

Impact

Published by the Institute on Community Integration (UCEDD) & Research and Training Center on Community Living

**Feature Issue on
Early Childhood Education
and Children with Disabilities**

Volume 22 · Number 1 · Summer/Fall 2009



Lauren's early childhood experiences have helped her mother discover answers to some of her own important questions: Yes, I am an advocate. Yes, Lauren will be included. Yes, inclusion is a good thing. See story below.

Welcome to the World

by Samtra K. Devard

I can remember how excited I was at the birth of our daughter, Lauren, as if it were just yesterday. She is our firstborn and the first grandchild on both sides of our family, so her entrance into the world was fit for royalty. Lauren was welcomed into the world with all of the love that our hearts could hold. When we were given the diagnosis that she had Down syndrome, we weren't given any hope for our daughter's future or any information about the *positive* things that we could expect. We felt lost, alone and afraid. We were left with so many questions: Would our daughter experience the world – just like everybody else? Would she have friends? Would she one day find love? Would she live independently? Would she be educated with other students her age that didn't have a disability? Would she be included?

I quit my job to be home with her. I was afraid to let her go. I didn't know about the capacity of early care and education centers to handle a child with a disability. I didn't feel as if I could trust a stranger to care for our daughter the way I knew I could. Our daughter's natural environment was our home. We received all of our early intervention services in our home for Lauren's first three years. When it was time to transition out of early intervention into our local school district, it was the beginning of our journey to make sure that she experienced the world like any other kid her age.

Lauren's 3-year-old program was a playgroup with typically-developing peers run by our school district. As the time to let my baby go drew near, I had apprehension

[Devard, continued on page 35]

From the Editors

How can families and early childhood professionals provide quality, inclusive early childhood education for young children with and without disabilities? That's the question posed in this Impact issue. In its pages, parents reflect on their experiences with early childhood education and inclusion for their children – what was helpful, what was not, and lessons learned from the experience. Researchers and practitioners discuss practical strategies for supporting quality early education experiences for young children with disabilities, as well as the necessity and benefits of inclusion for all students. Innovative inclusive early childhood programs from around the country talk about what they're doing and the outcomes. And complementing the stories and strategies are listings of a wide range of resources that may be of use to families and professionals who are parenting or working with young children with disabilities.

Our hope for this issue is that it will be a valued resource for those who are navigating the early childhood years with their children or students, and will support the continuing expansion of quality early childhood programs that bring together children with and without disabilities.

What's Inside

*Overviews
Program Profiles
Personal Profiles
Resources*

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What Do We Mean by “Early Childhood Inclusion”? Finding a Shared Definition

by Camille Catlett

Today, ever-increasing numbers of infants and young children with and without disabilities play and learn together in a variety of places – homes, early childhood programs, and neighborhoods, to name a few. Promoting development and belonging for every child is a widely held value among early education and intervention professionals and throughout our society. *Early childhood inclusion* is the term used to reflect these values and societal views. However, the lack of a shared national definition has created some misunderstandings about inclusion.

In April 2009, *Early Childhood Inclusion: A Joint Position Statement of the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC)* was officially approved by both organizations. The position statement offers a definition of early childhood inclusion, as well as recommendations for how the joint position statement can be used to improve early childhood services for all children throughout the United States.

Definition of Inclusion

The definition of early childhood inclusion provided in the position statement is not designed as a litmus test for determining whether a program can be considered inclusive, but rather is a guide for identifying the key components of high quality inclusive programs. That definition is as follows (DEC/NAEYC, 2009, p.2):

Early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society. The desired results of inclusive experiences for children with and without disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential. The defining features of inclusion that can be used to identify high quality early childhood programs and services are access, participation, and supports.

Those three defining features – access, participation, and supports – were further described as follows:

- **Access:** This means providing a wide range of activities and environments for every child by removing physical barriers and offering multiple ways to promote learning and development. Inclusion can take many different forms and can occur in various organizational and community contexts, such as homes, Head Start, child care, faith-based programs, preschool, public and private pre-kindergarten, early elementary education, and blended early childhood education/early childhood special education programs. In many cases, simple modifications can facilitate access for individual children. Universal Design for Learning approaches are another way to use principles and practices to ensure that *every* young child has access to learning environments, to typical home or educational routines and activities, and to the general education curriculum.
- **Participation:** This means using a range of instructional approaches to promote engagement in play and learning activities, and a sense of belonging, for every child. Adults promote belonging, participation, and engagement of children with and without disabilities in inclusive settings in a variety of intentional ways. Tiered models in early childhood hold promise for helping adults organize assessments and interventions by level of intensity. Depending on the individual needs and priorities of a child/family, implementing inclusion involves a range of approaches to promote learning and participation for all children – from embedded, routines-based teaching to more explicit interventions.
- **Supports:** This refers to broader aspects of the system such as professional development, incentives for

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In 2007, two major organizations serving young children – the Division for Early Childhood of the Council for Exceptional Children (DEC) and the National Association for the Education of Young Children (NAEYC) – began a thoughtful journey toward creating a shared position statement on early childhood inclusion that can be used nationwide. The process, which was orchestrated by the National Professional Development Center on Inclusion, included input from a joint DEC/NAEYC work group, discussion by the governing boards of both organizations, and an extensive national validation process that yielded over 700 individual inputs.

inclusion, and opportunities for communication and collaboration among families and professionals that assure high quality inclusion.

Using These Concepts to Improve Early Childhood Services

The ideas put forward in the inclusion position statement can be used by families and professionals to shape practices and influence policies related to inclusion. First and foremost, an agreed-upon definition of inclusion such as that

The desired results of inclusive experiences for children include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential.

offered here should be used to create high expectations for infants and young children with disabilities, and to shape educational policies and practices that support high quality inclusion in a wide range of early childhood programs and settings. Recommendations for using the position statement to accomplish these goals include:

- **Create high expectations for every child to reach his or her full potential.** The definition of early childhood inclusion should help create high expectations for every child, regardless of ability. Shared expectations can, in turn, lead to the selection of appropriate goals and support the effort of families, practitioners, individuals, and organizations to advocate for high quality inclusion.
- **Develop a program philosophy on inclusion.** The agreed-upon definition of inclusion should be used by a wide variety of early childhood programs to develop their own philosophy on inclusion. Programs need such a philosophy as part of their broader program mission to ensure shared assumptions and beliefs about inclusion, and to identify quality inclusive practices.
- **Establish a system of services and supports.** Shared understandings about the meaning of inclusion should be the starting point for creating a system of services and supports that respond to the needs and characteristics of children with varying types of disabilities and levels of severity, including children who are at risk for disabilities. The goal of services and supports should be to ensure access, participation, and the infrastructure of supports needed to achieve the desired results related to inclusion.
- **Revise program and professional standards.** The definition of inclusion should be used as the basis for revising program and professional standards to incorporate high quality inclusive practices. Because existing early childhood program standards primarily reflect the needs of the general population of young children, this would be an opportunity to incorporate dimensions and considerations to address the individual needs of every child.
- **Improve professional development across all sectors of the early childhood field.** Keys to improving professional development include determining who would benefit from professional development on inclusion, what practitioners need to know and be able to do in inclusive settings, and what methods are needed to facilitate learning opportunities related to inclusion.
- **Influence federal and state accountability systems.** Consensus on the meaning of inclusion could influence federal and state accountability standards related to increasing the number of children with disabilities enrolled in inclusive programs. The current emphasis on quantity as a measure of accountability (i.e., the number of children who are participating in an inclusive setting) ignores issues of the quality and anticipated outcomes of the services that children experience. The shared definition of inclusion could be used to revise accountability systems to reflect both the need to increase the number of children with disabilities enrolled in inclusive programs, as well as to improve the quality and outcomes of inclusion.

Early Childhood Inclusion: A Joint Position Statement of the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC) will be influencing conversations, presentations, and professional development efforts for years to come. In the coming months, the National Professional Development Center on Inclusion will be hosting blogs and rolling out related products and information (see <http://community.fpg.unc.edu/npdci>) in hopes that families, practitioners, and administrators will engage in thoughtful discussions of how to support quality inclusion for each and every child. The most important question remains: How will you incorporate these ideas in your work?

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Improving Relationships Between Families and Practitioners During the Early Years

by Susan P. Maude and Jacqueline L. Dempsey

After over 55 collective years of experience in working in the field of early childhood intervention and early childhood special education as direct practitioners, teacher trainers, administrators and consultants, we have experienced many changes in the ways we think and interact with families. Also, we have both been on the other side of the table in having family members who were served by these programs.

As the field has evolved during our lifetimes, the focus has shifted from serving children in isolated institutional settings to providing community-based, inclusive services in a family-centered manner. The roles of the family and the practitioner have changed dramatically. Practitioners once only dealt with the child, and family members were more passive recipients of service. Now family members are an equal and vital part of every service.

So what have we learned? What do we think is now most important for family members and practitioners to think about? In the chart presented here (see Figure 1) we have listed some of the things that family members should expect and demand, and some areas that require practitioners to examine their own beliefs and practices. At the core of all of the ideas presented in the chart is the need for people to communicate, to listen, and to learn from each other.

We live in a changing world where we know that every family is different, every family has strengths and unique priorities for themselves and their children, and every family is dynamic and what might be needed today may be very different than what is needed next week. Most of what we have learned works is based in mutual respect and understanding between practitioners and families, and in taking the time to learn as well as teach.

As you examine the ideas we present here, take the time to ask yourself where you are on the continuum of making sure that your child is receiving the best services. Or as a practitioner, ask yourself where you are in striving for excellence in your work with families and children. No one knows it all. Early childhood professionals work with a child and family for a short time. The best way to “make it count” is to do your best to understand and learn from the family. Families can best use the early childhood system by learning as much as they can about the way the system works, what all the acronyms mean, what ways they can help their child learn and develop, and what the paperwork means. And both families and professionals need to function in environments where stress is minimized!!!!

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Additional Resources to Help Families and Practitioners

- **PACER Center's Early Childhood Publications** (www.pacer.org/publications/earlychildhood.asp, or 952/838-9000). PACER's Early Childhood Project provides free and low-cost resources that help parents of young children with disabilities gain the confidence, knowledge, and skills needed to help their children obtain the education and other services they need. Resources are available in multiple languages.
- **Commonly Asked Questions About Child Care Centers and the Americans with Disabilities Act** (www.ada.gov/childq%26a.htm). This free 13-page publication from the U.S. Department of Justice responds to common questions from child care providers about how the ADA applies to child care centers.
- **"Help for Babies (0 to 3)"** (www.nichcy.org/babies) and **"Educate Children (3 to 22)"** (www.nichcy.org/educatechildren). These online fact sheets for parents provide information about early intervention and special education services, and the roles of parents and professionals. They are published by the National Dissemination Center for Children with Disabilities.
- **Working Together: A Parent's Guide to Parent and Professional Partnership and Communication Within Special Education** (<http://www.taalliance.org/publications/pdfs/communicationbook.pdf>). This free guide from the National Technical Alliance for Parent Centers helps parents effectively communicate with special education professionals.

Figure 1: Supporting Positive Relationships Between Families and Early Childhood Practitioners

| What's Important? | For Families | For Practitioners |
|---|---|---|
| Relationship development – it's all about relationships! | Teach the people who provide services to you about your child and family: what's important, what's not, what's possible, what's not. Like any relationship, you have to work at it! | Think about ways to learn with families, rather than you teaching them. Once there is a power balance and you establish trust, the relationship can grow. |
| A family-centered philosophy | Expect the people who work with your child to recognize the strengths of your child and family, respond to your priorities, individualize service delivery, respond to changing priorities of your family, and support the values and lifestyle of your family. (<i>Dunst, Trivette, & Deal, 1988; Dunst, Trivette, & Deal, 1994; IA Early ACCESS and Iowa SCRIPT, 2004; Keyser, 2006</i>). | Be able to state your philosophy. Having a philosophy grounds you and provides you with a framework to assist you as you meet and interact with a myriad of families and situations. |
| Recognize child and family strengths | Think about the strengths of your family and be able to tell others the things that you are most proud of, the things you do well, and the supports that your family members give each other. Be prepared to describe your child's strengths, accomplishments, and promise. Oblige others to participate in using this strengths-based approach. | Identify ways in which you can daily prove your belief that ALL families have strengths. Recognize and then build upon those strengths so that each and every family has the opportunity to gain the knowledge and skills to be confident and competent in their abilities to support their child. Using a strength-based lens when working with children and families will help keep you positive and should help in preventing burnout. |
| Definitions of family – it's a moving target | Define your family to the people who are working with you. Talk about the members of your family and roles they play. | Families have diverse shapes, sizes, and configurations. Each family that you support will offer to you their own definition of family. Take time to reflect on your own biases, and work to leave your biases at home. |
| Culture, Language and Ability Diversity (CLAD) | Take the time to talk to people working with you about your cultural, spiritual, and ethnic backgrounds, practices, and celebrations. Don't assume they already know! | Examine the values and beliefs that guide your understanding of culture and how it influences your practices. Talk to families about their culture, practices and celebrations. Don't assume they have the same beliefs, practices, or background as you have or as another family that you support. Celebrate and respect the differences! |
| Responding to family-identified priorities | Make sure that those who work with your child understand what is most important to you. Tell them what is the hardest thing for you to do with your child. | How do you match services and supports to the family-identified priorities? Make sure that you address the family priority and not your own! |
| Communication | If people who are working with you aren't hearing what you have to say, tell them again and again. Help them understand your child, your family, and all of your needs. Expect that they respond to what you are saying. If this doesn't work, call the person's supervisor to discuss the problem. If you don't understand something, ask the person to explain it until you do! | Listen, listen and observe, and then listen some more. Families continue to identify ability to listen as one of the key attributes of effective practitioners. Families benefit from information shared through a variety of resources and formats, as well as in a variety of languages and/or reading levels (Keyser, 2006). |
| Managing your time | Talk to the people working with you about your daily routines, your time constraints, your challenges and how these impact on your ability to participate in your child's program. | Understand that families are busy. To avoid adding more activities to a family's already busy schedule, embed the IFSP/IEP goals within the natural routines or learning opportunities that may exist for a family throughout their week. |
| Family dynamics – one size does not fit all | Think about the way you are dealing with the fact that your child's development is different from other children's. What emotions are you feeling? Who can you talk to for support? | Be careful how you interpret a family's behavior and emotional status. Families experience different emotions about their children (Boss, 2007; Gallagher, Fialka, Rhodes & Arceneaux, 2002). Don't assume. Don't project. Listen! |
| Managing stress | What can you do to minimize the stress in your life? How can the person serving your child and family help? One thought is saying what you realistically can do in the next week, telling the person what is stressful for you about expectations, etc. | How are you handling stress in your life? Is it impacting on your relationships with the families you serve? Communicate to the families what would help you do your job. |
| Paperwork | Don't sign anything you don't understand. Ask for more information if you have questions. | The amount of paperwork required for practitioners is exhausting. Understand that just as you had to learn about all of the requirements, so do families. Make sure they know what each paper means for them and their child. |

Quality Inclusive Early Childhood Programs: 10 Things to Look For

by Donna Nylander

In most families, the first day of school triggers excitement and anxiety. In families who choose an inclusive setting for their child with disabilities there is concern about their child being accepted, the program seeing their child's strengths as well as challenges, and the program's readiness to welcome a child with special needs. Recent research has taught us that when children with special needs learn alongside their typically-developing peers,

What should parents look for as they seek quality inclusive early childhood programs for their child?

