three or more specialists and takes place within the context of her family life. This means that, as in the screening, her parents are consulted and involved in the evaluation, which includes a study of her and her family's strengths, resources, priorities, and concerns to develop goals for relevant services for Kimberly and to create a baseline for documenting her progress.

Preparing a suitable case study evaluation plan is a team effort, and Kimberly's parents are important members of the team. They have the right to determine what personal information to share, with the assurance it will be held strictly confidential. This family information should include perceptions of the child, parents' expectations for services for both the child and family, and a review of strengths and concerns related to resources and stress points within the family. Her parents participate through structured interviews and other methods to help the case study team derive a nonjudgmental assessment of the family's concerns and priorities.

The parents also are assured that the case study process, including provisions for parental notice and informed consent for evaluations, must comply with all local, state, and federal requirements. State regulations require that a comprehensive case study evaluation include an interview with the child; consultation with the child's parents; a social developmental study; assessment of the child's adaptive behavior, medical history and current health status; review of the child's academic history and current educational functioning; educational evaluation of the child's learning processes and level of educational achievement; assessment of the child's learning environment; and specialized evaluations, as appropriate, which may include a speech and language evaluation, medical examination, or psychological evaluation.

Moreover, Kimberly's parents are comforted that the case study process is guided by certain principles:

- Parents are to be present during testing and their views solicited and valued unless in extraordinary circumstances the procedures of certain professionals or standards of certain tests prohibit their presence.

- The assessment process must be based on a variety of procedures and tests, called "instruments," and must be supported by observations.

- The assessment procedures and results must be explained to parents in language they understand.

- Professionals and parents share their impressions of the assessment after the evaluation, with more specific written diagnostic feedback following in a timely manner.

- The results of the assessment must determine whether the child is eligible for special education and, if so, provide the foundation and framework of the Individualized Family Service Plan/Individualized Education Program (IFSP/IEP) that will guide the programs and services offered to the child and family.

- The assessment process must be ongoing and responsive to the changing needs of the young child and his/her family.

- Parents should be involved in all phases of the case study evaluation process.

- An initial comprehensive case study should assess the child's cognitive, social, emotional, speech and language, motor, and adaptive development skills, in addition to a health and physical review.

- A vision and hearing screening must be completed at the time of the case study evaluation or within the previous six months.

There is yet another important feature of the case study, one that actually undergirds the whole process—it must be unbiased. This means that the process must be designed so it is linguistically, culturally, racially, and sexually nondiscriminatory, as well as unbiased with respect to disability, specifically concerning hearing or language problems.

Thus, the language and cultural background of the child and family must be a primary consideration in selecting evaluation procedures and specific assessment tests. Before conducting any evaluation procedure or administering any test, the assessment team should analyze how the child takes in information and then match tests and other evaluation methods to the child's native or primary language or manner of communication. If the child uses more than one language, each of the languages should be included in the assessment process.

Recall that Kimberly is four years old. This presents unique challenges for the people evaluating her. She is egocentric as most children are, she gets tired, her attention span fluctuates, her performance on certain tasks varies, she is unaccustomed to being tested or to relating to an evaluator. The assessment team must accommodate the cognitive, personal, and social characteristics of preschoolers and must have training and experience in evaluating young children.

The quality of the child's response to the assessment situation depends on establishing a rapport with the examiner. Evaluation activities must be enjoyable for the child and appear to be challenging games or play. Since the emotional state of a young child is variable, evaluation activities should take place in more than one situation. To obtain comprehensive information, the activities can be completed at different times of the day, on different days, and in different environments. In addition, diagnostic assessments that rely on only one professional discipline generally are inappropriate, as are procedures based solely on quantifiable data.

Though the original purpose of the assessment seems to focus on discovering and diagnosing Kimberly's disability, there is much more to it than that. According to the Division for Early Childhood (DEC) of the Council for Exceptional Children, recommended practices suggest that assessments go beyond simply

identifying a condition and instead focus more narrowly on "specific needs and characteristics that can be improved through instruction, therapy, or changes in the child's environment." In other words, rather than diagnose mental retardation or autism, assessments must cite specific developmental or behavioral problems, such as attention or fine motor coordination. In this way, the diagnosis serves a prescriptive purpose as well.

Moreover, DEC advises, in *DEC Recommended Practices: Indicators of Quality in Programs for Infants and Young Children with Special Needs and Their Families* published in January 1993, that assessment should be a tool to select and guide treatment activities and that it be an ongoing process to help monitor whether programs and services are working.

To obtain a complete understanding of a child, direct observation of the child in natural settings and activities must be part of the case study evaluation. The child's behavior and activities during parent-child interactions, meals, outdoor and indoor play with peers, and performance in independent or solitary activities provide insight into the child's developing physical, cognitive, communication, social, emotional, and adaptive skills. By observing the child engaging in natural activities, the examiner may obtain crucial information about the child's ability to integrate developmental skills with their functional use.

Parents need assurance that the results of tests and assessment procedures will be interpreted carefully, accounting for the influence of the child's culture, family system, previous experiences, health, disability, and manner and effectiveness of communication. The results are valid and meaningful only to the degree that the child's characteristics match the characteristics of a given test or evaluation procedure. Important test characteristics include purpose, manner of presenting items, manner of required response from child, standardization sample, norms, reliability, validity, scoring system, and cultural specificity. Examiners have the responsibility to identify areas where there is a ... ch between the child's characteristics and ...e nature of the test. The limits of interpretation and meaning of assessment results must be stated clearly and shared with all participants in the assessment process.

Deciding What to Do

When Kimberly's case study evaluation is completed, all those who participated in her assessment gather to analyze the results and decide what to do. This conference must involve a representative of the school district who has authority to allocate resources, the special education director, all school personnel involved in the evaluation, parents or guardians, others with significant information about the child, persons responsible for providing special education services, the child when appropriate, and others invited by parents or the school district.

Kimberly's parents are present and, as is their right, have brought a neighbor who has a child in special education classes and is familiar with the procedures.

Also present are the special education coordinator from the school district, the person in charge of all special education classes and services, who has been the leader of the assessment team; the coordinator's supervisor who has authority to allocate resources within the school district; a physical therapist who evaluated Kimberly's motor skills and a speech and language pathologist who examined her communication skills; Kimberly's Head Start teacher; and a psychologist. Written reports of physical and other health-related tests have been prepared by a doctor and an audiologist who examined Kimberly.

Because it involves professionals from different fields, or disciplines, this meeting is called a "multidisciplinary conference" (MDC). Its purpose is to review the results of the assessment process; determine whether Kimberly is eligible for special education or related services; develop a strategy for meeting her needs, called an Individualized Education

Program (IEP) or, often for preschoolers, an Individualized Family Service Plan (IFSP), consider a placement for Kimberly in a program; and determine what services will be provided based on the IEP/IFSP. That's a tall order, and Kimberly's parents exercise their right to ask for additional conferences to participate in helping devise her individual program once they have fully comprehended the results of the evaluation process and come to grips with the implications of her disability.

Making the Program Fit the Child

Kimberly has characteristics of autism, but not all children with autism have identical levels of disability. Therefore, the educational placement recommended for Kimberly is based not on the label attached to her disability, but rather on a profile of her particular needs and strengths. It is also based on the results and analysis of the case study evaluation, consistent with eligibility criteria set by the local early childhood education program. Educational placement and services are also based on the extent to which the child's needs cannot be met by standard early childhood options such as Head Start, prekindergarten programs, and community-based preschool programs. In any event, Kimberly's placement should be driven by the belief that she will benefit from being placed with children who do not have disabilities—and so will they.

Still, the actual decision to place Kimberly in a particular educational setting must await one other critical step—the development of an Individualized Education Program tailored to her peculiar needs and strengths and her family's priorities and concerns. The IEP can be developed at the multidisciplinary conference or at a separate meeting within thirty days. Both her IEP and her placement must offer Kimberly services in the "least restrictive environment," meaning the most normal setting. Often called "mainstreaming," "integration," or "inclusion," the idea is that a regular classroom should be the first choice for children with disabilities, not a place they have to prove they belong.

Kimberly's Individualized Education Program outlines goals and objectives for her education, learning activities and teaching strategies, and the particular program setting best suited to carrying out her plan. It is a commitment of resources to provide her with needed and appropriate services.

The IEP is a working document that should be reviewed continually. It's like following a roadmap—sometimes you must adjust to detours, seek alternate routes, even change destinations. Goals change, strategies evolve, priorities shift, so the IEP must be an organic document that readily adjusts to the child and the family.

As in all aspects of screening, assessment, and placement, the development of the IEP is a team effort involving the people who provide services and, especially, Kimberly's family. The DEC Recommended Practices manual notes that the family must be regarded not only as a key decision-maker, but the ultimate decision-maker. "Families may choose to make all the decisions or none of them, or families may choose to make decisions about some parts of the plan while having the service providers make decisions about other parts," says DEC.

Kimberly's IEP includes her present levels of developmental and educational performance; annual goals and short-term instructional objectives, including learning activities and teaching strategies to meet the goals; and methods, criteria, and timelines for judging whether they have been met. After all those decisions are made, Kimberly's parents and professionals involved in developing her IEP examine options for the most appropriate placement for Kimberly to receive the services she needs. The IEP also lists those responsible for implementing Kimberly's program as well as when services will begin and how long they are expected to last.

But Kimberly doesn't exist in a vacuum; she's an important part of the family, which itself exists in a larger social structure. Her IEP, therefore, must account for the family's

strengths, resources, concerns, and priorities. Perhaps those concerns relate to various supports the family needs in the home to help care for Kimberly, and a priority might be its ability to tap into such resources. The IEP must take those matters into account. Kimberly's IEP may also include goals and objectives for parental education to enable her parents to participate more fully in her educational program.

Indeed, for preschoolers like Kimberly, there are significant advantages to merging the Individualized Education Program with a similar, but broader document, called the Individualized Family Service Plan (IFSP). So long as the family plan contains all the information required in the IEP and all the same relevant and important participants help develop it, the IFSP is a valuable tool for combining services to both child and family. The IFSP has the advantage of more or less codifying the concerns of the family and its strengths and priorities. In devising an IFSP, for instance, the assessment team might interview Kimberly's parents to determine their understanding of her disability and in what ways they feel comfortable or uneasy about their competence to help her. The team, including the parents, could then build those concerns and competencies into the family service plan.

In any case, the IFSP/IEP is a roadmap, not a straitjacket. Kimberly's progress toward achieving IFSP/IEP goals and objectives must be reviewed. at a minimum, annually. This review examines her current developmental status, assesses her progress toward completion of IFSP/IEP goals, and decides whether the IFSP/IEP goals need to be modified and new goals need to be developed. Her parents must have an active role in assessing Kimberly's progress and in developing new goals for her and the family. If Kimberly were to show significant changes in her needs or abilities, then her IFSP/IEP must be reviewed and modified more frequently than once a year. Sensitivity to the child's needs and rate of progress, rather than maintaining a rigid schedule of review, is recommended.

Taking Another Look, and Another

Children change, as do circumstances, and knowledge about disabilities, their effects, and treatment. It is important, therefore, that children with disabilities be reevaluated periodically. A formal reevaluation of each student is required at least once every three years. But young children develop very quickly, often requiring more frequent reevaluations, and timelines should be determined by the child's needs and by the nature and extent of changes since the previous case study evaluation. However, the frequency of reevaluations must be closely monitored so that they do not drain program resources, inhibit the provision of direct services, or intrude upon the family's privacy. In addition, parents must always have the opportunity to participate in the reassessment process.

Moving On

Change can be scary, particularly for children and more especially for youngsters with disabilities.

Eventually, Kimberly will leave her early childhood special education class and move into a different program, perhaps a primary school special education program or even a regular kindergarten. That transition could be difficult, even traumatic, or it can be smooth and uplifting. As the DEC Recommended Practices manual notes:

> Transition pr. .: ts children and families wit · w opportunities for growth and development. However, it also presents many challenges and can create stress for both children and families. Well-planned transitions can be an enabling and satisfying experience, while poorly planned or unplanned transitions can be a time of vulnerability and uncertainty for children and families.

Whether it is one or the other depends on planning, coordination, collaboration, and a successful partnership between family and professionals providing services. The DEC Recommended Practices Manual notes that the transition process should ensure a continuity of services, minimize disruptions within the family, prepare children to function in the new program, and comply with requirements of laws and regulations. To accomplish these goals, there must be ongoing collaboration among education agencies, parents, and service providers to assure a smooth transition and subsequent adjustment of the child and family as they move from program to program and service to service. The transition process begins by sharing information with parents about the process, the service options available, and parental rights and responsibilities. The process must be well coordinated and sensitive to the emotional impact of change on the child and the family.

The family must play an active role in transition planning as should those who provide services in the programs both from which and to which the child is moving, called the "sending" and "receiving" programs. Written transition policies and procedures should be in place for each education center for which individual transition plans may be developed.

Successful transition plans include

- family involvement in planning,
- awareness of programs and collaboration between agencies,
- program planning,
- tracking of transition events,
- establishment of timelines,
- the transfer of records,
- follow-up and post-placement communication.

No transition can succeed if the child is ill-prepared to move. The DEC Recommended Practices manual advises that the sending program help the youngster develop skills that will ease the transition: social behaviors and self-help skills, motivation and problem-solving skills, preacademic or academic support skills and task-related behaviors, conduct behaviors, and communication skills.

A transition plan for both child and family must be formally adopted and implemented to guarantee continuity of services. The plan should include the major transition activities, who will be involved, who is responsible, and the sequence and timing of activities. The decisions regarding the transition plan must be based on the individual needs of the child and family members.

Staff are advised to visit both the sending and receiving program to share information about the similarities and differences between programs; hence, administrative support to make time available for such visits is important. The DEC Recommended Practices Manual also recommends that transition procedures be a part of the early intervention plan. "Transition must be seen as a continuation of a child's intervention plan, and the intervention team must be able to develop, implement, and evaluate any transition involving the child and family," states the manual. "Staff must be skilled at curriculum development and adaptation and they must be able to collaborate across programs and other disciplines."

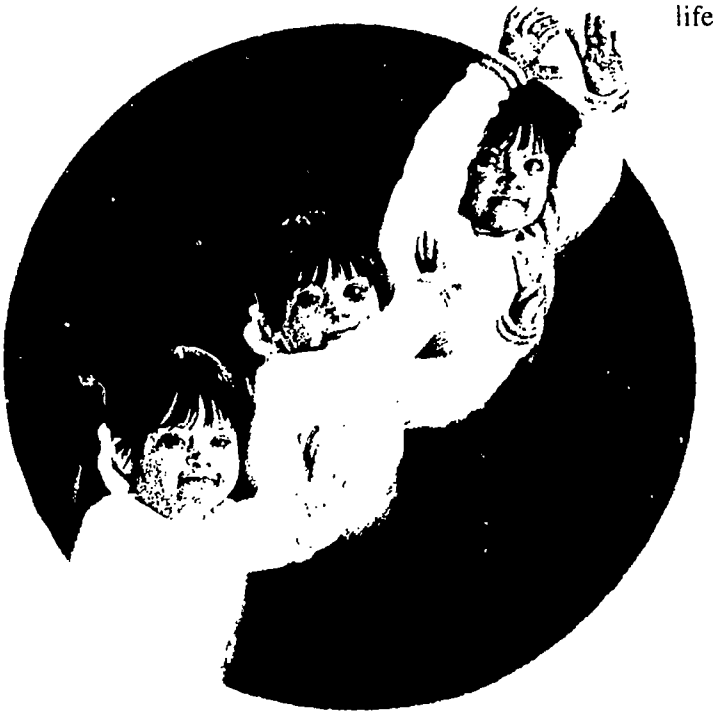
Post-transition activities also should be reflected in the transition plan and should include support for the receiving program, advocacy for the child and family, and periodic follow-up. Procedures for evaluating the transition process should also be developed and used to assess the effectiveness of the transition activities and to determine necessary changes in the process.