What should educators aim for in shaping quality inclusive programs?

everyone benefits. Inclusive settings should be the first option to be considered for young children with disabilities.

But what should parents look for as they seek quality inclusive early childhood programs for their child? And what should educators aim for in shaping quality inclusive programs? Listed below are 10 questions to ask about a program and corresponding indicators of a quality inclusive program. They are adapted and expanded from indicators developed by Dr. Mary Beth Bruder (see Bruder 1993):

❑ **Does your program have a philosophy/mission for inclusive practices?** The program that operates from a set of well-defined core values and expectations supporting inclusion generates a positive attitude and provides services that are effective for both children and families. Characteristics to look for include:

- The atmosphere is welcoming, respectful, and accepting of children with special needs and their families.
- A mission statement is visible and reflects the value of all children and the involvement of families.
- The program provides a natural environment with typical peers in which both groups are learning together.

❑ **Do administrators and staff have an inclusive attitude and spirit?**

When staff and administrators are comfortable in inclusive settings, they accept children as children first, and then accommodate their special needs. It's important to know that it's okay for a teacher to be apprehensive. The idea of including children with disabilities may have teachers feeling inadequate to accommodate their needs. But, they often learn most of their concerns never materialize and a child with a disability becomes just "one of the kids in the class." Teachers will be surprised to find themselves more creative when planning for a child with a disability. As one teacher has said, "A different child brings forth a different teacher" (Family Child Learning Center, 1997). Characteristics to look for include:

- People-first language is used, emphasizing the person, not the label, and what the child *has*, not what the child *is* (example: "Grant has Autism" *not* "Grant's Autistic"; "Tia receives special education services" *not* "She is special ed").
- Teachers include children in conversations, answer questions as they come up, and give simple and direct responses.
- Staff and administrators advocate for inclusion by educating parents of typical children that all children benefit from inclusion and all will learn

the value of accepting differences as well as their own uniqueness.

❑ **Do you have a consistent and on-going system for family involvement?** The family is the enduring and central force in the life of the child. Successful implementation of an inclusive model depends on a commitment to the family as the primary decision-maker and partner. Characteristics to look for include:

- Parent participation is encouraged.
- Teachers communicate with families daily/weekly through notebooks, e-mail or phone. They comment on strengths as well as expectations.
- Parent/teacher conferences are scheduled at least once a year and are also available upon request.
- The program has an open door policy: Parents are able to visit the school and classroom at any time.

❑ **Is team planning incorporated into the research-based curriculum?** The team approach is where members have opportunities to plan and problem-solve together. This is the necessary support that teachers need to be successful and feel competent. Team members share roles and responsibilities across disciplines. Teaming has been identified as an ideal component for inclusive models. It requires consistent collaboration and communication. Characteristics to look for include:

- Curriculum follows the same criteria found in quality programs for children with typical development. Classroom teams plan together on how to adapt the curriculum to meet the needs of the child being included.
- Daily schedule has a balance of structured activities, hands-on learning, and daily outdoor time. Classroom staff are trained on how to follow-up

with therapists' recommendations throughout the daily routine.

- Schedules are posted, and there are opportunities for large group, small group, and individual time. Individual children may need a choice board or several repetitions of a skill to be successful. The team is responsible for posting a picture schedule for easy transitions between activities.
- Team planning/problem-solving meetings are ongoing.

❑ **Do you collaborate and communicate with agencies and other community partners?** School districts, agencies and programs should cooperate and collaborate for the benefit of the child. Characteristics to look for include:

- Communication, both formal and informal, is consistently maintained between the district and community agencies and programs.
- The program collaborates with community services and organizations for additional adult support, such as park districts for assistance with summer recreation programs.
- The program provides field trips/experiences in the community, which are important for learning about the world and providing families with ideas of where to take their child.

❑ **Does the Individualized Education Program (IEP) drive instruction?** The IEP is intended to be a planning document that shapes and guides the day-to-day provision of special education services. To this end, it is recommended that individualized goals are functional. This means that the goals are meaningful in the context of everyday experiences of the child, and embedded within daily activities and routines, rather than a listing of developmental skills the child has not yet mastered. Characteristics to look for include:

- IEP goals and objective updates are shared with parents and everyone who works with the child at least three times a year.

- Functional goals are written and are age-appropriate.
- Lack of toilet training does not keep a child from being accepted into a program. Toilet training is provided if it is part of a child's IEP.
- Activities should be child-centered and teacher-directed. The child's goals should be embedded into activities that he or she enjoys. The teacher may need to direct or set-up a situation for intentional teaching of the skill, but it is done in the context of an engaging activity for the child, as well as including typical peers in the activity for maximum enjoyment and learning.

❑ **Are you integrating service delivery into the daily schedule?**

When services such as speech, occupational or physical therapy occur within a child's natural environment throughout typical routines and activities, they are able to capitalize on the child's interests, preferences, and actions. Characteristics to look for include:

- Services are integrated into the classroom. Therapists embed the goals into the daily schedule and incorporate typical peers in the activities.
- Classroom teams follow up with the goals designed by the therapists.
- There are enough materials for a variety of planned activities.

❑ **Is there a consistent and ongoing system for staff development?**

The implementation of staff development programs should be planned carefully to incorporate effective procedures. All staff, including administrators, should be a part of the training efforts. Characteristics to look for include:

- Scheduled planning time for staff to specifically plan for individualized instruction.
- Professional development that is provided throughout the year on one specific topic. When staff are offered training for a complete year on the same topic it provides the trainer

numerous opportunities to teach the concepts in a variety of ways such as with the entire staff, in small focused groups, individual training opportunities, and onsite consultation. This year-long approach benefits all staff learning styles. It gives staff the time to reflect on their practices as well as having the assurance that the consultant will be returning to assist in the learning process.

- Training provided to all staff, as well as follow-up consultation with classroom teams and individual teachers.

❑ **Do the teachers have tools and strategies for addressing issues of disability and inclusion?** The teacher's task is to show all children how to work and play together. Characteristics to look for include:

- Teachers introduce disability awareness using children's books, puppets, dolls, and pictures before a child with special needs starts in the program.
- Teachers let all children explore equipment used by children with special needs.
- Children are paired as "buddies," giving them an organized way to get to know each other. The child with special needs should have a chance to be a helper in the buddy relationship, not only a recipient of assistance.

❑ **Is there a comprehensive system for evaluating the effectiveness of the program?** Evaluation of the inclusive early childhood program is important for purposes of improvement and expansion. It is recommended that the evaluation design be multi-dimensional. Characteristics to look for include:

- Evaluations by parents and staff should be analyzed yearly.
- Training for staff and parents should come from their choices.
- Evaluation of community perceptions of inclusion should be conducted and used as a basis for awareness-raising and education.

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A Long and Winding Road: One Family's Journey Through the Educational System

by Susan Valiquette

Reuben was born in 1976, one year after IDEA was enacted – the law that says every child is due a free and appropriate education. Unfortunately for him, he was on the cutting edge of changes that really didn't benefit him to the extent we would have wished, though it has had a lasting influence on generations that followed. While we can laugh at many of the experiences today, at the time it was very hard to accept that less than adequate opportunities were available.

When we brought him home from the hospital, the doctors told us to just love him and hope for the best. He was extremely fragile and not expected to live very long. I carried him in a Snuggly all day and rocked him to sleep each night. We did the best we could. When he was 7 months old, a young woman knocked on our door and said she was here to help. I had no idea who sent her or how she had found me, but I welcomed her with open arms. It turned out she was part of the first wave of early intervention specialists. Diana was a lifesaver to me as I finally felt like I was doing something to proactively help Reuben.

When Reuben was a year old, we moved back to Ohio and started him in an early intervention program. The program was across town, and as soon as we arrived Reuben was taken from my arms and whisked away for up to two hours. He was seeing PT, OT and a speech therapist. I would ask each week if I could go along so that I would be able to continue the activities during the week. Each week I was told that they were the experts and that I should just leave the therapy to them. Unbeknownst to me, parents all across the country were having the same concerns. Gradually the notion of "family-centered care" started creeping into the vocabulary. Ultimately, the early intervention years (birth to 3) and the infant/toddler years (3-5) were very



productive for Reuben's development. He grew both physically and intellectually by leaps and bounds.

When he was 4, he was ready for child care/preschool. I called more than two dozen child care centers and was told by each one that they couldn't take a child with a disability. After exhausting our options I decided to start the list again and not say that he had Down's syndrome. The first place I called set up an appointment with me, but when they saw him they started to balk. It was our lucky day when one of the teachers turned out to be very excited about having him in her class. The administrators agreed to try it. It turned out that the teacher had some background in special education. She became an incredible mentor for the others and Reuben thrived in her care.

Things were great for a few years and then we entered the all-consuming beast otherwise known as the public school system. The terminology changed but

the difference in the attitudes of the teachers was the most troubling barrier. For the first few years Reuben remained in segregated classrooms except for lunch, which was considered a "mainstreaming" experience.

In 1986, Reuben began attending class in a hospital with just a few children, many of who had Down's syndrome. He received lots of individual attention, loved going to school, and made close friends in the class. However, the school system, in its inevitable wisdom, wanted him sent to a kindergarten classroom for part of the day – he was 11 years old. Administrators, teachers, and parents were upset with me when I argued against it. I felt, and still do, that those early years were the best time for him to learn as much as he could and didn't feel that he would be getting the attention he needed by sitting in a class with age-inappropriate, "typically" learning children just so the school system could say they were practicing

mainstreaming/inclusion. At that time, there was not a lot of organization in the process, teachers weren't trained to deal with the special needs of our children, and there was resentment, not just from teachers but also from other parents who often felt that our children were taking time away from theirs. Over time, I came to believe that Reuben would get as much or more out of being "mainstreamed or included" in social settings as he would in the classroom. If other children were able to see him in those situations, it made sense that it would eventually carry over to the classroom.

As it was, he was bused to an elementary school where he literally sat in the back of the kindergarten class with no one interacting with him the entire time he was there. He couldn't understand why he was being taken away from his friends and forced to sit by himself. It was hard for me to understand it, too, let alone to try to explain it to him. Needless to say, it was wasted time for him, and an opportunity for learning lost forever.

Over the years he had some teachers who were great and who could see his potential, but we also had some very challenging and unqualified teachers as well. When he finally went to a regular elementary school – the hospital classroom was closed down – his teacher was fantastic. For the first time we could pick other classes for him to take. Reuben picked art and music because those were two of his favorite pastimes. As the weeks and months wore on, the mainstreaming/inclusion never seemed to happen. Finally, on parent-teacher night, my husband went to talk to the art/music teacher to feel her out. We had been told that she was resistant to having Reuben in her classroom. After a long discussion, she finally said that she didn't know what we expected as she wasn't going to be able to make him a Picasso or a Beethoven. She was quite defensive and nervous. My husband laughed and asked her if she was going to make all of the typically-developing children famous artists and musicians and if their parents were expecting that?

In the end, she said that she was angry because she felt that Reuben was being forced on her and that she had no training in working with children like him. When it was explained that we just wanted him to have the opportunity to learn whatever he could from her and that we weren't expecting miracles, she promised to give it a try. By the end of the year, she adored Reuben and he was one of her most attentive students.

Sadly, high school was pretty much of a waste for Reuben. He was placed in a special education class with a teacher who had no training or experience. He had the same "teacher" for five years. His greatest gains came from his relationships with other kids in all areas of the school – as often turns out to be the case. In the end, I could say we can see and appreciate the growth from the nothing of 1975 to the successes of today, but we realize many children have been and continue to be left behind by programs that are under-funded, administrators who lack insight and leadership, and by teachers who may be under-trained, overworked or poorly motivated. Call it what you will, but we are still in the early stages of early intervention, mainstreaming, and inclusion, and much remains to be done.

Reuben is now almost 33 years old. He has worked since he was 15 – jobs gotten on his own. He has bagged groceries since he was 16, and last year he worked for the 2009 Winter World Games, which were held in Idaho. He competed in the games and won two bronze medals. He is a board member with Special Olympics Idaho and is a candidate for service on the Idaho Council for Developmental Disabilities. He has overcome challenges that seemed insurmountable, is loved and respected by all who know him, and he is the apple of our eye.

Susan Valiquette is a photographer living in Boise, Idaho, and mother of Reuben. She may be reached at susanvaliquette@cablone.net.

What Does the Research Say About Early Childhood Inclusion?

The National Professional Development Center on Inclusion has summarized key conclusions, or "synthesis points," drawn from a review of the literature and research on early childhood inclusion.

Here are a few key points.

- *Inclusion takes many forms.*
- *Universal access to inclusive programs for all children with disabilities is far from a reality.*
- *Inclusion can benefit ALL children.*
- *A variety of factors such as policies, resources, and beliefs influence the acceptance and implementation of inclusion.*
- *Specialized instruction is an important component of inclusion and a factor affecting child outcomes.*
- *Collaboration among parents, teachers, and specialists is a cornerstone of high quality inclusion.*
- *The quality of early childhood programs that enroll young children with disabilities is as good as, or slightly better than, the quality of programs that do not enroll these children.*
- *Early childhood professionals may not be adequately prepared to serve young children with disabilities enrolled in inclusive programs.*

To learn more about the research supporting these and other synthesis points see, "Research Synthesis Points on Early Childhood Inclusion" at <http://community.fpg.unc.edu/resources/articles/NDPCI-ResearchSynthesis-9-2007.pdf/view>.

Contributed by Camille Catlett, FPG Child Development Institute, University of North Carolina, Chapel Hill.

Supporting Inclusion Through New Approaches to Professional Development

by Camille Catlett

My first week as the new infant-toddler speech-language pathologist in a large school district in the late 1970's is still a very vivid memory. I had envisioned this period of orientation as a time to get to know colleagues, children, and families. My supervisor, however, had a very different idea. And so I joined hundreds of other school district employees for endless days of lecture about policies and procedures. The thoughtful colleague beside me gave a name to this unique form of torture when she said we were being "inserviced."

This early and unpleasant experience has led to a lifelong fascination with what we can do to make sure early childhood colleagues are comfortable, confident, and capable to support each and every child. One barrier to implementing quality inclusive programs and practices remains the fact that many early childhood teachers may not be ready to work with children with disabilities. Recent surveys of preservice early childhood programs (Chang, Early, & Winton, 2005) revealed less than adequate preparation in preservice programs related to supporting young children with disabilities. As we consider the importance of preparing teachers, administrators, and other personnel to support quality inclusive programs and practices, our thoughts must turn to evidence of the most effective approaches.