Working Together

One of the key roles in meeting the special needs of a child like Kimberly is the person who ties everything together. This person, usually called a "service coordinator," is the traffic controller of the early intervention/early childhood education system. This is a person of many talents and skills and the one who has established the most enduring and productive relationship with the child's family.

Early childhood special education programs must have an effective system for coordinating services and for collaboration among professionals to organize, facilitate, and access a broad range of assistance through public and private agencies that offer health, educational, and social services to young children and their families. Cooperative and creative partnerships must be established, with strong parent participation, so there is a comprehensive system for providing services. This network of providers must continually monitor, revise, and increase accountability for the child's individualized plan.

The head of this network is the service coordinator, whose role is to solve problems, document information, and monitor progress. The service coordinator must develop a positive relationship with the child and family, as well as with the network of service providers and agencies. The coordinator should be involved with child identification and outreach, individual assessment and diagnosis, service implementation and coordination; help plan services and identify resources; monitor the delivery of those services; be an advocate for the child and family; and evaluate the service coordination system.



The responsibilities of service coordination should be assigned to the single individual who has a strong, continuous rapport with the child and family. Service coordination requires that the person responsible be aware of services, have appropriate professional knowledge of child development and family systems, and know about early intervention policies and procedures. The child's family should participate in the selection of the person responsible for service coordination. In some cases, the parent may choose to share the service coordination function with a designated professional. However, coordination practices should not create any additional burdens or strains on the family. Family members should be assisted in determining their own degree of involvement in the service coordination and collaboration system.

Service coordination is an extension of the professional and parental role. All persons involved with the family must be aware of the responsibilities of the service coordinator. Because service coordination takes time and requires specialized knowledge, time and resource allotment for implementation must be built into the early intervention system.

The service coordinator plays one big role in the life of one special little person.

Chapter 4
The Very Fun Classroom

In Theory

"Moooo," says a chorus of imitation cows.
"Oink. Oink. Oink. Oink," grunt the pigs, not quite in unison.
"Neigh," brays a horse as authentic as you're likely to find outside a barnyard.

This menagerie of sounds comes not from a farm but from the "reading corner" where youngsters sit spellbound as Ms. Cramer shows them pictures from a book, *The Very Busy Spider*. This is a special book, Ms. Cramer has told them, because it is one they can feel. "Did you know you could feel a book?" she asks.

Page by page the spider spins its web, ignoring the pleas of animal friends imploring the spider to set aside its work for some play. Page by page the children get to reach up and feel the web as the spider nears completion of its task.

Finally, Ms. Cramer points to the pictures of the animals and asks the children to identify them and imitate their voices.

"Baa," say the sheep.
It all seems like play and looks like fun.

Learning *should* be fun for children, of course, especially for young children. Indeed, play is absolutely vital to their development. It is how learning takes place, especially for children with special needs.

This central tenet of the theory of early childhood development called "cognitive interactionist" is premised on the belief that children are active learners who respond to the environment around them. Based on the child development theory of Piaget, this approach recognizes that children explore and experiment with real objects and communicate about these experiences. They are encouraged to pursue their own interests and make choices about the activities and materials most engaging to them. Adults structure the learning environment, but constantly rearrange it to support the child's changing interests and needs.

It is useful for an early childhood program to adopt a theoretical framework, based on practices that are appropriate to the developmental stage of each child, to serve as the foundation for devising goals, educational approaches, and curricular content and methods of the early childhood program. Each child's Individualized Education Program/Individualized Family Service Plan should reflect the program's theoretical framework. It should also reflect developmentally appropriate practices, meaning that curriculum and pedagogy are both "age appropriate" for each youngster as well as "individually appropriate" in recognition that each child is unique, with individual patterns and timing of development and individual personality traits, learning styles, and family background.

So, a successful early childhood program must be "child-centered" in several important ways:

- It focuses on the developmental needs of children, not on academic goals.
- It stresses conceptual, rather than rote, learning so what children learn can be generalized and applied to different situations.
- It encourages children to interact with their environment on their own in natural, play-based settings.
- It views children as active participants in their learning, not as passive recipients of knowledge from adults.
- It promotes social interaction among children by emphasizing cooperation instead of competition.

- It molds the curriculum to children rather than forcing children to fit the curriculum.
- And it is concerned with fostering children's growth in the full range of developmental areas—physical, intellectual, emotional, social, language, self-help, and aesthetic.

In other words, a model early childhood program—for children with disabilities and those without—translates theory into developmentally appropriate practice.

In Practice

Children with special needs need a special curriculum; in fact, they need an *individualized* curriculum. Although there may be some universal classroom goals (being willing to share toys, for example, or saying "please" and "thank you" at snack time), the curriculum for children with disabilities must be tailored to the individual needs and strengths of each child. For example, when Ms. Cramer reads a story to her class, she is teaching not one lesson, but ten.

"They're all so different," says Ms. Cramer. "It seems complicated, but it's not really. When we read a story, some children, like Alexis, will know and be able to explain what happened on a page or in the story. Others will only be able to identify certain things. Naming—what is this? Angela or Kevin might just name the dog or ball. Others know their colors and can say the color of the ball. So, with one lesson you can reach ten different children in ten different ways."

The curriculum is, in essence, a guidebook for organizing the different ways to reach different children. It involves *content*—the skills (like naming the shirt that goes on the doll), behaviors (like waiting to eat until everyone has their animal crackers), abilities (like tying a shoe), and patterns of interacting with other children (like sharing the shovel to play in the sand on the playground or taking turns on the swing set).

Although the curriculum of an early childhood program must necessarily be individualized for each child, there are some general principles that guide its development. It should, for instance, be grounded in the program's philosophy and supportive of its theoretical framework of how children learn. The staff of the program and the parents served by it should determine the scope and sequence of its curriculum. They should constantly question what they want the child to learn; what skills are required for the child to function within his family, school, and community; and what activities support the child's growth and future goals. Parental concerns and priorities should affect the instructional program. The curriculum should help reach the goals and objectives developed for the IFSP/IEP. Thus, the curriculum and instructional strategies should be individualized to the unique needs and strengths of each child, and both should be continually evaluated and modified in response to the attitude and progress demonstrated by the child.

The curriculum also involves *teaching*, the pedagogical methods and techniques that achieve the content goals. For children with special needs, this is often referred to as instructional or intervention strategies because they occur not only in the classroom but also in the home, child care center, and other settings and because they are employed not just by a teacher but also by the child's family, peers, therapists, and others.

It is critical that the instructional activities and methods focus on the child's abilities, not disabilities. Important consideration should also be given to the relationship of the various cultural backgrounds, experiences, and environments of each family. Other goals embodied in sound intervention strategies include ensuring that the child effectively uses time to make choices and decisions about activities, encouraging the child to be an active participant in the planning and learning processes with the teacher and with peers, helping the child to work well with others, and

getting the child to recognize rules of behavior and develop self-discipline.

Finally, *schedule* is an important component of curriculum planning—children must have sufficient opportunities to learn. All events within the young child's school experience require attention to scheduling and child development. The length of activities should account for the child's attention span, and events of the day should be balanced between activity and rest and varied according to child grouping patterns. As a rule, familiar activities should follow a predictable sequence, but can be changed when the children have advance notice. In addition, strategies to smooth the move from one activity to another should be implemented throughout the school day.

But learning does not, of course, take place only in school. It is important that curriculum planning involve the child's entire day and seek opportunities for learning skills or behaviors or patterns of relating to others throughout the day and in the variety of settings that the child experiences—home, school, day care, visits with relatives, visits to clinics or other health or developmental-related places.

Recommended practices research and experience offer important guides for designing effective curriculum content and devising sound intervention strategies.

- **Curriculum should be based in play.**

Early education, at its best, uses play as the primary instructional approach. This establishes the foundation for later social and academic success. The child's school experiences must be successful interactions with people and objects in a play atmosphere.

The National Association for the Education of Young Children (NAEYC), in its 1987 manual entitled *Developmentally Appropriate Practice in Early Childhood Programs Serving Children from Birth Through Age 8*, says this about the value of play in the curriculum for children:

> Much of young children's learning takes place when they direct their own play activities. During play, children feel successful when they engage in a task they have defined for themselves, such as finding their way through an obstacle course with a friend or pouring water into and out of various containers. Such learning should not be inhibited by adult-established concepts of completion, achievement, and failure.

Young children learn best through processing sensory information—touching the spider's web in the book about *The Very Busy Spider*, for example. The more actively children are involved in play, the more sensory information they receive. As more sensory information is received, more learning takes place.

Play should involve activities and materials that are concrete, real, and relevant to the lives of young children, says the NAEYC manual. "Children need years of play with real objects and events before they are able to understand the meaning of symbols such as letters and numbers. Learning takes place as young children touch, manipulate, and experiment with things and interact with people." Play can also introduce and help familiarize children with symbols, like the pictures of animals in a book. "Pictures and stories should be used frequently to build upon children's real experiences," states the NAEYC manual. Understanding symbols is the foundation for reading, writing, and mathematics.

NAEYC suggests that basic learning materials for an appropriate curriculum include sand, water, and clay; table, unit, and hollow blocks; puzzles with varying numbers of pieces; different types of games; a variety of manipulative toys; dramatic play props such as a toy kitchen and riding toys; a variety of science investigation equipment and items to explore; a changing selection of appropriate and

aesthetically pleasing books and recordings; supplies of paper, water-based paint, markers, and other materials for creative expression. Field trips are an important learning opportunity for young children, as is the chance to help with classroom routines such as distributing napkins at snack time.

The curriculum must be age appropriate, of course, but NAEYC suggests that children's developmental interests and abilities may widen the range of materials and activities they find stimulating. According to the NAEYC manual:

> Activities and equipment should be provided for a chronological age range which in many cases is at least twelve months. However, the normal developmental age range in many groups may be as much as two years. Some inclusionary situations will demand a wider range of expectations. When the developmental range of a group is more than eighteen months, the need increases for a large variety of furnishings, equipment, and teaching strategies. The complexity of materials should also reflect the age span of the group. For example, a group that includes three, four, and five year olds would need books of varying length and complexity; puzzles with varying numbers and sizes of pieces; games that require a range of skills and abilities to follow rules; and other diverse materials, teaching methods, and room arrangements.

Curriculum for three year olds, for instance, would stress language, activity, and movement, with major emphasis on large muscle activity. Notes the NAEYC manual:

> Four-year-olds enjoy a greater variety of experiences and more small motor activities like scissors, art, manipulatives, and cooking. Some four-year-olds and most five-year-olds combine ideas into more complex relations (for example, number concepts such as one-to-one correspondence) and have growing memory capacity and fine motor physical skills. Some four-year-olds and most five-year-olds display a growing interest in the functional aspects of written language, such as recognizing meaningful words and trying to write their own names. Activities designed solely to teach the alphabet, phonics, and penmanship are much less appropriate for this age group than providing a print-rich environment that stimulates the development of language and literacy skills in a meaningful context.

As children communicate with one another during play, they experience the joy and natural use of speech and language. Play among children leads to spontaneous self-evaluation within the children fostering the ability to learn continually about themselves. Children develop curiosity and the desire to learn as they explore and discover the social and physical world.

During play, the child routinely learns to solve problems and to seek out and enjoy the challenges that come with successful problem solving. A sense of mastery and self-confidence is fostered as the child solves problems independently. The child's planning helps provide the framework to organize time and activities constructively.

Beginning with the screening and assessment process, opportunities for play must be provided in all aspects of early childhood programming. Hierarchies and developmental stages of play provide important information about the child's overall development. Play has a vital role in the

selection of prevention and intervention strategies. Also, play requires an active relationship between child and adult. While stimulating the child's creative play process, the adult takes on several roles: structuring, observing, directing, and responding. The adult's direct involvement in the process of play assists in the flow between assessment and planning.

A few children may require specialized intervention activities initiated and directed by the teacher. These activities, too, should be done within an atmosphere of play. For example, Ms. Cramer asks students to dress a boy or girl figure outlined on a felt board with clothing appropriate for the day's activities. Sometimes this activity involves such strategies as modeling ("Jonathon is next because he's been sitting very still."), self-discipline ("Michael, you're so good at taking turns!"), and prompting through extra stimulus ("Chaundra, what do you have on your socks? Little Mermaids? Oh, how cute.").

At all times there must be a balance between direct teaching and opportunities for children to pursue individual interests, to make decisions, and to be independent. The degree of adult-directed activities will vary depending on the children's needs and the required intervention to meet those needs. NAEYC recommends that:

> Children of all ages need uninterrupted periods of time to become involved, investigate, select, and persist at activities. The teacher's role in child-chosen activity is to prepare the environment with stimulating, challenging activity choices and then to facilitate children's engagement.

The adult's job, says NAEYC, is to provide a rich variety of activities and materials for children, offer youngsters the choice to participate in small group or in a solitary activity, guide children who are not yet able to readily use and enjoy child-choice activity periods, and provide opportunities for child-initiated and directed practice of skills.

- **Curriculum should produce outcomes.**

The content of the curriculum and intervention strategies should produce measurable and meaningful changes in children and how they relate to their environment. The Recommended Practices manual, published by the Division of Early Childhood of the Council for Exceptional Children, identifies the following broad outcomes that should be embodied in curriculum planning for children with disabilities:

1. Do no harm to children, their families, or their relationship. This seems rather obvious, but the DEC manual explains that "harm does not refer to discomfort but to actual interference with a child's development, a family's ability to function, or the relationship between child and family." As an example, the DEC manual notes: "A parent may experience some anxiety about a child's transition from a preschool program to a school-age program. However, while their anxiety can and should be minimized, the transition, in most cases, should not be avoided because of the discomfort they might feel about what the future placement holds."

   Another aspect of this principle is that the early childhood program should ensure that children with disabilities do not acquire new disabilities. For instance, children who have difficulty communicating desires or needs verbally may resort to aggressive behavior to get what they want, thus exacerbating one disability with another.

2. Actively engage children with objects, people, and events. Learning is not a passive activity; children learn by doing. The job of the teacher (or any adult working with young children, particularly children with special needs) is not to pour knowledge into the child's head. Rather, the teacher organizes activities, the environment, and the schedule and then gets out of the way so youngsters can explore, discover, and learn. The teacher (or any adult) is more guide and coach than instructor.