What Do We Know About What Works and What Doesn't?

The evidence about what doesn't work is quite clear. Researchers have documented that one-time "spray and pray" approaches to professional development are only minimally effective (Guskey, 1986; Fixsen, Naoom, Blasé, Friedman, & Wallace, 2005) and rarely result in changes in actual classroom practices (Joyce & Showers, 2002). Despite these

findings, a recent national survey of Part C (early intervention) and 619 (early childhood special education) coordinators indicated that workshops were the primary method for delivering training and technical assistance (Bruder, Mogro-Wilson, Stayton, & Dietrich, 2009).

So, what do we know about effective approaches? Recent research syntheses on adult learning strategies and teacher development have provided some answers. They indicate that effective professional development is: 1) intensive and ongoing, with multiple, sequenced, active learning experiences; 2) grounded in specific practice-focused content; 3) provided in conjunction with learner self-assessment and feedback; and 4) aligned with instructional goals, learning standards, and curriculum materials (Trivette, 2005; Trivette, Dunst, Hamby, Richardson, & O'Herin, 2009; Darling-Hammond, Wei, Andree, Richardson, & Orphanos, 2009). These are approaches that incorporate "knowledge acquisition" and "knowledge application," both of which, according to the definition of professional development provided by the National Professional Development Center on Inclusion (2008), are essential for effective professional development.

New Terminology and Frameworks

Recently, the National Professional Development Center on Inclusion (NPDCI) has proposed some new ideas. First, NPDCI suggests that we use the umbrella term *professional development* to recognize the many different approaches to the growing knowledge, skills, and dispositions of adults in the early childhood field. These approaches range from coursework and workshops to relationship-based approaches (e.g., coaching, mentoring, technical assistance, consultation, supervision). Second, NPDCI has defined professional

development as "structured teaching and learning experiences that are formalized and designed to support the acquisition of knowledge, skills, and dispositions as well as the application of this knowledge in practice" (NPCDI, 2008). This definition acknowledges that while one-time workshops may be an effective way to begin the process of knowledge acquisition, they will most likely not be an effective way to support the ongoing translation of new information into practice.

None of these capabilities can be built through a single workshop.

The time for "inservicing" is over.

Beyond workshops, professional development colleagues in the early childhood field are increasingly moving away from workshops as the primary mode of delivery to the more promising approaches described above. *Relationship-based professional development (RBPD)* is a term that is being used to describe types of professional assistance that use professional or collegial relationships as the foundation. Four commonly mentioned approaches to RBPD are mentoring, coaching, consultation, and technical assistance.

These new approaches require new skill sets. Skillful practitioners of relationship-based professional development need to be competent in areas that range from adult learning to communication (see Table 1).

Using New Approaches to Professional Development

Growing a workforce – teachers, specialists, administrators, assistants, and early childhood/early intervention leaders – with the knowledge, skills, and attitudes to build opportunities for quality inclusion will require differently prepared personnel. Specialists need to be knowledgeable about what goes on in each child's life and how to support learning and development by integrating specialized approaches into daily routines and learning opportunities.

Teachers and assistants need to draw on their expertise in ways that support each and every young child. Administrators need to understand the benefits, barriers, and facilitators as the basis for promoting quality inclusive programs and practices. Early childhood/early intervention leaders need to test, implement, scale up, evaluate, support, and sustain effective and multi-faceted approaches to professional development that build shared knowledge acquisition and knowledge application. All adults need time and skill in working collaboratively

with families to build culturally and individually responsive approaches.

Conclusion

None of these capabilities can be built through a single workshop. Instead, thoughtful, collaborative professional development efforts are needed to grow and sustain the collective capability of all the adults working together. The time for “inservicing” is over. Instead, our efforts and resources should be directed to supporting evidence-based approaches that can make quality inclusive programs happen.

Table 1. What Does It Take to Provide Effective Relationship-Based Professional Development?

| Competence in... | Requires knowledge and skills for... |
|-------------------------------|---|
| Adult learning | <ul style="list-style-type: none"> Using diverse approaches to knowledge acquisition and knowledge application that are tailored to the learning styles and preferences of participants Understanding how to support the learning of both individuals and groups Incorporating meaningful goals Providing meaningful evaluation and feedback |
| Building relationships | <ul style="list-style-type: none"> Facilitating respectful and responsive interactions Demonstrating culturally responsive approaches Building on the interests and strengths of participants |
| Assessment and planning | <ul style="list-style-type: none"> Offering meaningful ways to assess progress and improvement Supporting self-reflection and self-assessment in participants Providing relevant and objective feedback to support continuous improvement and adjustments to personal and professional goals |
| Communications | <ul style="list-style-type: none"> Effectively using a range of verbal, non-verbal, and written techniques Listening actively and responsively Asking questions and requesting clarification Summarizing, restating, and facilitating |
| Change | <ul style="list-style-type: none"> Understanding continuous improvement Understanding, responding to, and facilitating change Managing and resolving conflict |
| Professional responsibilities | <ul style="list-style-type: none"> Demonstrating knowledge, skill, and dispositions in the specific area in which professional development is being provided Maintaining confidentiality Behaving in an ethical and professional manner Using reflective practice to examine and continuously improve the process and progress of relationship-based professional development |

Based on MnSMART, 2007; Buysse & Wesley, 2005; and Rush & Shelden, 2006.

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How Inclusion is Benefitting One Child Without Disabilities: Dillon's Story

by Jennifer Sedlack

In 2006, my husband and I enrolled our son Dillon in Coralwood, an early childhood public school that provides an inclusive education setting for children aged three to six. Dillon is a typically-developing child, and his exposure to children with special needs has had a significant impact on our family. In addition to benefiting from a quality education, Dillon's behavior has shown marked improvement. He is kinder, more compassionate, and does not limit his friendships to children with abilities similar to his.

As a former director of a non-profit serving people with disabilities, I was aware that my life experience was void of interaction with the client base I served. I wanted my son to have experiences that would enable him to understand and accept the differences, as well as the similarities, of people with special needs. Coralwood School has given our family the skills and understanding I was after.

Dillon's classes at Coralwood range from 16 to 18 students; six to eight of the students in each class have special needs. Other than the students with physical disabilities, Dillon is generally unaware of who those six to eight students are. Students are not labeled; in the classroom, the children are peers.

One common misconception in an inclusive classroom setting is that students with Individual Education Programs (IEPs) absorb more of the teacher's time to the detriment of students without IEPs. That has not been our experience. Teachers and administrators create an environment that expects all children, regardless of their abilities, to be their best.

In his first year at Coralwood, Dillon made fast friends and had a weekly play date with Michael. What Dillon didn't realize was that these play dates were in fact sessions with specialists who were



working with Michael on various skills. Michael and Dillon both learned appropriate social behavior while improving their communication skills, unaware they were being taught.

Dillon's education at Coralwood is a similar seamless coupling of educating students with IEPs alongside students without IEPs. This past year Kendra, who is blind, was in Dillon's class. Dillon learned how Kendra navigates with her cane, the types of birthday presents appropriate for her, and how she uses a Perkins Braille to write. The Braille-writer fascinated the children and they eagerly asked to use it to write her notes.

When I was invited to read to Dillon's class, he suggested I bring his Halloween book with built-in sounds because he knew Kendra would like it. And while driving to a party for a classmate, Dillon and his friend spent the journey discussing inventions that would allow Kendra to play without injury on the inflatable toys they had heard would be there.

Parents often join the students in the cafeteria during lunch, participate in

classroom reading programs, and generously volunteer for special events. This atmosphere of openness and acceptance is a tone set by our principal. She makes it clear on day one that parents are welcome at the school and are expected to be engaged, and that families with children who have special needs and those with children who are typically-developing are embarking on an education partnership that cannot succeed without parental involvement.

Our family's inclusive education experience has been enlightening and life-changing. We now advocate for inclusive education and have signed Dillon up to continue the program at the partnering elementary school in the area. We are grateful to the parents of students with special needs for participating with us in this educational journey, allowing our son and us to expand our understanding and grow from the relationship.

Jennifer Sedlack, her husband Phil, and son Dillon live in Atlanta, Georgia.

Teaching Value

by Tyler Greene

I know that I am valued for who I am. When you ask people, "What makes a person successful?" they will say things like, "You need to be a team player," "You need to have a positive attitude," "You need to be a leader," or "You need to be a good problem solver." Employers are looking for personal qualities such as trustworthiness, respect, responsibility, fairness, character, and citizenship. So how do we get these qualities?

I have never asked anyone what makes a person successful and had them answer, "He can walk" or "He can talk." I can be successful without walking like you and without being able to use a pair of scissors. What lessons are we teaching when we separate kids with different abilities from their so called "typical" friends and classmates? We are ALL individually different, but we should ALL be living and learning together.

When I was little, I spent a lot of time at the park. Parks are fun, free and full of other kids. At age three, I did not talk, I did not walk by myself, I wore leg braces, and I had a patched lazy eye. Playing at the park took a lot of help, but I loved it.



My mom says playing at the park reminded her that lessons from all those "therapies" that we spent so many hours on didn't have to be practiced in a separate room. I was walked up the steps surrounded by talking kids, laughter, and energy. "Up, up, up the ladder and down, down, down the slide." I learned life lessons and good manners at the park. Things like "Excuse me," "We don't push," "We need to wait in line," and "We need to take our turn." Other kids learned that ALL kids like to play at the park.

A lot of kids worried about the bandaids (patch) on my eye. I listened to my parents' explanations that were simple and heartfelt: "Thank you for caring. He's not hurt. He's okay." One day a little girl was curiously watching me play at the park. She played alongside me and watched the supported awkward walk for some time. We said "Hi" as she passed by and she finally stopped to talk with us. "Mama," she boldly stated, "you got that boy's shoes on the wrong feet." It gave us another opportunity to explain, "No, this is Tyler and this is how Tyler walks. He's okay."

When I participated in community activities we learned that it was important to let leaders know our goals for an activity. For example, for YMCA swimming lessons the teacher was very hesitant to allow me to participate with kids my own age. They wanted to put me in the toddler pool with younger kids. After some conversation we realized the instructor was focused on "learning to swim" and we were focused on "being part of the class."

I know that I am a valued member of my school and classrooms; I participated in Family camp, church camp, and Scout camp with support. I took community drama classes and was in our community theater. I played in the school band. I was at the parks and playgrounds in my neighborhood. I had and attended birthday parties. I was an



active Cub Scout and Boy Scout, and played Cub Scout softball. I am an active member of my church.

If only it was as easy as shoes on the wrong feet. Well... maybe it is.

Tyler Greene is a 19-year-old college sophomore from Waterloo, Iowa. His Eagle Scout project in the fall of 2006 was the production of a training DVD on ability awareness, "I'm Tyler (don't be surprised)." He is now speaking across the United States, and serves on the National Kids as Self Advocates Advisory Board and state Special Education Advisory Panel. He has received such awards as the Yes I Can National CEC Award for Self-Advocacy 2008, United Church of Christ National Disabilities Ministry Award 2007, and the Iowa Chapter of CASE Tyler Student Achievement Award 2007. He may be reached at www.imtyler.org.

Promoting the Social Competence of Young Children With Disabilities

by Lise Fox

The early childhood years are a critical period for the development of social competence. During the first five years of life, the young child develops the foundational skills needed to regulate and express emotion, interact and form relationships with others, and express needs and wants. These foundational skills impact the child's success in communication and language development, peer relationships, social adjustment, school success, and quality of life as an adult. Social and behavioral competence in young children is highly predictive of a child's academic performance when entering into school.

The Pyramid Model

Recent research has validated the critical importance of ensuring that young children have access to the environments and interactions that will optimize social development. Moreover there is persuasive evidence that the early years are a pivotal time for providing effective interventions to address challenging behavior (Dunlap et al., 2006). If challenging behavior is not effectively addressed early in a child's development, the child is at an increased risk of continuing to have behavioral difficulties. In this article, a model for the promotion of young children's social development, the prevention of behavior challenges, and effective interventions for addressing challenging behavior is presented along with a description of essential practices for families and early educators to consider as they support children with disabilities.

The Pyramid Model (see Figure 1) provides guidance to early educators and families regarding the needs and practices associated with promoting young children's social-emotional development, preventing challenging behavior, and ensuring readiness for

school. The model helps early educators and families understand the full range of evidence-based practices that should be provided by early education programs to support the social-emotional needs of *all young children* and their families. It includes universal practices that are needed to support and promote healthy social development, secondary strategies that are designed to prevent social-emotional and behavioral problems for children who might be at risk of developing behavior challenges, and tertiary strategies to provide individualized intervention to young children with severe and persistent challenging behavior (Fox, Dunlap, Hemmeter, Joseph, & Strain, 2003). The adoption of the Pyramid Model provides early education programs with the educational practices and interventions that ensure that the social-emotional needs of all children, including children with disabilities, can be effectively met within inclusive programs.

Pyramid Level 1: Universal Promotion

The first level of the Pyramid Model – Universal Promotion – focuses on the importance of nurturing and responsive relationships and high quality environments. These universal practices are essential to the promotion of a child's social development and include practices such as providing unconditional nurturance to the child, responding to and expanding upon the child's social and communicative efforts, actively supporting children's play, responding to children's conversations, and providing specific praise to encourage appropriate behavior. The relationships level of the Pyramid also includes the critical importance of providing families with information and support in their role as parents, and establishing collaborative

partnerships with families when providing group early education and care services. Finally, the relationships level of the Pyramid Model also includes an emphasis on the importance of teaming among professionals in their service to children and families, and the provision of early intervention and early education services that are supportive of the child and family needs.

The second aspect of the Universal Promotion level of the Pyramid Model that is essential to all children is the provision of a high quality early education environment. A high quality environment is one that meets the program standards and guidelines of recommended practices in the field. These have been defined for young children in general (National Association for the Education of Young Children, 2007) and guidance for early intervention and early childhood special education services has been described by the Division for Early Childhood of the Council for Exceptional Children (Sandall, Hemmeter, Smith, & McLean, 2005). Meeting these program recommendations ensures that the early education program has the classroom structure, curriculum, materials, and teaching interactions to promote social development.

Pyramid Level 2: Secondary Prevention

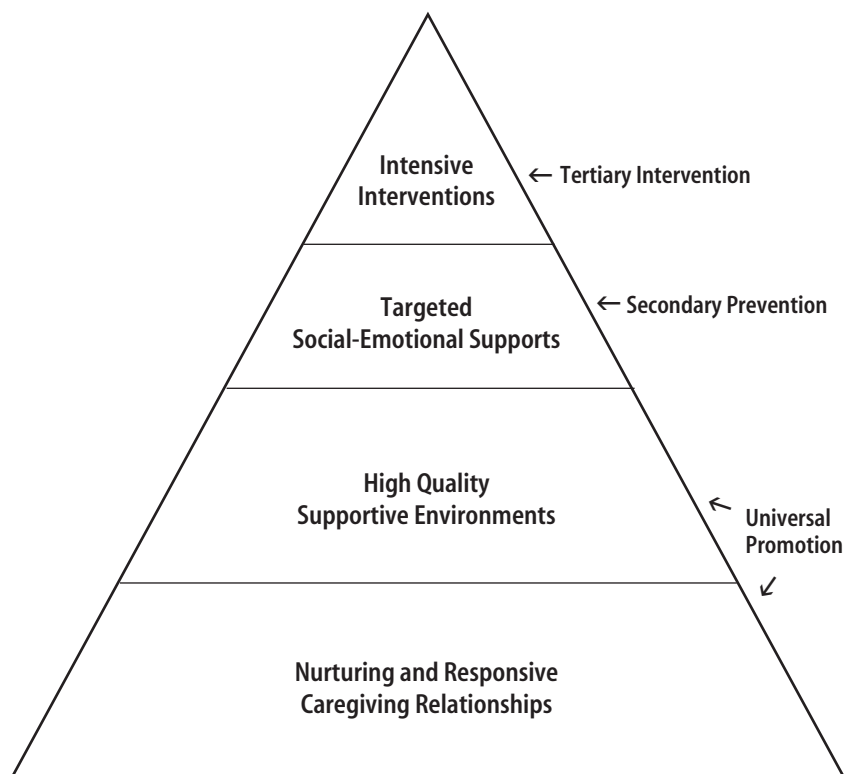
The Secondary Prevention level of the Pyramid Model includes the practices needed to ensure that children with social-emotional delays receive intentional intervention to prevent the development of challenging behavior and to foster the acquisition of pivotal social skills. The skills that are targeted for instruction at this level of the Pyramid include identifying and expressing emotions, self-regulation, social problem solving, initiating and maintaining

interactions, cooperative responding, strategies for handling disappointment and anger, and friendship skills (e.g., being helpful, taking turns, giving compliments). The identification of skills to teach is determined through early childhood social-emotional assessments and by observing the child in interaction with other children and adults. The process of assessment and observation leads to the identification of the critical skills needed to express and regulate emotion, build relationships with others, and communicate wants and needs effectively. Once key skills are identified, an instructional plan and progress monitoring approach is developed and implemented by all of the child's caregivers within natural routines and activities. The instruction in social-emotional skills occurs using a systematic instructional approach embedded into everyday routines, activities, and interactions with family members, other adults, and peers.

Pyramid Level 3: Tertiary Intervention

The top level of the Pyramid Model – Tertiary Intervention – is the provision of a team-based process that results in an assessment-based, comprehensive behavior support plan for those children who have persistent challenging behavior. It is designed for implementation by the child's natural caregivers. The approach used in this model is to: 1) conduct the process of functional assessment to examine the relationship between the child's challenging behavior and environment, and identify the function or purpose of the challenging behavior; and 2) to develop a behavior support plan that is focused on the prevention of challenging behavior, the instruction of replacement skills, and the use of responses to behavior that promote appropriate behavior. This is followed by frequently monitoring the plan implementation and child response, and revising the plan as needed.

Figure 1: The Pyramid Model for Supporting Social Competence in Young Children



Conclusion

There are two national technical assistance centers that are working in partnership with parent and professional associations to promote the adoption of the Pyramid Model across all early education settings (i.e., child care, Head Start, early childhood special education, preschool programs):

- Center on the Social and Emotional Foundations for Early Learning (www.vanderbilt.edu/csefel) funded by the Office of Head Start and Child Care Bureau, U.S. Department of Health and Human Services.
- Technical Assistance Center on Social Emotional Intervention (www.challengingbehavior.org) funded by the Office of Special Education Programs, U.S. Department of Education.

They offer a variety of resources to assist professionals, parents, programs, and states to adopt the Pyramid Model.

When early education and care and early intervention programs implement

the Pyramid Model they have a system for ensuring that the social-emotional needs of all children can be effectively supported. The practices in this model can provide early education programs with both the confidence and competence to provide effective interventions that result in meaningful outcomes for children and their families.

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Promising Practices to Support Friendships in Inclusive Classrooms

by Barbara Davis Goldman

The promise of inclusion is that children with disabilities will actually learn alongside, play with, and be friends with children without disabilities. While the first of these may be fairly easy to achieve, helping children, especially those with significant disabilities, to play with children with and without disabilities and become friends with them takes some effort. This article presents a brief listing of ways that professionals and parents can help support friendships. For additional information about rationales and

To encourage the development of new friendships, think of yourself as a “matchmaker” and look for children who show glimmers of interest in each other, or in similar activities.

research behind these strategies, please consult the four publications in the Conclusion section of this article.

Signs of Friendship, or “Friendship Potential”

To learn how to encourage friendships inside and outside the inclusive early childhood classroom, it helps to know what young friendships might look like. Then, you can start to look for ones that are emergent, or just developing, because these may need some encouraging support. While observing, you can also be scouting for “hot prospects” or potential friends for children who appear to need them by looking for just a few of the signs, since they may show promise of a friendship in the future. Friendships may not have all these signs, but the following

list is a good place to start. Watch for two children who:

- Play together frequently, or just “hang out” together as a pair, and are often together even when they are part of a larger group.
- Do the same thing at the same time, either because they have common interests or because they just want to be together, or both of these reasons.
- Copy each other’s actions or words.
- Use language to create similarity, such as “we-talk” (e.g., “we’re making a train” or “we’re silly” or “we’re friends”) or use “tag questions” to establish joint agreement (e.g., “This is our fort, right?”).
- Share smiles, “jokes” and laughter, especially at silly things that no one else would find so funny.
- Either one or both help, share, protect, and/or comfort the other.

It is possible that you will not need to do anything special for established friendships, but for children who have had only a few friends, or are young, or have special needs, it is likely that you will still want to encourage the development and continuation of these friendships using some of the strategies listed below. To encourage the development of new friendships, think of yourself as a “matchmaker” and look for children who show glimmers of interest in each other, or in similar activities, and try different ways to bring them together and support their interactions.

Supporting Friendships: General Strategies

General techniques for facilitating peer interaction, supporting “old” friendships, and encouraging new ones to develop in the early childhood classroom include the following:

- Provide plenty of free choice/free play time so children can choose who they want to be with and what they want to do together.
- Provide multiples of toys or sets of toys so it is easy for them to copy each other, or do the same thing together, or extend and coordinate their play as they mature.
- Provide adaptive equipment so children with mobility challenges can join the group and play together.
- Allow vigorous, noisy, or silly play at least occasionally because of its potential for shared positive affect such as laughter, which can help create and then reinforce friendship.
- Present interesting objects or activities that children are likely to flock to you to see, and then you may be able to get something going between the children.
- Be available yourself, at child level, which will attract children to you as the “interesting object” and then you are available to get an interaction going between the children.
- Be on the lookout for the times when an action that you do with a child attracts the attention of a peer, so you can either fade out or support a joint activity.
- Play turn-taking games (like rolling a ball) and imitation games, or take back-and-forth turns in play with children who are developmentally very young to provide the critical foundation for future interactions and friendships with other children.

Supporting Specific Friendships

Techniques for supporting specific friendship pairs, both established and new, and for individual children or pairs who need more support, include:

- Include small, cozy spaces just big enough for two, or playground equipment that needs two, to help them focus just on each other – interactions are much easier with just two.
- Allow a pair some interpersonal “privacy” so they can concentrate on their relationship – even if it means that they need to exclude others occasionally.
- Make special materials or activities available during free choice time that both members of the pair especially enjoy in order to encourage them to play together.

With a little help, young children can find playmates.

With help and a little luck, many will also find friends.

- Arrange for children to be close to each other, and/or actively bring children together, especially those who may have trouble moving around independently.
- Help children join ongoing group activities like dramatic play by finding appropriate roles for them.
- Join children in their play so you can help keep the interaction going, and interpret, or speak for, or explain the actions of children for those whose social and communication skills are just developing.
- Teachers should share with parents information about the established, and especially emergent, friendships observed in the classroom so the parents might be able to arrange “play dates” for the two outside of class, where they can focus on each other.
- Parents should ask teachers about friends and “hot prospects” and, if possible, arrange “play dates” with these children or with others who may be a good match for their child.

- Parents can support the interactions as necessary, but also need to let the pair play independently, being available only as needed, as above.

Conclusion

With a little help, young children can find playmates. With help and a little luck, many will also find friends. To learn more about the strategies described above for supporting friendships, see the following resources:

- Goldman, B.D. and Buysse, V. (2008). Making friends: Assisting children’s early relationships. *FPG Snapshot*, 55. Available at <http://www.fpg.unc.edu/~snapshots/snap55.pdf>.
- Goldman, B.D. (2007, Spring/Summer). What early educators and parents can do to support friendships in early childhood. *Children and Families: The Magazine of the National Head Start Association*, 12-15.
- Goldman, B.D. and Buysse, V. (2007). Friendships in very young children. In O.N. Saracho & B. Spodek (Eds.), *Contemporary perspectives on socialization and social development in early childhood education* (pp. 165-192). Greenwich, CT: Information Age Publishing.
- Goldman, B.D. and Buysse, V. (2005). *The Playmates & Friends Questionnaire for Teachers, Revised*. Chapel Hill NC: Frank Porter Graham Child Development Institute, University of North Carolina. Available at www.fpg.unc.edu/~publicationsoffice/pdfs/playmates_friends_rev.pdf.

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More Resources on Supporting Relationships

- “*Play Time Social Time*” by Samuel Odom and Scott McConnell. In this curriculum published by the Institute on Community Integration, University of Minnesota, are strategies for promoting social interaction and development of social competence for preschoolers with disabilities using children’s natural inclinations to play. The manual includes methods for selecting target children for intervention, selecting peers, social skills lessons, structured play activities, and procedures for prompting and fading responses. To order see <http://ici.umn.edu/products/curricula.html#ie> or call 612/624-4512.
- “*Preschoolers’ Ideas About Disabilities*” by Karen E. Diamond and Hsin-Hui Huang. This article examines what we know about typically-developing children’s ideas about age mates with disabilities, and how experiences in inclusive programs may influence ideas and attitudes. It focuses on young children’s understanding of different disabilities; ways that parents and teachers can influence children’s ideas; and relations between children’s ideas, interactions, and experiences in settings that include peers with disabilities. It offers suggestions for ways that teachers can support preschool children’s interactions and help them to understand what it means to have a disability. Published in the journal *Infants & Young Children* (January/February/March 2005), Vol. 18, Issue 1, pages 37-46.

Do You Speak My Language? Culturally and Linguistically Diverse Children in ECSE

by Lillian Durán

The population served by special education represents a broad spectrum of the total population in the United States, including young culturally and linguistically diverse (CLD) children (Zehler et al., 2003). Specifically, in early childhood special education (ECSE) data trends indicate that over the last 10 years there has been a significant increase in ethnic/racial diversity, and this trend is projected to continue. These changes in ECSE mirror the demographic shifts in the nation.

Issues surrounding language and cultural differences challenge ECSE professionals to expand their cultural responsiveness and find creative solutions to communicating with families with whom they do not share a language.

The U.S. Census Bureau (2000) estimates that minorities will represent 54% of the total population by 2050, and by 2023 more than half of all children.

Unfortunately, many ECSE programs struggle to meet the needs of the CLD populations they serve. Issues surrounding language and cultural differences challenge ECSE professionals to expand their own cultural responsiveness and to find creative solutions to communicating with families with whom they do not share a language. Additionally, many educators underestimate the complexity of factors that contribute to a child's school success or failure, and look at CLD children as possessing deficits to

be remediated rather than assets to be developed (Dona, Hoffman, & De Long, 2006). ECSE programs need to provide enriched educational opportunities for this population by providing culturally appropriate instructional practices and emphasizing dual language development (Cheatham, Santos, & Ro, 2007).

This article will address some key factors to consider when working with CLD populations in ECSE, and will provide suggestions for future directions in our field. The two areas that will be addressed are cultural competence and dual language learning.

Cultural Competence

More professional development opportunities need to be offered to ECSE professionals to increase their knowledge of cross-cultural differences in definitions of disability, family roles, and daily routines. *Developing Cross-Cultural Competence: A Guide for Working with Children and Families* (Lynch & Hanson, 2004) is an excellent text that provides basic information about a number of different cultures, including their perspectives on parenting, child development, and disability. ECSE professionals can use texts such as this as a guide, but it is critical to consider each family's unique cultural identity and incorporate their values and practices into intervention planning. Without these considerations we risk developing intervention plans that are culturally inappropriate, irrelevant, and potentially offensive. A poor fit between our intervention plans and the family will potentially undermine the quality of our services and the outcomes we desire.

To better serve CLD children and families, professionals should keep in mind these five critical aspects of cultural competence outlined by Lynch & Hanson (2004, pg. 450):

- An awareness of one's own cultural limitations.
- Openness, appreciation, and respect for cultural differences.
- A view of intercultural interactions as learning opportunities.
- The ability to use cultural resources in interventions.
- An acknowledgement of the integrity and value of all cultures.

When there are cross-cultural differences to be negotiated between ECSE staff and particular families, *Skilled Dialog: Strategies for Responding to Cultural Diversity in Early Childhood* (Barrera & Corso, 2003) provides a model for negotiation based on respect, reciprocity, and responsiveness. These three qualities must characterize our interactions with CLD families and their children so that we provide high quality services that are driven by the priorities of individual families, rather than the structure of current systems. This is a critical shift in our field and necessitates flexibility and open-mindedness as we redefine and possibly reorganize not only how we deliver services, but also the types of services that are delivered to accommodate the needs and priorities of a diverse range of families in our communities.

Dual Language Learning

Language difference is often cited as one of the most challenging obstacles in providing appropriate services to CLD populations in early childhood education (Espinosa, 2008). Common misconceptions and misguided practices in our field include:

- The notion that being bilingual causes language delay.
- Encouraging families who speak a home language other than English to use English with their child.

- Providing English-only intervention to dual language learners because it is believed that this will help them to acquire English more efficiently and with higher mastery.

These misconceptions and misguided practices often impede the delivery of linguistically appropriate and evidence-based interventions to many dual language learners. Even when teams have been provided current information regarding bilingual development, there is the added challenge of finding bilingual ECSE professionals and paraprofessionals who can provide linguistically appropriate services to children who speak a language other than English. This article can provide only a brief summary of current issues and trends in educating young dual language learners. A recent publication, *Challenging Common Myths About Young English Language Learners* (Espinosa, 2008) provides an evidence-based discussion of the misconceptions highlighted above. However, in short, ECSE professionals should realize that being bilingual does not inherently cause language delay, and after many years of research, support of a child's native language appears to facilitate increased mastery of English as evidenced by higher reading and academic outcomes in English for those students who have had native language support throughout their elementary school years (Rolstad, Mahoney, & Glass, 2005; Slavin & Cheung, 2005).