3. Encourage increased initiative, independence, and autonomy among children. Instructional strategies should encourage children to make choices on their own, carry them out without relying on the help of others, and be self-sufficient. Such strategies will allow children to accommodate their disability in a way that enhances their ability to succeed in more normal environments and interact with a wider range of playmates their own age.

4. Increase the child's ability to function and participate in diverse and less restrictive environments. This has many implications, regarding the activities that are part of the curriculum, the availability of resources, the way the classroom is organized, and the schedule that students follow. There should, for example, be outdoor space available to engage children in gross-motor and movement activities and a scheduled time that permits outdoor play. Resources such as blocks or books must be accessible to the children and ample enough to allow several children to play at once. Children with disabilities should have opportunities to play and share experiences with youngsters who are not disabled.

5. Foster the child's ability to independently perform behaviors, skills, and interaction patterns that are socially acceptable and appropriate to the child's age. However, the curriculum should also allow the child to participate partially or be supported in activities when independent performance is not possible.

6. Promote the child's acquisition of important values, behaviors, skills, and interaction patterns. The goal of sound intervention strategy is to assist youngsters to learn those skills and behaviors that their disability inhibits them from acquiring or to enable them to function and thrive in spite of their disabilities.

7. Enable children to generalize, adapt, apply, and use the behaviors, skills and patterns of interactions they learn in different situations. One difficulty some children with special needs have is recognizing that a skill acquired in one setting (dressing a doll according to the day's activities) can be applied to another (dressing themselves according to the day's activities).

8. Produce efficient learning of goals, that is, the most rapid acquisition of behaviors, skills, and patterns of interaction. This means that the intervention strategies should not waste the child's time. Activities that don't result in learning skills should not be used, and strategies that help children learn more than one skill at once should be encouraged.

9. Involve materials that have multiple purposes, are adaptable and varied, and reflect skills that are useful for functioning in the child's world.

10. Employ a variety of intervention strategies, including relying on a child's peers to promote social play and interactions as well as greater communication skills.

- **Families should play a key role.**

Family involvement is also critical to designing an effective early childhood program.

The DEC Recommended Practices manual advises that the family's concerns, priorities and preferred resources take precedence in determining the instructional setting for their child, and the staff of the early childhood program should inform families about intervention strategies used across different settings—for example, at a school, a day care, and at home. Families also determine the pace of services, changing, for example, the intensity of child and family participation to meet the family's needs. Families have a strong role in monitoring the activities and services provided to them and their child and can take the initiative for monitoring programs if they wish. Finally, DEC recommends that families receive essential supports such as child care and transportation so they can participate in early childhood intervention activities.

Research supports additional recommended practices for the family role in curriculum design. Curriculum should focus on the family and the child's part in the family unit. The staff of the early childhood program must approach the partnership with parents by emphasizing family growth and capabilities and should help empower parents to identify and use the resources they possess and access the external support systems they need. The family's needs for information, social support, ways to explain their child's disabilities to others, financial support, and community services all help drive the planning for services by the early childhood program. Early childhood programs should develop and implement a process giving the family the primary role in identifying and analyzing its concerns and capabilities to reinforce the problem solving skills and enable the family to better use its existing resources. A needs assessment should clearly identify the areas that require additional support and specific services. Those needs are then prioritized with the service team and appropriate resources are identified and located. Families decide what is in the best interest of the child and family. Through this empowerment process, the family has a greater sense of competency.

Mutual respect and confidentiality are key concepts in developing and maintaining family participation. Open and effective lines of communication between the family and professionals must be developed and maintained regularly. This communication enhances the relationship between staff and family, as well as the overall education of the child. It supports the family's feeling of accomplishment and the ability to influence the child's life. The staff of the early childhood program should explore and determine the communication method that is most effective with each individual family. Written communication on a regular basis is one method. Weekly notes, monthly calendars, and regular newsletters can all be effective. But those methods alone will not ensure comprehension on the part of all parents. Regular face-to-face meetings are also important and should take place in a variety of different

settings with different individuals involved as needs indicate.

The early childhood program should foster opportunities for the family to become involved in other growth experiences, according to individual need and desires. This approach requires some flexibility and accommodation on the part of the early childhood staff. Due to the changing American family, flexible hours are essential to accommodate parent schedules. A variety of family activities should be developed and made available. For example, family involvement activities can include home visits, parent education classes, small group meetings, workshops, guided observations in the classroom, parent-to-parent groups, and parent-teacher conferences. Staff members should always be sensitive to the needs of families and willing to make adjustments and modifications when current activities do not appear to be achieving the desired results. Sometimes it is necessary be creative in designing activities and approaches to address the specific needs of individual families.

- **Teamwork is important.**

Young children with disabilities and their families require the expert service and guidance of a variety of professionals and paraprofessionals. A single professional or discipline can never meet all of the therapeutic and educational needs of the young child with a disability. Yet, it is very important that professionals work with each other and the family in a cooperative, coordinated fashion for services to be effective and efficient. The diverse knowledge and skills of professionals and family members must be integrated, synthesized, and united to form a working team that can ensure the comprehensive development of the child.

The needs of child and family determine the members of the educational team, and active involvement and participation of the family is crucial for the team to be successful in its efforts. Parents should always be encouraged to exercise their role as necessary and equal members of the educational team, and all team members must be supportive of the family's rights and responsibilities. Parents and other family members bring information, observations, and commitment that cannot be provided by other team members.

Teams function efficiently when all members have an equal role in making decisions. Full and active participation by all team members leads to creative and comprehensive solutions and innovative programming. Because an early childhood program will involve specialists from a variety of disciplines, true teamwork will break down, or at least cross, the traditional boundaries that exist between diverse fields of different specialists; this is known as a "transdisciplinary" approach. All team members share their roles with other disciplines, and support each other in the "role release" process, that is, giving up professional turf for the good of the child. The specific service and amount of service offered by each team member are then determined by the full team.

Families should be able to draw on related services for the developmental, corrective, and other supports required to assist the child with disabilities and the family. These services—speech or physical therapy, for instance, counseling and medical treatment—must be an integral part of the instructional program. Therapies offered to the child should occur within the child's most familiar environment—predominantly the home or the school.

Transportation must be included when identifying related services for children with disabilities. Transportation systems should promote normalization by integrating children with special needs with their nondisabled peers. At the same time, all equipment, adaptations, and procedures should ensure the safety and well-being of the child with the mode of transportation used determined by the needs of the child. Transportation personnel should have the training needed to make them members of the child's team. Parents should be informed of the name and telephone number of the

transporting agency and the channels required for communication.

A Pleasant Place to Play

"When they play," notes Ms. Cramer, "you don't see any differences."

No, you don't. Just to watch the youngsters in Ms. Cramer's early childhood special education class play with brightly colored blocks and cars and plastic dishes, you see a collection of happy, healthy kids enjoying themselves. Just to look around the classroom, you see a bright, warm, child-friendly place to be—the way any classroom looks, or ought to. This appears to be as normal an environment as any child could hope for.

Normal environment. Least restrictive environment. Mainstreaming. Integration. Inclusion.

The words have special meaning for children with special needs. For one thing, the law—the Individuals with Disabilities Education Act, Public Law 102-119—requires that children with disabilities be placed in the least restrictive, the most normal, environment. Furthermore, recommended practices for schooling children with special needs strongly support the goal of providing services in a setting equal to, and in many cases the same as, that for children who do not have disabilities. Several of Ms. Cramer's older students spend part of their day with youngsters in the regular kindergarten classroom at their school, and there are opportunities for the whole class to share time and experiences with their nondisabled peers—field trips to the post office, outdoor play time, and special events at school like the visit of a storyteller.

But the idea of mainstreaming goes beyond the narrow fulfillment of the dictates of the law—integrating youngsters with disabilities in the same building with nondisabled students, or occasional interaction between them. Research has validated the benefits of integrating youngsters with disabilities in classrooms and other settings with children who are not disabled, while no scientific study has found segregated services to be a superior approach. Moreover, there is no evidence that certain disabling conditions or levels of impairment make some children poor candidates for mainstreaming.

Exemplary programs driven by the principle of "inclusion" define mainstreaming as a regular classroom placement for all children regardless of disability, with staff taking assertive steps to modify the classroom, teaching, and curriculum to accommodate the student with disabilities. Bringing to bear all the resources of the special education program, such classrooms become not the "least restrictive environment" but the most supportive environment for students.

Moreover, inclusion promotes integration not just of special needs children with nondisabled peers, but their parents as well, and not just in the classroom but in other settings. At Ms. Cramer's school, for example, "open gym" nights bring dozens of youngsters—some with disabilities, others without—plus their parents to mingle, play, and socialize. The school's toy lending library is another gathering place where parents and children of all backgrounds come together. Also, inclusion implies that not just children but programs serving them will be integrated. So some of Ms. Cramer's students spend the morning in her classroom and then go to the park district for a parent/tot "fun shop" where youngsters with disabilities play with and alongside children who are not disabled. The concept of inclusion suggests an early childhood "eco-system" that cares for youngsters with special needs in environments and with peers to promote normal development.

Inclusion benefits youngsters with disabilities by giving them broader social experiences, intellectual activity, and learning opportunities. But the benefits don't stop there. Research has found that inclusion produces positive changes in attitude and development for nondisabled students and fosters among them such valued traits and qualities as nurturing, compassion, and caring.

Still, all youngsters with disabilities, as all youngsters without them, spend only a small portion of their time in school. The best system for providing special services offers a variety of approaches for meeting the needs of children with disabilities and their families. A written menu of options for the way services are delivered should be developed by each early childhood program to meet the complex and diversified needs of children with disabilities and their families in the least restrictive environment. Those options should be guided by certain broad principles.

- **Services should be in the most natural environment.**

Early childhood services can be based in the home, in a center, or in combination with other natural settings. Services should be provided in a setting that is supportive of the child's prior knowledge, and experiences with the learning environment should be natural. Center-based programs should be close to community facilities. Minimal travel between home and school fosters family involvement with the early childhood services.

Every effort should be made for school systems to be creative in finding natural learning environments for the child. Recommended practice dictates that contact between children with disabilities and children without disabilities be daily and consistent. Every chance for educational opportunities with nondisabled peers should be identified, located, and considered. Young children with disabilities should receive their education in an environment that provides normalization and age-appropriate learning experiences. Examples of least restrictive environment options include participation in community programs such as preschool and recreational programs; dual placements, in Head Start and kindergarten, for example; shared activities with facilities enrolling young children; classrooms that combine children with disabilities and children without disabilities; and activities based in the home.

When providing services in the least restrictive environment, it may be necessary to prepare the attitudes of children without disabilities. Teachers and other staff who will receive the children with special needs may also require some training and support. To this end, special education staff need to be aware of consultation and collaboration strategies. A great deal of planning and communication needs to take place before and during the implementation of these options to identify and provide necessary training and resources.

The best guarantee for a least restrictive environment requires a variety of service delivery approaches, a team approach to individualized education program development, and a transition plan for every child and family.

- **The physical environment must be child-friendly.**

The overall physical environment must provide a nurturing climate for young children. Attention to small details is important. For example, Ms. Cramer has carefully planned the traffic pattern of her classroom to accommodate children who, like Kevin, use a walker or sometimes a wheelchair for mobility. She also has an activity center in the room where youngsters can play noisily, and one where they can go if they wish more quiet play time. She has also arranged play areas for large groups, small groups, and individuals. She has stocked her classroom with blocks, and toys, and other materials that are all appropriate for the age and developmental levels of her students. Also, she has selected varied equipment and materials with the goal of fostering decision making, independence, creativity, manipulation, experimentation, expression, and movement.

The furniture and equipment in Ms. Cramer's classroom are scaled to the child's size, and it also has a sink and washroom facilities which she describes as a godsend for the youngsters. Ms. Cramer ensures that she has a sufficient supply of materials and equipment, including required adaptive materials, readily accessible for independent use by children.

Ms. Cramer's classroom is well lighted, well ventilated, and comfortable. It is, of course, physically accessible, and Ms. Cramer rolls her eyes in exasperation when she speaks of special education services she has seen housed in the basements of buildings without elevators. Accessibility guidelines set forth in the Rehabilitation Act of 1973 should be strictly enforced and adaptations for individual needs provided. All health standards and guidelines provided by the Illinois Department of Public Health regulations and state life safety codes must be followed.

Ms. Cramer's classroom opens to an outdoor play area which is well planned and contains facilities—swings and climbing equipment, sandbox and a water table—used as part of her students' general education plan. The playground design supports a variety of safe outdoor experiences.

- **The climate must be loving.**

"Come sit with Ms. Cramer," her teacher says to Jennifer, who seems to be having a not-so-great day. Together they curl up on the fluffy rug in the reading corner; Ms. Cramer finds a way to use both hands while wrapping one arm affectionately around Jennifer who has nestled close to her teacher. By the time Ms. Cramer has finished reading a story, Jennifer's mood has brightened considerably.

Early childhood programs for young children must be committed to developing a warm, caring, and accepting climate. In an atmosphere that is accepting, yet challenging, the child is encouraged to try new behaviors, to be curious, to experiment, and to invent. Children with disabilities need staff and family support in developing optimal interactions with their social world.

Staff interactions with children must reflect respect, courtesy, and affection to foster self-esteem and promote self-control. Active interactions and communication with young children include listening, recognition and acceptance of feelings, reassurance and comfort. Staff members must be alert to signs of stress in children's behavior and look for ways to reduce the sources of stress or help children cope with it. "Children's responses to stress are as individual as their learning styles," notes the NAEYC manual. "An understanding adult who is sensitive to individual children's reactions is the key to providing appropriate comfort."

Staff must recognize that a supportive social and emotional climate has clear and consistent rules in which discipline is handled by anticipation, redirection, and positive reinforcement. The NAEYC manual suggests adults can help promote self-control among children by valuing mistakes as learning opportunities, redirecting children to more acceptable behaviors, listening when children discuss feelings and frustrations, guiding children to resolve conflicts and modeling skills that help them solve their own problems.

An integral part of an early childhood program's climate is successful staff interactions with families, other staff members, and community. Mutual respect among adults involved in the early childhood program is a model for appropriate interaction among children. Early childhood personnel must recognize that parents, other professionals, and community members should be respected for their contributions and judgments. This requires sensitivity to individual values, acceptance of diversity, and mutual trust.

Classrooms That Look like Society

Ms. Cramer's classroom is a mirror of the outside community. Of her ten students, three are African-American, one of Asian ancestry, one is Hispanic. Inclusion means valuing the differences in a classroom through celebration of human diversity.

Illinois has a unique interest in the advantages and challenges of cultural diversity. Illinois is linguistically and culturally diverse and ranks within the top five states in numbers of Hispanic and Southeast Asian immigrants. The values and traditions of established ethnic groups

should be respected and incorporated into early childhood programs. Creative planning that uses family perspectives, family education, and community resources is important to incorporate the richness of family cultures into the curriculum. Early childhood programs should be particularly sensitive to their culturally diverse population, as they are often the child's first experience outside the shelter of the home environment.