Further clarification of these misconceptions is multi-faceted and, quite honestly, complex. A key resource for current practitioners to guide special education evaluation and intervention is, *Dual Language Development and Disorders: A Handbook on Bilingualism and Second Language Learning* (Genesee, Paradis, & Crago, 2004). This book provides extensive information on dual language development and provides the technical information needed for practitioners to determine whether a bilingual child is experiencing a language delay. It also further describes the types of

language supports that may be necessary to help a bilingual child's continued dual language development. Overall, given the convergence of research evidence in this area we need to become much more focused on providing dual language support through creatively reallocating current resources, involving CLD family and community members, and hiring more bilingual staff (Cheatham, et al., 2007).

The Future

The following is a list of suggestions for future directions in ECSE to more appropriately meet the needs of the CLD populations we serve:

- We need to recruit, train, and retain more bilingual personnel in ECSE.
- We should provide ongoing technical assistance based on current research for ECSE professionals, paraprofessionals, and administrators working with CLD populations.
- We also need to provide more training for interpreters and bilingual paraprofessionals working in ECSE covering topics such as special education due process, evaluation, and intervention procedures.
- Additionally, we need to create more culturally responsive supports for CLD families to become involved in ECSE programs.
- Lastly, we need to develop more training opportunities for ECSE professionals to guide their work with interpreters.

Given these ongoing and pressing needs, our field should consider creating English Language Learning – Special Education specialist positions to realistically provide this level of support to programs.

Conclusion

The benefits of supporting a culturally diverse and multilingual society are not highlighted enough, especially given our global economy and the increasing demand for culturally diverse and multilingual personnel in a wide range of professional fields. In ECSE we have the choice to meet this challenge with an attitude of optimism. The focus should not be on the fact that many CLD children may not speak English, but rather on the fact that they do speak Hmong, Spanish, Somali, etc. What a valuable gift their ancestry and families have given them. A goal for ECSE programs in the 21st century should be to support these children's potential by valuing and honoring the cultural and linguistic capital they bring to society, and by nurturing their dual language development and cultural identities.

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Universal Design for Learning: The Building Inclusive Child Care Project

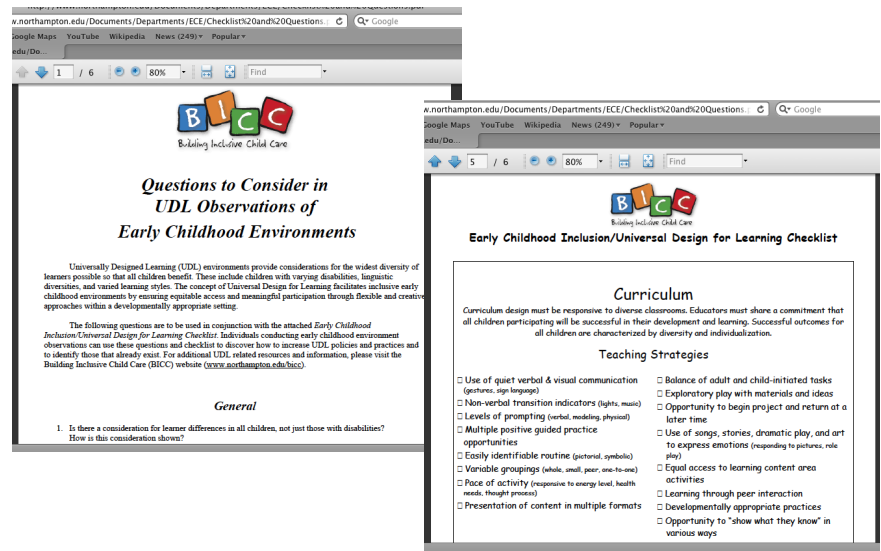
by Robin Cunconan-Lahr

Facilitating inclusive practices in early learning environments by emphasizing the role of Universal Design for Learning (UDL) and family perspectives is the goal of the Building Inclusive Child Care Project (BICC) in Pennsylvania. Funded by the Pennsylvania Developmental Disabilities Council and administered by Northampton Community College, BICC utilizes UDL policies and practices to support children of varying abilities in early childhood environments.

The project was initiated in 2005, in part to respond to the experiences of families who continued to be denied access to inclusive quality child care. Despite legal and policy mandates found in the Americans with Disabilities Act (ADA) and the Individuals with Disabilities Education Act (IDEA), children and families are still confronted with barriers that prohibit successful early childhood inclusion. Additionally, it was clear that not only do early childhood providers need support to make changes toward inclusion, but the various “systems” that support early childhood structures also need to break barriers, find common grounds of best practices, and design environments that support quality inclusion. UDL creates an opportunity to do this.

UDL is a teaching approach responsive to diverse classrooms with students of varying abilities, backgrounds, and learning styles. In contrast to traditional approaches, UDL recognizes that by designing and implementing programs that are accessible and beneficial for all children from the beginning, the need to make modifications or accommodations later for specific children may be decreased or even become unnecessary. UDL provides multiple, flexible, and varied ways of presenting content, expressing knowledge, and engaging children in active and meaningful participation. Through UDL, including all children

Figure 1: Universal Design for Learning tools that are available on the project's Web site



becomes an inherent part of the early learning environment.

The BICC project educates the early childhood community about UDL and demonstrates how its application can create inclusive early childhood environments. The project focuses on three areas: Professional Development, Family Mentoring, and Systems Change.

Professional development opportunities are offered in various ways. Reibman's Children Center, an early childhood education program located at Northampton Community College, is a UDL Demonstration Site and provides an opportunity for local child care providers to tour the Center and learn about UDL. BICC provides training on-location to child care staff and early childhood and special education personnel, as well as higher education faculty. It works collaboratively with early childhood consultants to increase the quality of child care provided to children and families.

Under the BICC Family Mentor model, family members of children with disabilities provide local child care staff with disability-related resources, strategies for fostering positive communications, and family-focused perspectives. Family Mentors also collaborate with early childhood and special education faculty at Northampton Community College to provide preservice teachers with family perspectives, resources, and practical family-friendly strategies. The BICC Family Mentor model creates an awareness and understanding that family perspectives play an invaluable role in the successful inclusion of young children with disabilities.

Systems change through state and national dissemination of the project's resources promotes a conscientious and intentional thinking around inclusive practices. A DVD developed by the project entitled, *Building Inclusive Child Care Through Universally Designed Programs* can be viewed on the project's Web site (www.northampton.edu/bicc). This

video provides a “virtual tour” of the Reibman Children’s Center and demonstrates how inclusion of young children can be facilitated through the integration of UDL approaches. Early childhood providers and others can use the DVD to learn about UDL and observe strategies used in early childhood settings. Free DVD copies are available upon request.

Available also is a checklist and list of questions for early childhood educators to use in the development and expansion of universally-designed environments (see Figure 1). These documents, entitled *Questions to Consider in UDL Observations of Early Childhood Environments* and *Early Childhood Inclusion/Universal Design for Learning Checklist* are intended to be

used in conjunction and act as a guide to discover how to increase UDL policies and practices and to identify those that already exist (available at <http://www.northampton.edu/Documents/Departments/ece/checklist%20and%20Questions.pdf>). Finally, BICC participates and partners with various state and national entities to affect policy and systems change that work toward ensuring all children have equitable access and meaningful participation within the constructs of early childhood environments.

Project outcomes have demonstrated changes in attitudes, policies, and practices that are reflected in action-oriented steps to increase and improve inclusive practices on behalf of children with

disabilities and their families. Centers have reported an increased number of children being included and specific changes in curricular approaches consistent with UDL. The BICC project hopes to expand awareness and understanding of UDL principles as a vehicle for developing and maintaining quality inclusive early childhood environments.

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Additional Resources for Creating Inclusive Settings

- **Financial and Design Solutions for the Development of Inclusive Child Care Centers** (www.easterseals.com/site/PageServer?pagename=ntl_pqicc_design). Easter Seals has created this tool for use by child care centers desiring to apply Universal Design approaches to ensure that facilities and programming are welcoming and useable for all children.
- **Growing Ideas Tip Sheets** (www.ccids.umaine.edu/ec/growingideas). These online resources from the Center for Community Inclusion and Disability Studies, University of Maine, feature practical information for early childhood educators and parents on numerous topics including Universal Design in early care and education. In addition to the tip sheets, each topical area includes an extensive list of related resources.
- **CAST: Teaching Every Student** (www.cast.org/teachingeverystudent). This Web site of the non-profit organization CAST features extensive resources that support educators in learning about and practicing Universal Design for Learning.
- **“Toys: Universal Tools for Learning, Communication and Inclusion for Children with Disabilities”** (www.pacer.org/STC/pubs/Toys2.pdf). In this free publication from PACER Center are general strategies for using toys and play time as an opportunity to support inclusion, education, communication and self-expression for children.
- **“Quick and Easy Adaptations and Accommodations for Early Childhood Students”**, by Leisa M. Breitfelder (<http://escholarship.bc.edu/education/tecplus/vol4/iss5/art2/>). This article, published in *Teaching Exceptional Children Plus* (Volume 4, Issue 5, May 2008) and available for free download, presents research-based information to support the use of adaptations and accommodations for early childhood students who have varying disabilities. Multiple adaptations and accommodations are outlined, and a step-by-step plan is provided on how to make adaptations and accommodations fit the specific needs of early childhood students.
- **Culturally & Linguistically Appropriate Services Early Childhood Research Institute** (www.clas.uiuc.edu). This center at the University of Illinois at Urbana-Champaign collects and describes early childhood/early intervention resources developed across the U.S. for children with disabilities, their families, and service providers. Their Web site contains extensive resources reflecting the intersection of culture and language, disabilities, and child development.
- **National Association for the Education of Young Children** (www.naeyc.org). On the Web site of this organization are numerous practical resources for early childhood educators and caregivers that support inclusive learning (see subject heading “Inclusion”).
- **DEC Tools You Can Use** (www.dec-sped.org/About-DEC/Recommended_Practices/Tools_You_Can_Use). This section of the Division for Early Childhood (DEC) Web site includes a number of resources based on DEC’s Recommended Practices for professionals working with young children with disabilities.

High-Tech Inclusion in Preschool: The KidSmart Young Explorer Project

by Julie Holmquist

Ask preschool children what “inclusion” or “increased learning rates” mean, and they’ll give you a blank stare. Ask them about the new KidSmart Young Explorer computers in their classroom and you’ll elicit a much different response: smiles, excitement, and maybe even a demonstration of their prowess at the keyboard. Fortunately for all concerned, inclusion, faster learning, and the kid-friendly computers go hand-in-hand.

“KidSmart: A Project of IBM and PACER” is a national early childhood technology program designed to help children with and without disabilities learn in inclusive environments.

Across the country last year, preschool children with and without disabilities explored 600 of these special computers together, thanks to a 2008 donation from IBM and from PACER Center, a national nonprofit organization that works to expand opportunities for children with disabilities and their families. The computers were distributed to U.S. preschools, with the help of national groups including the National Head Start Association and federally-funded Parent Centers, as part of “KidSmart: A Project of IBM and PACER.” KidSmart is a national early childhood technology program designed to help children with and without disabilities learn in inclusive environments.

The project provides the opportunity for professionals and parents to learn more about integrating technology into



early childhood classrooms. Here’s one thing they learned immediately: Children love the colorful KidSmart Young Explorer computers housed in Little Tykes™ furniture. Designed to be used by several children at once, the Young Explorer features adaptations such as closed-captioning and switch capabilities, as well as award-winning educational software that makes learning fun. Children sit on the computer’s bench or gather around it, helping each other learn concepts in science, math, language, and more.

“The kids love it. It’s so motivating for them,” says Glennys Sabuco, a kindergarten special education teacher from Sandy City, Utah. “This can open doors for children that are not normally open. We have some kids with autism here, and for them social interaction is very hard. The bench allows them to do group activities. They learn to share and work together and it’s a nice social experience for all the kids.” “It’s one of our biggest attractions,” says April Wilkinson, director at Crawford Child Development Center in Russellville, Arkansas. “We allow two children at a time at the

computers. The way it is set up, the child who doesn’t have control of the mouse is still playing the game. It’s great.”

For a 4-year-old Texas girl with Attention Deficit Hyperactivity Disorder (ADHD), the Young Explorer was the catalyst for a burst of learning. Watching a classmate who does not have a disability “play” the highly attractive educational games made all the difference for this child, according to Bea Vargas, director of El Papatote Inclusive Child Development Program in El Paso. If the girl with ADHD saw that the other child was concentrating and was then able to do something on the computer, she tried harder to learn, too. As a result, she began to learn faster. Like many other children using the Young Explorer, she benefited from the specially designed technology and the interaction with her peers. “They’re able to pair up, and this enables them to help each other when they don’t understand,” says Jessika Casturita, an assistant teacher at El Papatote. “And it helps them interact with children with special needs.” Several of the girl’s classmates also made progress with the Young Explorer, including a

student who is deaf. “When he first started, his vocabulary was diminutive, but now he can vocalize letters, words, and numbers,” says Casturita. “He’s been able to acquire new skills and communicate new ideas with the different activities found with the software.” Other students with developmental delays enhanced their vocabulary and pronunciation. Because the software repeats commands, words, and numbers, the children are able to follow instructions more precisely. “The repetition increased speech development with all the children,” she adds.

In Miami, a 6-year-old boy with cerebral palsy was able to use a keyboard for the first time, thanks to the Young Explorer. The boy had attended the school for two years, but wasn’t able to use the program’s existing computers because of his wheelchair needs. “Now we are

able to sit him exactly in front of the computer,” says Ingrid Garcia of United Cerebral Palsy of South Florida.

Along with the donation of the KidSmart Young Explorers, PACER has also provided training using its KITE program (Kids Included through Technology are Enriched). KITE helps prepare early childhood personnel and parents to use technology in the classroom to improve inclusion and educational outcomes of young children with disabilities. KITE has shown that training on assistive technology and early learning, combined with the introduction of technology, improves outcomes for children with and without disabilities. According to pre- and post-evaluations, when KITE strategies are first implemented, an immediate 15 percent increase in classroom inclusion occurs for the child with a disability, and

a 100 percent increase occurs in learning opportunities in the classroom after KITE strategies are implemented fully with technology.

“The KidSmart Project shows how the right technology and training can foster inclusion,” says Bridget Giormini, coordinator of PACER’s Simon Technology Center. “It can also broaden the vision of parents and teachers at the earliest level of formal learning about the possibilities available through technology.”