Therefore, the National Association for the Education of Young Children urges that curriculum planning must reflect multicultural goals to enhance a child's self-concept and esteem, support the integrity of the child's family, strengthen ties between home and school, broaden the cultural perspectives of children and their families, and enrich the lives of all participants through appreciation of differences and similarities among them. In order for early childhood programs to provide for children of diverse backgrounds, the staff should first be cognizant of their own identities and cultures. They also must have opportunities to learn and understand the cultures of the families they serve. Children, parents, and community participants are important resources to reinforce the real-life aspects of the represented cultures. The diversity of participants in the staff development program and in the curricular offerings can serve to motivate staff and encourage cultural competency.

The key to a truly inclusive experience for children lies less in accepting differences than in celebrating them. An attitude that celebrates human diversity—whether racial, cultural, or physical—goes beyond tolerating differences, which can have overtones of elitism ("we will help you become as good as we are"), or romanticizing them, which can have an undercurrent of patronizing (the child with disabilities always wins the race). Rather, a spirit of inclusiveness celebrates human diversity by valuing racial or cultural or physical differences as enriching qualities.
"Each of them is so different," says Ms. Cramer, "which makes each of them so special."

Chapter 5
Special People Who Care

Moving toward What Should Be

Teachers are special people.

Ms. Cramer has found that being a teacher for young children, especially those with special needs, is not unlike being a parent, for all the roles one must play: doctor, coach, referee, disciplinarian, teacher, and caring companion. There is no textbook to prepare a person for all those roles, and even if there were, it would soon be out of date.

> "Each new day," says Ms. Cramer, "is a new learning experience."
>
> Indeed, teaching children with special needs is a constant learning process.

Ms. Cramer says her college education, or "preservice training" as it is sometimes called, did much to lay the theoretical groundwork for understanding child development in general and children with special needs in particular. But she is quick to note that preservice training alone cannot provide personnel with all the knowledge required for the vast array of roles they will play in early childhood programs. New developments in the field require staff to participate in continuous professional improvement and growth. To address this need, early childhood programs should have a well-designed, carefully planned professional development program for all staff members.

A comprehensive system of personnel development requires the collaborative planning of the people and agencies involved in the education of young children. A team of people from a variety of professional disciplines should help develop and then present inservice training. Families, too, should have a role. The people who supply the training should be qualified, enthusiastic, knowledgeable, well prepared, and empathetic.

Staff development planning supports the personal and professional growth of staff members, parents, and other consumers.

Priorities for staff development should focus on competencies that individuals must demonstrate on their jobs; hence, the training should respond to the assessed needs of the students, families, staff, and community and should guide the organization toward "what should be."

An effective and comprehensive program begins with an assessment of the training needs of the staff. A visionary staff development program uses information from a variety of resources such as self-study, technical assistance data, performance evaluations, recognition and supervision reviews, validation interviews, and reviews of research literature.

The success of a staff development program depends on understanding the existing learning atmosphere and the emotional needs of the staff. Personnel with high self-esteem, confidence, and competence levels will benefit more from staff development than those who are not happy with their working conditions and environment. Staff members will adapt more readily to change and professional growth if the environment supports both success and failure, with failures perceived as steps toward achievement.

Since staff members vary in their competence, readiness to learn, and experience, a comprehensive staff development program must provide a variety of training experiences, with principles of adult learning guiding the implementation of the plan.

Getting There

Training is most useful when it is designed around four key components: presentation of theory, demonstration of new strategy, initial practice, and prompt feedback. This four-stage process contributes to the acquisition of knowledge and skills.

Effective training programs create a "feedback loop" by allocating sufficient time for observation, practice, and evaluation. Staff

members will become more comfortable with newly acquired skills if those skills are practiced over time. Examples of how time might be scheduled include release time, flexible time schedules, substitute pay, extended school year, and changes in the calendar.

An effective program of comprehensive staff development should include a variety of options, including release time, institute days, meetings with representatives from various professional fields (called "transdisciplinary" meetings), faculty meetings, curriculum meetings, action research, instructional resources, college courses, videotape observations and analysis, peer coaching, individually guided professional development, professional conferences, clinical teaching and supervision, long-term workshops, networks, and partnerships. The program also must recognize that several levels of staff development may be needed as more experienced staff will not always have the same needs as new staff. The key is flexibility and variety, with different approaches and techniques used to meet the diverse needs of staff members.

Professional development activities should be integrated at local, regional, and state levels so personnel can understand all aspects of the service continuum. The language of the various agencies and disciplines must become common to all persons working with young children if staff are to become resources for parents. This will also create smooth transitions between services and agencies and assist staff members in advocating effectively for young children.

Finding a Good Fit

To set standards for personnel who work with young children with disabilities and their families, each discipline must establish the characteristics that define a well-qualified professional. Mastery of skills and information is necessary, and the application and integration of these skills and information are essential. A number of general competencies have been identified as important for personnel working with young children with disabilities and their families. Personnel must exhibit knowledge, skills, and attitudes regarding:

- program service options,
- child development,
- learning theories,
- assessment materials and techniques,
- curriculum development,
- instructional strategies,
- techniques for modifying and adapting behaviors,
- family structures, systems and development,
- family involvement,
- health and medical issues,
- team functioning,
- networking and collaboration within and between agencies,
- service coordination systems,
- cultural influences and diversity,
- systems for program evaluation,
- local, state, and federal rules and regulations.

During their preservice training, early childhood staff should match their knowledge, skills, and attitudes with the work environment. Training components should include co-worker relations, supervisory support, pay and promotion systems, opportunities for growth and achievement, physical environment, and organization structure. All training should ultimately lead to a decision about the fit between a person and the environment.

Growing a Better Program

Professional and personal growth of staff is supported through the supervision and evaluation of staff performance. Supervision of early childhood staff ensures the quality of service delivery. As such, the primary role of the early childhood supervisor is to support and empower staff, so they are able to assist the growth of children and families. An effective supervisor is the instructional leader who provides the resources and environment for staff to deliver high-quality services to children and their families. They are experts in recommended practices and carry the dual roles of displaying leadership qualities with integrity

as well as being advocates for children and families.

The successful supervisor has effective evaluation procedures. The ultimate purpose of evaluation is continual professional growth that includes self-assessment and a plan for change. A staff evaluation plan should match the early childhood program's philosophy. Prior to the implementation of this plan, the staff must be aware of role expectations and the procedures to be used for evaluation.

The evaluation cycle includes these essential steps:

- Evaluation starts with a pre-observation conference, where targeted behaviors are selected and goals established.
- Data collection is the next step of the process, and it must be supported by observations, interviews, and work samples.
- Third is the analysis of the targeted staff behaviors. The analysis phase targets those behaviors that are exemplary, those to be maintained, and those that need improvement.
- The data collected and analyzed is discussed in a follow-up conference where supervisor and staff member cooperatively target commendations and/or recommendations for change, improvement, and growth.

An atmosphere of trust and respect, in which the staff member views the supervisor as a resource, is required for a successful evaluation plan. The instrument and the procedure used for evaluation must be consistent and fair. The criteria for evaluation must be clearly understood and feedback must be immediate and direct. Both supervisor and staff member must recognize that evaluation is a supportive growth process. In an effective evaluation process, the net result is growth for the staff member and the program.

And the ultimate result is growth for special children who get special care.

Appendix A
Resources

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Appendix B
Judicial Rulings and Major State and Federal Laws

Major Court Decisions

- In 1954, the Supreme Court established the right of all children to have equal access to an education (*Brown* v. *Board of Education, Kansas*). This court decision is the cornerstone of the rights of individuals with disabilities to an equal education.

- The case of *Diana* v. *California Board of Education* (1970) established that children cannot be placed in special education based on culturally biased tests. Children whose primary language is not English must be tested in both their primary language and in English.

- A major landmark ruling in 1971 established two major principles. First, parents have the right to participate in any major decision affecting their child's education. Second, public schools are obligated to provide appropriate education to all children regardless of how different they were from other children. This ruling set the precedent for children with disabilities who were not served in the public school to receive the same services as offered to their same-age peers. (*Pennsylvania Association for Retarded Citizens* v. *Commonwealth of Pennsylvania*)

- In 1972, a second landmark decision by the Supreme Court (*Mills* v. *Board of Education, D.C.*) stated that all children have the right to an education, and that lack of funds is not a just criterion for depriving a student of an education. The court decided that a child cannot be excluded from regular public school unless the

  district finances the child's education in an alternate environment; that is, in special education classes, private schools, or with tutors. In addition, the court ruled that a child requiring special services has the right to prior hearings and periodic assessment of his or her status and program. In the same decision, the court confirmed that no matter how severe the child's disabilities are, the local education agency (LEA) must provide educational services and demonstrate the adequacy of those services.

Major State and Federal Laws

- Title V of the federal Economic Opportunities Act of 1964 established Head Start programs to provide enrichment and access to preschool experiences for children of poverty.

- In 1968, the federal Handicapped Children's Early Education Act (HCEEP, Public Law 90-538) established model programs for working with young children with disabilities and their families. Illinois obtained funding for seventeen of the original grants. These demonstration projects were influential in writing Public Law 94-142, The Education for All Handicapped Children Act. In addition, HCEEP provided funding to states to facilitate state and local-level State Implementation Grants (SIG).

- In 1971, Public Act 77-1318 and Public Act 77-1319 were enacted. These laws, combined with previous special education mandates, resulted by 1974 in the availability of services to all children with disabilities from age three to twenty-one.

- In 1972, the Office of the Superintendent of Public Instruction, now called the Illinois State Board of Education, elected to use discretionary Title VI funds to develop regional programs for children with disabilities under age three.

- In 1973, The Rehabilitation Act (Public Law 93-112, ection 504), a landmark civil rights bill, set the tenor of all subsequent

federal action by prohibiting discrimination against individuals with disabilities.

- In 1974, Section 121 of Title I of the federal Elementary and Secondary Act, as amended by Public Law 93-380 (originally added to Title I by Public Law 89-313) was passed. This statute, commonly known as P.L. 89-313, provides funding to educational agencies to provide extraordinary services to children with disabilities.

- Landmark federal legislation for special education was passed in 1975. The Education for All Handicapped Children Act (Public Law 94-142) amended the Education of the Handicapped Act (EHA) to require that states ensure a free, appropriate public education for all children with disabilities.

- In 1983, the federal Education of the Handicapped Act Amendment (Public Law 98-199) provided Preschool Incentive Grants to states to develop services for children ages three to five, inclusive. In 1984, the state of Illinois requested funds to expand the scope of Illinois Preschool Incentive Grant money to include services to children under three years of age and the expansion of the existing Illinois services to children from three to five years of age, inclusive. The same law provided Illinois with a two year planning grant for the development of a Handicapped Early Education State Plan.

- Illinois Public Act 84-126, the Illinois school reform package of 1985, included authority to establish pilot projects for children with handicaps from birth to three years of age and their families. One million dollars was appropriated to fund eight Illinois projects. These eight projects partially funded 35 separate Illinois programs. The grants focused on cooperative statewide information gathering and planning and the development of interagency agreements among the seven identified educational, health, and human services state agencies providing services to young children with disabilities.

- Illinois Public Act 84-462 was enacted in 1985. It required the Department of Public Health to inform parents, upon the birth of a child with a disability, of their right to services.

- Public Law 99-457, enacted by Congress as the 1986 amendment to The Education of the Handicapped Act, extended and strengthened the provisions of Public Law 94-142. The legislation adds mandated services for eligible preschoolers under Part B of the Act. Highlights of this legislation for early childhood programming include family focused intervention, an expanded range of service options, mechanisms for transitions, broader eligibility definitions, and interagency and interdisciplinary collaboration

- On October 30, 1990, President Bush signed into law P.L. 101-476, the Education of the Handicapped Act Amendments of 1990. The name of the EHA is now The Individuals with Disabilities Education Act (IDEA).

- The IDEA Amendments of 1992 (P.L. 102-119) made certain changes in the Preschool (Part B) and Infant/Toddler (Part H) programs. One of the changes allows, at state or local discretion and with the concurrence of the family, 3-to-5-year olds to have an IFSP rather than an IEP as long as IEP requirements are met.

- Illinois Public Act 87-680, the Early Intervention Services System Act, was signed into law by Governor Jim Edgar on September 23, 1991. This legislation, mandating services to eligible infants and toddlers under IDEA, Part H, is to be implemented statewide as appropriated funds become available.

Appendix C
Acknowledgments

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The final document of *Special Children, Special Needs* was written by Donald Sevener, a Springfield writer.

WORLD-CLASS EDUCATION FOR THE 21ST CENTURY: THE CHALLENGE AND THE VISION

VISION STATEMENT

As we approach the 21st century, there is broad-based agreement that the education we provide for our children will determine America's future role in the community of nations, the character of our society, and the quality of our individual lives. Thus, education has become the most important responsibility of our nation and our state, with an imperative for bold new directions and renewed commitments.

To meet the global challenges this responsibility presents, the State of Illinois will provide the leadership necessary to guarantee access to a system of high-quality public education. This system will develop in all students the knowledge, understanding, skills and attitudes that will enable all residents to lead productive and fulfilling lives in a complex and changing society. All students will be provided appropriate and adequate opportunities to learn to:

- communicate with words, numbers, visual images, symbols and sounds;
- think analytically and creatively, and be able to solve problems to meet personal, social and academic needs;
- develop physical and emotional well-being;
- contribute as citizens in local, state, national and global communities;
- work independently and cooperatively in groups;
- understand and appreciate the diversity of our world and the interdependence of its peoples;
- contribute to the economic well-being of society; and
- continue to learn throughout their lives.

MISSION STATEMENT

The State Board of Education believes that the current educational system is not meeting the needs of the people of Illinois. Substantial change is needed to fulfill this responsibility. The State Board of Education will provide the leadership necessary to begin this process of change by committing to the following goals.

ILLINOIS GOALS

1. Each Illinois public school student will exhibit mastery of the learner outcomes defined in the State Goals for Learning, demonstrate the ability to solve problems and perform tasks requiring higher-order thinking skills, and be prepared to succeed in our diverse society and the global work force.

2. All people of Illinois will be literate, lifelong learners who are knowledgeable about the rights and responsibilities of citizenship and able to contribute to the social and economic well-being of our diverse, global society.

3. All Illinois public school students will be served by an education delivery system which focuses on student outcomes; promotes maximum flexibility for shared decision making at the local level; and has an accountability process which includes rewards, interventions and assistance for schools.

4. All Illinois public school students will have access to schools and classrooms with highly qualified and effective professionals who ensure that students achieve high levels of learning.

5. All Illinois public school students will attend schools which effectively use technology as a resource to support student learning and improve operational efficiency.

6. All Illinois public school students will attend schools which actively develop the support, involvement and commitment of their community by the establishment of partnerships and/or linkages to ensure the success of all students.

7. Every Illinois public school student will attend a school that is supported by an adequate, equitable, stable and predictable system of finance.

8. Each child in Illinois will receive the support services necessary to enter the public school system ready to learn and progress successfully through school. The public school system will serve as a leader in collaborative efforts among private and public agencies so that comprehensive and coordinated health, human and social services reach children and their families.

Developed by citizens of Illinois through a process supported by the Governor, the Illinois State Board of Education and the Illinois Business Roundtable. Adopted as a centerpiece for school improvement efforts.

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