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More Resources on Technology and Young Children

- **The Family Center on Technology and Disability** (www.fctd.info, 202/884-8068). This center offers a range of information and services on assistive and instructional technologies for families, educators, or others working with children with disabilities. It offers a database of information on assistive and instructional technologies, fact sheets, a free monthly newsletter and listserv, online discussions, assistive technology success stories, and more. For those without Internet access it offers printer-friendly versions of its many resources on a CD-ROM. Among its resources is the “Family Guide to Assistive Technology” available in English and Spanish.
- **Technology in Early Childhood Education: Finding the Balance** (www.nwrel.org/request/june01/intro.html, 800/547-6339). This booklet from the Northwest Regional Educational Laboratory reviews the important considerations for technology use in early childhood education. It presents an overview of the research, discusses strengths of technology use as well as potential problem areas, examines the philosophy behind a successful program, explores effective strategies, and profiles some places that are successfully using technology to support learning.
- **Let’s Play! Projects** (<http://letsplay.buffalo.edu>, 716/829-3141). This Web site from the Center for Assistive Technology at the University at Buffalo, provides families and others with ways to use assistive technology in supporting their child’s participation in that critical component of childhood – play.
- **Family Place in Cyberspace: We Can Play!** (<http://www.ataccess.org/resources/wcp/endpoint.html>). The “We Can Play!” section of this Web site from the Alliance for Technology Access presents a list of specific ideas and strategies for adapting toys and childhood activities for use with children of all abilities.
- **Technology & Young Children Interest Forum of NAEYC** (<http://www.techandyoungchildren.org/>). This interest group within the National Association for the Education of Young Children has created a Web site with extensive resources for educators and families. Especially of interest to educators may be an extensive bibliography of research publications on technology and young children. Topics include debate on appropriateness of technology for young children, technology in early childhood education, impacts of technology on child development, gender and equity issues, the digital divide, technology use outside of school by young children, and more.

Faith, Tenderness and the Pyramid: Inclusion at Palma Ceia Presbyterian Preschool

by Nancy Little

The Palma Ceia Presbyterian Church (PCPC) Preschool is a nationally-recognized, award-winning, inclusive early childhood education program located in Tampa, Florida, on a pretty, tree-lined street in a residential neighborhood. From its founding, the clear mandate of the preschool has been to support the learning needs of children with developmental delays and disabilities (about a third of its enrollment), to provide high

At a certain point in our history, the staff found that it was ill-equipped to deal effectively with children with extreme challenging behavior.

quality early childhood care and education to all children, and to do so in natural learning environments that include children with and without disabilities.

The school operated for years as an adult community of learners confident in our ability to research and utilize strategies that supported children at risk for different reasons and with different labels. It has always been the program's goal to base its operation on evidence-based practices in both early childhood education and special education. As children with lower frequency disabilities were included, the staff attended training and sought community resources to provide support. This strategy has generally been successful. The supports offered to children with special needs include Individual Education Plans, Family Support Plans, and speech and occupational therapy. Classrooms are small, and ratios are optimal.

However, at a certain point in our history, the staff found that it was ill-equipped to deal effectively with children with extreme challenging behavior. The staff never wavered from our commitment to our mission, but the stability and joy of our program were at risk. The promise of inclusive programs, after all, is not just to children with special needs, but also to all children. Parents of all children have every right to expect that each child's tenure at school will be not only educational, but also safe. The challenging behaviors of some children were more than a distraction – they were dangerous.

Seeking help, we found that the assistance available from community experts was often in conflict each with the other. Further, such assistance was not easily integrated philosophically with the preschool curriculum. Technical assistance offered was not always grounded in developmental theory, was sometimes less than respectful of the child, and was sometimes incompatible with the needs of the group. It was a frustrating and chaotic period as our school struggled to find a school-wide approach consistent with developmentally appropriate practice, and meaningful in a faith-based environment.

PCPC Preschool was founded on an abundance of faith and tenderness. We visualized the end product of that faith and tenderness, but we needed courage to achieve it at a vulnerable moment in our history. We found that courage in the Pyramid Model through our rich collaboration with Dr. Lise Fox at the University of South Florida.

The Pyramid Model (Fox, 2009) has the following levels of response that support social-emotional development, and prevent and address challenging behavior, for children in early education programs:

- Provision of nurturing and responsive caregiving relationships, and high quality supportive environments, for all children.
- Targeted social-emotional supports for children who may be at risk for behavior challenges.
- Intensive individualized interventions for use with young children with severe and persistent challenging behaviors.

The endurance of our mission, our model, and our gifts to children now rest on the layers of the Pyramid Model and its teaching practices promoting the social-emotional competence of all children within our program.

Until our adoption of the Pyramid Model we had insufficient strategies. Without strategies, we lacked confidence. Without confidence, we had no cogent defense for inclusion of children with extreme behavior. The Pyramid Model has equipped us not just to believe in the power of inclusion, but also to capably utilize a research base to provide a high quality, joyful program for all children. It has supplied the courage to act out of our faith and tenderness.

Consider the story of "Joey," a 3-year-old who enrolled in our program after being expelled from another program. Joey was welcomed to our school. However, his behavior immediately put other children at risk. Both he and his parents wore expressionless masks of anxiety. Joey reported every day to his mother, "I hurt my friends today," unleashing her tears. With the Pyramid Model, we knew how to proceed. First, we began immediate assessment of learning environments and their possible influence on Joey's behavior. We began to gather data and form hypotheses regarding the function of his behavior. We took immediate action to make the other children

safe. Second, and perhaps most importantly, we made the truthful representation to families that we had the situation under control and the knowledge base to address it. This confidence was the result of collaboration and continuing staff development in the Pyramid Model, and its careful application. Ultimately, we were able to support this child. Joey was able to reveal his probable giftedness, and form warm attachments with us, as we do now with him.

Early childhood education programs operate in many different cultures. One

of the gifts of the Pyramid Model is its genuine applicability to the diverse manifestations of care provision and education. Evidence-based practice is critically important to our children, our ability to retain staff, and to the expression of our core values. Because of our use of the Pyramid Model, my teachers no longer threaten to leave unless children with challenging behavior are expelled, and I am no longer reduced to telling them, "At PCPC Preschool, children don't leave, but teachers may have to." Best of all, it has supplied us with

the courage needed to act on the tenderness of our faith.

Reference

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Resources for Preschools and Families

- ***"The Jewish Community Guide to Inclusion of People with Disabilities"***. This newly-published resource is designed for any Jewish organization seeking to provide a supportive and inclusive environment for children, youth and adults with disabilities and their families. It includes comprehensive assessments addressing many areas of organizational Jewish life including early childhood programming, as well as a chapter on Early Childhood Education. It also provides a guide for disability awareness training for staff, and information for parents about raising a child with special needs. It's published by the Minneapolis Jewish Inclusion Program for People with Disabilities, a program of Jewish Family and Children's Service of Minneapolis. To order, visit <https://www.jfcsmpls.org/inclusionorder/guideinfo.htm> or call 952/542-4838.
- ***Tip Sheets on Social and Emotional Growth, Challenging Behaviors, and Mental Health*** (www.cehd.umn.edu/ceed/publications/tipsheets/default.html). These free, online tips sheets created by the Center for Early Education and Development at the University of Minnesota offer professionals and parents a wealth of useful information on a range of topics related to evaluating and supporting infant mental health, and the use of positive behavior supports with young children who have challenging behaviors. Resources also include "Fridge Tips" for families dealing with challenging behavior, available in English, Hmong, Somali, and Spanish.
- ***Technical Assistance Center on Social Emotional Intervention for Young Children*** (<http://challengingbehavior.org>, 813/974-9803). This national center takes the research that shows which practices improve the social-emotional outcomes for young children with, or at risk for, delays or disabilities, and creates resources to help decision-makers, caregivers, and service providers apply these best practices in the work they do every day. Among the resources is the "Roadmap to Effective Intervention Practices" series, which currently includes three recently-published documents on screening for social-emotional concerns, social-emotional interventions, and research on promotion of social behavior.
- ***CONNECT: The Center to Mobilize Early Childhood Knowledge*** (<http://community.fpg.unc.edu/connect>). CONNECT is working with the early childhood community to create Web-based, instructional resources for faculty and other professional development providers that focus on and respond to challenges faced each day by those working with young children with disabilities and their families. Currently available online are the downloadable video "Foundations of Inclusion Birth to Five" and the instructional module, "Embedded Interventions." CONNECT is part of the FPG Child Development Institute, University of North Carolina, Chapel Hill.
- ***Center on the Social and Emotional Foundations for Early Learning (CSE-FEL)*** (<http://www.vanderbilt.edu/csefel/>). This national resource center is focused on promoting the social and emotional development and school readiness of young children birth to age five. It offers extensive, practical, online resources for teachers, caregivers, and families to use in promoting social-emotional development of young children through the Pyramid Model.

Early Childhood Education in the Wilderness: Minnesota's Invest Early Initiative

by Susan Hoeft

How do you meet the needs of young children and their families in a rural northern Minnesota county that spans 3,000 square miles with more trees than people? Isolation, poverty and lack of public transportation were some of the major barriers that were considered in the early stages of planning an innovative, collaborative, early childhood system for a rural community.

The history of the Invest Early Initiative dates back to 1997 when the Blandin Foundation, located in Grand Rapids, Minnesota, brought together 240 community members to tackle the issues around quality early childhood programming for all children. Action teams were formed and awareness was raised about the importance of children's development in the early years. After many years of best-practice research, planning, and consultation with national experts, a committed team of early childhood leaders brought to the foundation a funding proposal that involved system change, quality, intensity, and accountability. The Early Childhood Leadership Team was awarded \$1 million and the Invest Early Initiative was officially born. The mission of the initiative is to "deliver comprehensive wrap-around services to children and their families, while evaluating the long term impact of the investment." Key partners include KOOTASCA Head Start; Independent School Districts 316, 317, 318, and 319; Itasca County Health and Human Services; and Itasca Community College.

The Invest Early grant is one of several funding streams that blend together to create a menu of quality early childhood and family development services. School Readiness, Head Start, Early Childhood Family Education, Community Education, parent fees, and childcare food reimbursement dollars are some of the main funding streams that combine to support programming. Core services

provided in four communities throughout the county include 19 infant, toddler, and preschool classrooms led by licensed teachers; year-around extended-day childcare from 6 a.m. to 6 p.m.; parent education; and health services. In addition, transportation, family support services, adult basic education, and mental health support are available as needed in all locations. One common application is used to access the programming, with risk factors and income considered to target children most at risk and of the lowest income.

Currently, Invest Early serves 317 children, ages 6 weeks to 5 years, with and without disabilities, and those at-risk. Yet, the unmet need is great, with 175 applications on file for children waiting for Invest Early programming.

So what is the experience like for a child with disabilities participating in Invest Early programming? In preparation for writing this article, I posed that question to a group of infant/toddler teachers and the response was immediately, "The same as it is for any other child." Their response underscores a basic premise of quality early childhood education – inclusion. For Invest Early, inclusion means that all children (and their families) are treated the same regardless of their income, race, or disability.

Most children enter Invest Early programming without a disability and develop at a typical pace. For some children participating in the program, even the enhanced experiences in school and at home are not enough to keep them on track developmentally. In these instances, staff talk with the child's parents and discuss concerns prior to a referral to early childhood special education. If a child qualifies for extra support from the early childhood special education staff, they provide the majority of the programming on-site so the child con-

tinues to be part of the classroom they are comfortable in. Physical and occupational therapists, early childhood special education teachers, and speech clinicians move in and out of classrooms supporting children as needed. Invest Early staff learn from the early childhood special education experts and are able to carry out activities specific to each child's learning plan. Families with children that have disabilities participate fully in all of the support options available as part of the program. Parents attend parent education and meet with family support staff in order to access additional services.

Invest Early is the focus of a 30-year longitudinal evaluation study being completed by the Wilder Research Center. This study provides an opportunity to evaluate participating children's performance relative to a comparison group that received no Invest Early Initiative programming. In addition, county-wide impacts such as reduction in K-3 special education costs and out-of-home placements are being measured. Early results are promising and show that the investment in young children produces gains that will provide long-term economic benefit.

As this article is completed we have been notified that our years five and six Blandin Foundation grants have been approved. This is great news for Itasca County area families with young children. Developing a comprehensive, high quality early childhood system in a rural county hasn't been without challenges, but the benefits to young children and their families will last a lifetime.

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Supporting Inclusive Early Childhood Literacy in Colorado: El Grupo de Familias

by Susan M. Moore and Clara Pérez-Méndez

El Grupo de Familias, an inclusive parent education and support program for families that speak Spanish, began in 1995 because of a paucity of services and information for bilingual or Spanish-speaking families with young children with and without identified challenges. Families were struggling with decisions regarding what languages their children “should”

it brings together families in facilitated groups that assist participants to:

- Obtain research-based information about preservation of home language and culture.
- Have fun with their children as they increase early literacy in their native and second language.
- Gain confidence and comfort to interact with professionals and educators, advocating as the “voice” for their children with and without disabilities.
- Learn how to navigate the educational system and access community supports.
- Build parent-to-parent relationships of cultural support.

The program is based on the premise that to be accepted by diverse families, intervention practices must be based upon cultural understanding and be implemented, when possible, in the preferred language of the family. Communicating in a preferred language establishes a comfort level for sharing stories and concerns, provides a model that languages are valued, and encourages intervention through culturally-relevant activities that celebrate the values and beliefs of family members, without stereotyping or making assumptions that deny families’ ability to change or acculturate. The program makes use of a *cultural mediator* to enhance relationship-building with families from linguistically and culturally diverse backgrounds. The cultural mediator is bilingual-bicultural and he/she understands the life ways, beliefs, and cultural background of participating families. “Knowing” the cultural mediator creates feelings of safety, trust, what to expect, and mutual understanding, and transfers this trust to other members of the team. This leads to individual consid-

eration of family members, moving beyond assumptions based upon cultural grouping or identified disability.

Since it began, over 300 families have participated in El Grupo de Familias. In recent follow-up interviews with 25 of the program’s participants (15 families with children identified with disability and 10 without), all reported an increased knowledge about their child’s development, and found the information about bilingual language development, navigating the school system, and other community resources to be “very useful” or “useful.” Families report continued involvement in their child’s education, and a continued focus on communication with family members in Spanish. They also report that they know how to seek new supports in their current school/community and access all opportunities available to enhance their child’s future.

While El Grupo de Familias was originally designed to focus on families who speak Spanish, the basic precepts of prevention and education can be used with any culturally or linguistically diverse families if implemented in consideration of cultural context. Its activities and approach are being shared with others around the country through a DVD, “A Story About El Grupo de Familias,” which contains a series of short modules that focus on specific steps in the process of building trust, teaching literacy skills, and empowering parents to support their children’s learning (see www.landlockedfilms.com).

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El Grupo was developed based on research about how children acquire language(s) and become literate in more than one.

learn, especially if they had been identified with a disability. Many had recently arrived from Mexico and were monolingual Spanish-speaking, with great variation in parental level of education and literacy skill in their native language. El Grupo de Familias was developed based on research about how children acquire language(s) and become literate in more than one language regardless of identified disability. Over the past 14 years it has become a valued community resource, providing families with information about how children develop oral language(s), pre-literacy skills, and ways in which they benefit from parental and provider use of culturally-relevant interactive strategies during daily routines and activities, storytelling, and shared story-book reading.

The program is housed at the University of Colorado, Boulder, in the Department of Speech, Language, and Hearing Science, and it works in collaboration with Intercambio de Comunidades, a nonprofit that broadens opportunities for immigrants. With funding from the City of Boulder Human Resources Fund,

Integrating Early Intervention Supports in Libraries: Baltimore County, Maryland

by Paula Boykin and Marisa Conner

Babies bouncing on their parent's lap to a familiar nursery rhyme, toddlers singing a "Hello" song to all their friends who have come to story time, parents retelling the story of the "Three Little Pigs" with puppets. These activities and more are examples of what families are doing in the Baltimore County Public Library. Whether it be a story time led by a librarian and supported by an early intervention staff member, or a more directed group led by an early intervention teacher or therapist in a library children's area, families, children, and staff members are all benefiting from the experience.

Several years ago, service providers from the Baltimore County Infants and Toddlers Program (BCITP) of the Baltimore County (Maryland) Public Schools identified a gap in community options that provided two-year-old children with disabilities group opportunities to play and learn alongside other 2-year-olds. There were few community options for families who had stay-at-home moms or dads. Program staff members were not willing to create segregated group options for children with disabilities. Providers, however, were willing to create group opportunities for children and families within the program that included children from the community. During the same time period, the Baltimore County Public Library (BCPL) was looking to expand services for young children and their families to support early literacy. BCPL has always had a strong commitment to early childhood. In 2004, BCPL began integrating early childhood activity areas into each of the library system's 17 branches, and in 2008, BCPL opened Storyville, a one of a kind 2,240 square-foot, museum-quality, early learning village for children birth to five years of age. With similar needs identified by both organizations, it was a natural partnership for the

BCITP providers and families to join together with BCPL's branches to develop an integrated approach to meet the needs of the county's youngest citizens and their families. These events provided the basis for the first of many successful partnerships with families, libraries, and early intervention providers.

The Program's Purpose

The purpose of the partnership between BCITP and BCPL is to support families as their child's first teachers. Within this umbrella, several other goals continue to be met for both programs. For BCITP providers, the collaborative groups are often utilized as a strategy to support children and families to achieve outcomes on their Individualized Family Service Plans (IFSPs). Other outcomes for BCITP include the following:

- Connecting families to community resources.
- Providing inclusive group opportunities for young children with disabilities.
- Facilitating opportunities for families to be together.
- Offering resources to families to support their children's development.
- Utilizing existing rather than creating natural environments for young children.

This partnership strongly supports BCPL's mission and goals of promoting early literacy and creating a life-long love of reading through the following:

- Creating a welcoming environment for children with and without disabilities and their families.
- Providing developmentally appropriate books, materials, and programs that make it easy to support early literacy.

- Offering resources to families to ensure that they have a clear understanding of what community programs are available to support them.
- Increasing circulation of library materials and program attendance.

Families Benefit

This collaboration benefits Baltimore county's families that include a young child with disabilities far beyond the original vision of the partner agencies and their staff members. In addition to having easy access to early childhood materials, families report several other benefits. These include meeting other families in their communities and feeling supported to access resources in their neighborhoods. Families also indicate that they have "rediscovered" the library, and many are surprised to find that libraries no longer expect children to "be quiet and read." Families of children with significant physical disabilities have provided feedback that prior to the groups, they would have been hesitant to access the public library. But, after experiencing the library with the support of a BCITP provider and other families, they often report becoming frequent independent patrons. In addition to recognizing how the collaborative groups support language, motor, and social development for children, many families indicate a stronger connection to their neighborhoods.

Successfully Supporting School Readiness

This partnership began with two early intervention providers facilitating one weekly story time hour at one branch in 2005. The partnership has broadened to eight branches and includes several different group models that range from family education groups to support-

ing language or other targeted skills to traditional story time. BCITP families have become more connected to their neighborhood libraries. BCITP continues to utilize library groups and services to support children and families to meet their IFSP outcomes. BCPL is reaching its goal of supporting early learning and literacy. Other Baltimore county families have become more aware of the Baltimore County Infants and Toddlers Program and now know where to turn if they have concerns about their child's development. In the end, services and supports from each organization are integrated to support readiness skills for all of Baltimore county's children. This has proven the greatest success of this program.

Lessons to Share

BCITP and BCPL have learned several lessons over the past five years as this partnership has grown. For other programs who wish to establish similar offerings, the following considerations could be taken into account:

- Partnering by early intervention and public libraries to offer programs for young children with disabilities makes use of existing resources including staff, space, and early learning materials.
- If offering multiple options in one county, allow service providers the flexibility to try different models.
- Integrate the feedback provided by participating families to enhance quality.

- The purpose of the group should support the child and family outcomes included on the Individualized Family Service Plan (IFSP).
- Outside of a family's home, there is no environment more natural for learning than a public library.

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Resources Supporting Inclusion in Community and School

- **Guide for Reviewing Children's Literature That Includes People with Disabilities** (www.circleofinclusion.org/english/books/index.html). This free guide published by the University of Kansas Circle of Inclusion Project provides general and special education teachers of preschool-aged children (ages 3 to 5 years) with information on how to evaluate children's literature that includes people with disabilities. It provides guidance in evaluating books that address disability as part of diversity, evaluating books that support disability awareness, and creating a lending library for families.
- **VSA arts' Start with the Arts Program** (www.startwiththearts.org, 800/933-8721). This Web site provides a wealth of information and activities related to the educational program, "Start with the Arts" developed by the national organization VSA arts for use in schools and other community settings. This program uses arts-based learning tools that emphasize ways in which the arts help young children with and without disabilities to learn together and succeed.
- **"Making Friends in Music: Including Children with Autism in an Interactive Play Setting"** by Petra Kern. This paper describes a study investigating the effectiveness of embedded music therapy interventions designed for the inclusion of young children with Autism Spectrum Disorder in an inclusive childcare program. Among the findings is the positive effect that use of music and peer-mediated strategies had on peer interactions and meaningful play on the playground between children with Autism and their peers. Published in *Music Therapy Today* (2004), Vol. V, Issue 4, and available online at <http://www.musictherapyworld.de/modules/mmmagazine/showarticle.php?articleto show=113>.
- **Parenting Tips & Info: Community Inclusion** (www.earlyinterventionsupport.com/parentingtips/specialneeds/community.aspx). This online resource provides strategies parents can use to facilitate successful inclusion of their child with a disability in typical community recreation programs.
- **Inclusive School Communities for Students with Disabilities: 10 Reasons Why** (http://ici.umn.edu/products/inclusive_schools.pdf). This free fact sheet describes 10 compelling benefits of inclusion for students with and without disabilities, families, teachers, and school communities. Based on research, this tool from the Institute on Community Integration, University of Minnesota, is useful for explaining to others why inclusion is important.

Nineteen Years of Inclusion Programming: Coralwood School in Decatur, Georgia

by Rebecca Blanton

On a typical day at Coralwood School, a public school in Decatur, Georgia, you will see preschool students teaching their classmates, therapists working in the classroom, parents volunteering, and staff consulting with each other on the best approach to teach a specific child. Every day you will see students excited about their work and play, and teachers proudly displaying student work. Learning is fun, active and engaging at Coralwood.

Coralwood School has specialized in teaching 3- to 6-year-olds with disabilities for 36 years. Inclusion programming began in 1990 when school administrators realized typical students would provide the missing link to a high quality education. Today, over 215 students attend the school, which not only offers an inclusive program, but also accentuates the fine arts, especially the performing arts, in its curriculum.

The Vision

Coralwood provides preschool inclusion grounded in maximizing the potential of every student. Our philosophy is based on the premise that school can be informal and individualized for all students and still provide a high quality education. Children are innately curious and Coralwood desires to help our students understand and explore their environment in a safe manner. Students progress at different rates and have different interests and learning styles. Coralwood addresses the cognitive, language, motor, self-help and personal-social facets of each child, and celebrates abilities and gifts of all students.

Young Students Accept Differences

Our young students do not really notice differences in their classmates. Disabilities are not a defining factor to

children. A disability is much like hair or eye color – it is just another dimension to a friend. Many typical students have best friends with disabilities, and parents have repeatedly said they did not know that their child's best friend was blind, or used a wheelchair. To a typically-developing child, a child with a special need is just another friend. Our students with disabilities view their typical peers as accepting friends who do not hesitate to give a helping hand when needed.

Parents are a School's Best Resource

When you enter the door at Coralwood you will feel the energy and excitement that makes our school special. We are more than a community for young students; we are a community for families.

Active parent involvement is expected at Coralwood. Helping in classrooms, serving on committees, sharing skills and interests with students, mentoring new parents, being a mystery reader, or contributing food for the many special occasions are a few of the ways parents become involved. In addition, the Parent Council Executive Board is comprised of parents of typical and special needs students, and parents of former students continue to serve on the Parent Council or the Coralwood Foundation.

Volunteering at Coralwood is a great way for parents to become acquainted with staff and their child's classmates and to see the school in action. Parents have the opportunity to meet the parents of their child's classmates, and parents and students make friendships that go beyond their years at Coralwood.

The Collaborative Process

Coralwood is committed to a collaborative process that integrates the best available scientific research in early schooling with the expertise of practitioners and

families. Staff continually assess current programming and consult with each other to determine the best strategies for specific students. Parents learn how to support their child in a school setting, and work with other team members to facilitate solving problems at home.

Lessons Learned

In our experience with inclusion programming during the past 19 years, we have learned some important lessons:

- All students benefit from an inclusive setting.
- Students with disabilities learn at a higher level when with typical peers.
- Typical students develop leadership skills at an early age and learn to appreciate students with different abilities.
- Each classroom should include students with diverse disabilities.
- Only teachers interested in a challenge should be considered for inclusion classes because regular and special education teachers must learn new strategies for meeting the needs of all students.
- Practitioners must be flexible in their thinking/practice, be willing to try new approaches, and take pride in solving problems.
- Practitioners must work collaboratively to develop learning plans and resolve any challenges in the classroom.
- Parents are valuable resources at the classroom level and school level.
- It's important to engage parents in as many school and social activities as possible.
- Parents are the experts on their students and they learn valuable lessons and skills from the close relationships with the staff and other parents.

Conclusion

Coralwood's model is replicable, and its successes have been proven both in our students' achievement and in the community's response to this type of program as evidenced by a high demand to

enter the school. Additionally, the Governor's Office of Student Achievement in Georgia has recognized Coralwood with its highest award – Platinum – for the past four years in acknowledgment of student achievement.

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Accommodating All Children in the Early Childhood Classroom

The activities and materials used in most early childhood classrooms are designed to meet the needs of many children with or without disabilities. When they do not meet the specific needs of a child, they can be adapted or expanded to accommodate that child's individual needs. The purpose of an adaptation is to assist children in compensating for intellectual, physical or behavioral challenges. They allow children to use their current skills while promoting the acquisition of new skills. Adaptations can make the difference between a child merely being present in the class and a child being actively involved.

Developing adaptations and accommodations for a child with special needs is a continuous process that involves each child's collaborative team. The first step is to assess the child's abilities and the environment where the child will be spending time. Once the goals and objectives are identified and expectations for the child's participation in that environment are established, the team selects or creates adaptations and accommodations that address those needs. Once implemented, their effectiveness should be assessed on an ongoing basis and revised as needed.

To meet the specific needs of a child, changes may need to be made in one or more of the following instructional conditions – remember, when the child can participate in an activity as it is, no changes need to be made:

- **Instructional groupings or arrangements.** For any given activity there are a number of instructional arrangements from which to choose: large groups, small groups, cooperative learning groups, peer

partners, one-to-one instruction, and/or independent tasks.

- **Lesson format.** The format of a lesson may be altered to meet the needs of a child by including more opportunities for whole class discussions, games, role playing, activity-based lessons, experiential lessons, demonstrations, and/or thematic lesson organization.
- **Teaching strategies.** A change in teaching strategies can influence a child's ability to participate. Examples include: simplifying directions, addition of visual information, use of concrete materials/examples, sequencing learning tasks from easy to hard, repeated opportunities to practice skills, changes in the schedule of reinforcement, elaboration or shaping of responses, verbal prompts and/or direct physical assistance.
- **Curricular goals and learning outcomes.** To match the needs of a child within the context of an activity, it may be appropriate to individualize the learning objectives. This can often be accomplished using the same activities and materials. If children are working on a classification concept by sorting blocks, a child with a disability could participate in the same activity but focus on reaching, grasping, and releasing skills.
- **Adaptations to the method for responding.** Sometimes children may understand a concept yet need an adaptation in the way they demonstrate that knowledge. Use of augmentative communication systems, eye gaze, and demonstrations may

better allow a child to demonstrate his/her skills.

- **Environmental conditions.** The environmental arrangement is an important aspect of any early childhood setting. Changes in lighting, noise level, visual and auditory input, physical arrangement of the room or equipment, and accessibility of materials are important considerations.
- **Modification of instructional materials.** It is sometimes necessary to physically adapt instructional or play materials to facilitate a child's participation. Materials can be physically adapted by increasing: stability (Dycem™ or Velcro™ on materials), ease of handling (adding handles, making materials larger), accessibility (developing a hand splint to hold materials, attaching an elastic cord or string to objects so they can be easily moved or retrieved), visual clarity or distinctiveness (adding contrast or specialized lighting), or size.
- **Level of personal assistance.** A child's need for assistance may range from periodic spot checks to close continuous supervision. Assistance may vary from day to day and be provided by adults or peers.
- **An alternative activity.** This curricular adaptation should be used as a last choice when the above conditions cannot be used to meet a child's needs.

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Supporting Healthy Social-Emotional Development: St. Paul's ECSE Program

by Ruth Paisley

The St. Paul (Minnesota) Public Schools' Early Childhood Special Education (ECSE) program serves over 1000 children yearly in a variety of settings including home, regular preschool programs, and ECSE classrooms. In the past, teachers have expressed frustration in working with children with challenging behavior, reporting that they felt unsupported by

In 2005 we implemented the Early Childhood Positive Behavior Support (ECPBS) model, and began to improve our ability to support children and families to experience healthy social, emotional and behavioral development.

administration in dealing with behavior, and often asking to have children placed in other educational settings. Then in 2005 we implemented the Early Childhood Positive Behavior Support (ECPBS) model, and began to improve our ability to support children and families to experience healthy social, emotional and behavioral development.

Starting Out

Current implementation practices for ECPBS recommend starting with a leadership team, providing professional development, and having buy-in from staff and administration *before* beginning to implement the framework. We were unaware of any of those components defined for early childhood and targeted the most pressing need – supporting

children with severe and persistent challenging behavior.

Because the critical need was helping teachers support children with the most challenging behaviors, the ECSE leadership joined with the Early Childhood Behavior Project at the University of Minnesota in developing a technical assistance team, the B-Team. The B-Team is a multidisciplinary group of staff who are released from other duties a few hours a week to participate in the B-Team. The B-Team created an action plan process for teachers involving the components of functional analysis and positive behavior support planning. The purpose of this process was to help teachers in determining what and how to teach social skills and replacement behaviors, look at adapting environments for proactive strategies to support children, and collect data on the child's progress. When teachers determine a need for behavioral technical assistance, a referral to the B-Team starts the technical assistance process.

In 2004 we learned of the Teaching Pyramid framework (Fox, Dunlap, Hemmeter, Joseph, & Strain, 2003) and incorporated it into our model. In our adaptation of the Teaching Pyramid (see Figure 1), are four levels of response to the social-emotional development of children. This model, combined with the previous ECSE program work, gave us an evidence base and working framework for looking at the universal and secondary components of the ECSE program. The Teaching Pyramid encourages us to look at and improve our relationships with children, parents, and our colleagues, and gives us a common language for professional development, program planning, and program committee projects.

Making Progress

Since ECPBS was implemented less systematically than recommended, progress

has followed a similar path. B-Team procedures are revisited for ease in following the process. Staff buy-in and fidelity in intervention has been uneven across the program and steadily increasing. As a large program, staff are frequently hired and need professional development. While all of these factors have been challenges, they encourage our leadership to persistently renew its commitment to ECPBS and problem-solve so our children have successful early childhood experiences. Progress data show an increased number of teaching action plans completed, increased referrals for B-Team technical assistance, improved behavioral outcomes when technical assistance is provided, and a decrease in changes in educational setting for students with challenging behavior.

One of our strongest partners is the school district's pre-kindergarten, the 4-year-old program. In the 2008-2009 school year, ECSE and pre-kindergarten developed a collaborative system of pro-

Our ECPBS model continues to develop as our children, families, staff/leadership, and the field presents new ideas, research, and challenges for growth.

viding positive behavioral supports to all preschool-age ECSE children and 4-year-olds in the pre-kindergarten classes. This collaboration created a way for early childhood general and special education to work together to promote healthy social-emotional-behavioral development and support to our preschool-age children.

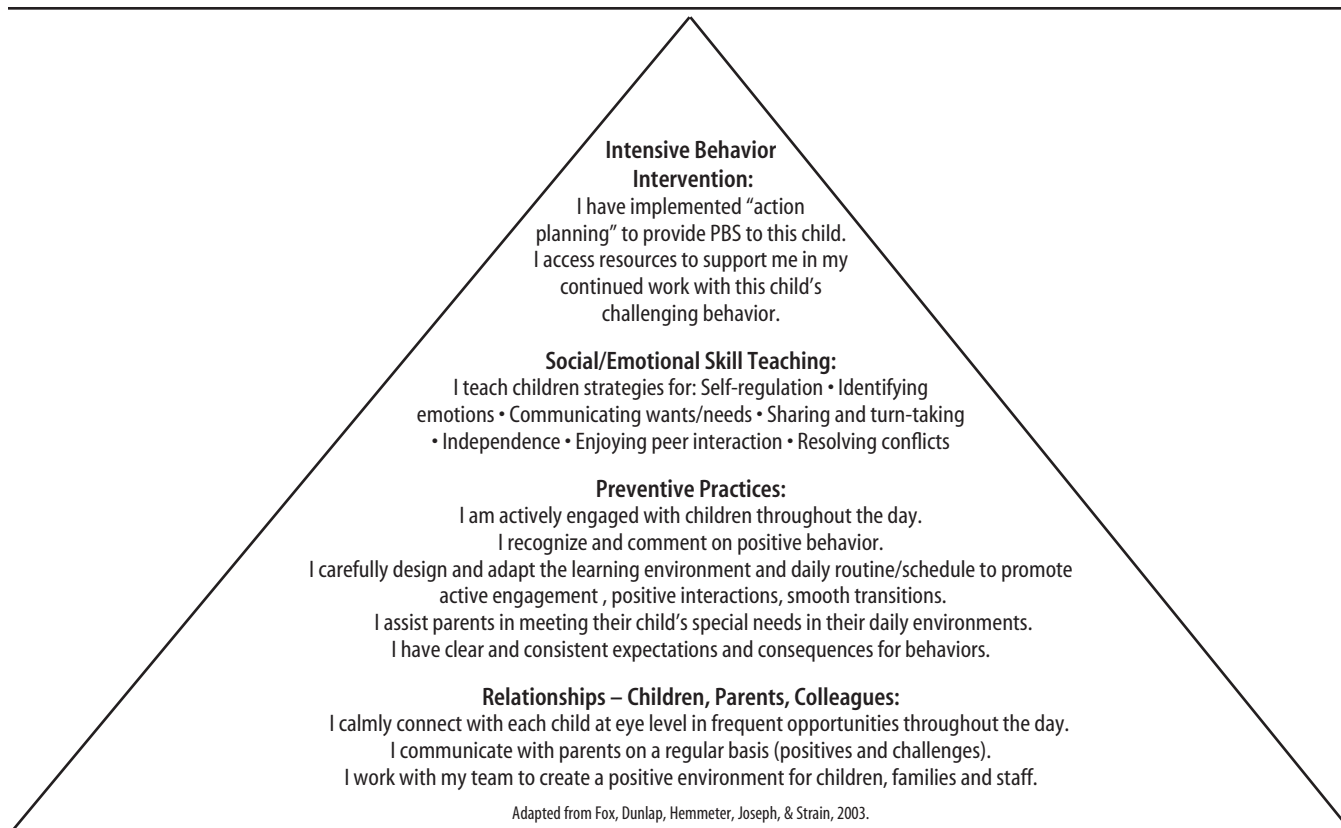


Figure 1: St. Paul Public Schools Early Childhood Special Education Teaching Pyramid

Supporting Families

Our program values parent involvement, and we inform, invite, and include parents in individual positive behavior support plans. Parents have choice in their level of involvement. Parent training and support is offered through “Parenting with Positive Behavior Support” classes to parents and caregivers of children in the pre-kindergarten classes and the ECSE program. The curricular focus of the class sessions emphasizes parent self-care, having developmentally-appropriate expectations for children, identifying challenging behavior and exploring the purpose or function of the behavior, and making a plan and practicing positive behavioral strategies at home. We also offer a variety of parent support groups for families of children with disabilities. Through these groups parents have access to parent-to-parent support, information, and other community resources specific to their priorities.

Next Steps

Our Early Childhood Positive Behavior Support model continues to develop as our children, families, staff/leadership, and the field presents new ideas, research, and challenges for growth. The early childhood programs in our district are at a turning point in implementing ECPBS. Currently, an ECPBS Leadership Team is being formed to help guide growth and improvement. While the work of the team is currently being defined, some likely next steps are:

- Increase partnership among pre-school programs within St. Paul, including early childhood special education, pre-kindergarten, early childhood family education, Head Start, and the childcare community.
- Collaborative professional development resulting in a common understanding of ECPBS.

- Explore infant/toddler, home-based approaches, and enhancing parent education with a cultural focus.
- Support transitions and alignment with K-12 education.
- Data collection and systematic demonstration of the outcomes of the ECPBS system.

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Sustaining Inclusive Care in Minnesota: The Center for Inclusive Child Care

by Cindy Croft

The Center for Inclusive Child Care (CICC) at Concordia University in St. Paul, Minnesota, is a state- and foundation-funded organization whose mission is to create, promote, and support pathways to successful inclusive care for all children in Minnesota. It offers training, consultation, leadership, and administrative support to early care and education providers, school-age care providers, parents, and professionals in the field with the goal of creating and sustaining opportunities for high quality, culturally-responsive inclusive care in which children and their families are supported and nurtured.

For the past 15 years, our role has been to provide tools to help everyone be successful in the early care and education relationship.

The CICC began in 1994 as a state-wide training collaborative between the Minnesota Departments of Human Services and Education to bring inclusion training across the state to the early childhood community. Today it offers the following:

- Online self-study courses on topics ranging from Autism to IDEA; Info Modules, which are short tutorials on over 30 disability subjects; and a Train-the-Trainer Center, which includes chatrooms and discussion boards for online coursework. These are designed for early childhood and school-age professionals and parents, and available through the CICC Web-based Learning Center (www.inclusivechildcare.org). While the

self-study courses and Info Modules were initially designed for Minnesota, most have disability information that would be useful to practitioners and parents across the country.

- Workshops for early childhood and school-age care professionals interested in increasing their knowledge and awareness about the needs of children with disabilities and how to include all children in their settings. In addition, CICC offers six train-the-trainer courses throughout the year to individuals who can then present the workshop curriculum to professionals in their own communities.
- A searchable online database of selected documents and Web sites for parents and professionals on disability topics. The Web site also provides “Ask a Consultant” and “Ask the CICC” features, which enable users to query an inclusion consultant or CICC staff about children they may be serving or other questions about child care, services in their community, or other resources for which they may be searching. These features are available for use within and outside of Minnesota.
- On-site Inclusion Consultation services to child care providers and parents of children with special needs in order to ensure the successful inclusion and increased retention of children with disabilities and those with challenging behaviors in their community care settings. The CICC has trained consultants who, with parental permission, will work with an early childhood program to examine the environment, programming, and activities; observe the child; and then provide recommendations for strategies and activities so that the best outcomes for the child can be achieved.

The CICC resources have been well-received by child care providers. In an outside evaluation of the CICC training, child care providers overwhelmingly stated that CICC training broadened their knowledge and ability to care for children with special needs and gave them confidence. They also reported that, since the training, they felt more comfortable working with children with disabilities in their childcare. Trainers participating in online train-the-trainer courses have reported 100% satisfaction with the learning platform and curriculum content. In the post-survey for self-study courses, 98% of participants agreed with the statement, “Generally speaking, did this course meet or exceed your expectations?” And through our onsite consultation program the CICC has been able to achieve a 90% retention rate after six months following initial consultations.

Consistent and high quality early childhood settings are important for all children. Children with special needs are often included with great success in many early childhood settings, including child care centers, preschools, and family, friend, and neighbor care, as well as specialized programs like Head Start and early childhood family education classrooms. However, we also know that many children are in inconsistent care. For the past 15 years, our role has been to provide tools to help everyone be successful in the early care and education relationship.

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about this new environment. I was reluctant to show how afraid I was. How could I be sure – really sure – that the staff would know how to meet my daughter's needs? How were the other kids going to respond to my daughter – especially the kids without a disability? I wished I could talk to another mom of a child with a disability so that I could know I wasn't alone.

When Lauren started the program, she cried when she had to leave me. Lauren wasn't the only one suffering from separation anxiety: Her tears were my tears. I remember not being able to leave the door to her classroom. I kept peering through the little window, watching and wondering how things were going. The staff was wonderful with our daughter and extremely patient with me.

As time marched on, Lauren settled in to her new surroundings. My comfort level grew as I began to see her doing well. The teachers were warm, compassionate, and sensitive to how Lauren was transitioning. They let her comfort level guide them. All of Lauren's therapies were conducted while all of the children played. We soon discovered that Lauren is a social butterfly. She showed compassion for her friends and was the one who would tend to a friend who had an issue. It was good for Lauren to experience friendship. It came much easier than I expected. All of the kids were kind and considerate. The playgroup was rich in language and communication models. Lauren picked up on so much from watching her peers. Our first experience with an inclusive program went quite well. It was high quality, my daughter's unique needs were met, and her differences were embraced.

It wasn't until Lauren began her pre-kindergarten program that I figured out that our journey wasn't only about getting her needs met – it was also about our needs as a family. Our family's needs encompassed figuring out and giving voice to our hopes, dreams, and vision for Lauren's future. I soon discovered that I had to become an advocate for her and partner with her educators to ensure that Lauren experienced success in

her program. At first, I didn't know what an advocate was. I didn't know my rights. I didn't know that the voice of my family is what really mattered when it came to programming decisions about my daughter. It was during Lauren's 4-year-old program that I started the journey of becoming an advocate for Lauren and a partner with her educators.

The staff was empathetic toward me and honored the needs of my family. Because of my expanded role as a partner with Lauren's educators, Lauren blossomed. She absolutely thrived. She made friends and her social skills grew exponentially. We got Lauren successfully potty trained – with the help of the staff (who had unbelievable patience) and also with the help of the other kids in the class. We saw the level of compassion grow in all students. Lauren was exposed to good language and communication models, and grew in confidence and in pride in her achievements.

While it was often the case that Lauren benefited from typical peers as models, she also served as a model for typically-developing students as well. At the beginning of the school year, Lauren's teacher pulled me aside. The teacher was just getting to know Lauren and didn't fully know Lauren's abilities. It was snack time and the teacher said she began to hand out snacks. She had given snacks to three or four students and then she reached Lauren. She gave Lauren her snack and Lauren said, "Thank you." She said it stopped her cold. First, she was surprised that Lauren knew to say thank you. Second, she had not heard any of the typically-developing students say thank you thus far and she let it slide. When Lauren demonstrated her manners, she backtracked and asked the other students to use their manners and say thank you. It was wonderful that Lauren had positive behavior to model for the other students. It made my day.

Not only did we seek inclusive educational environments for Lauren, we ventured out into our community and found experiences that were also beneficial to her. We registered her in an early childhood movement class. We discovered that Lauren loves to dance. The dance

instructor was trained to handle the needs of all children and worked with Lauren so that her participation was meaningful and, most importantly, fun for her. She made friends in dance class that have lasted to this day.

Lauren is now 8 years old, and while her future remains uncertain, we are full of hope. We have also discovered the answers to some of our most burning questions during Lauren's early childhood experiences: Yes, I am an advocate. Yes, Lauren will be included. Yes, Lauren will be educated with her typically-developing peers. Yes, inclusion is a good thing.

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- Evaluation of the communication approach with the school district should be conducted and a collaborative relationship encouraged for the district to assist with resources and supports while the child is in the typical environment with peers.

These indicators help ensure a quality early childhood program is provided to students with and without disabilities. Take the challenge to implement an inclusion program or find one for your child. The benefits outweigh the challenges. You will find the journey is worth it!

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Impact

Feature Issue on Early Childhood Education and Children with Disabilities

Volume 22 · Number 1 · Summer/Fall 2009

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Impact is published by the Institute on Community Integration (UCEDD), and the Research and Training Center on Community Living and Employment, College of Education and Human Development, University of Minnesota. This issue was supported, in part, by Grant #90DD0654 from the Administration on Developmental Disabilities, US Department of Health and Human Services; and Grant #H133B080005 from the National Institute on Disability and Rehabilitation Research, US Department of Education. Additional support was provided by the North Central Regional Resource Center through Grant #H326R090008 from the Office of Special Education and Rehabilitative Services, US Department of Education.

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