

# BUILDING THE INCLUSIVE MONTESSORI SCHOOL

by Pam Shanks

*Pam Shanks describes Raintree Montessori School, an exemplary inclusion school, and gives credit to the legacy of Dr. Montessori. An inclusive Montessori community begins with “physical integration of all children, progresses to functional inclusion, and finally culminates in the highest level, social inclusion.” Each of these levels is described with examples, photos, and stories, while the details about the physical environment, the staffing, and the strengths of the classroom community are helpful and heartwarming.*

*The child is an enigma... He has the highest potentialities, but we do not know what he will be. (The Secret of Childhood 32)*

*Life is a succession of lessons which must be lived to be understood. (Keller)*

An inclusive community is the legacy left to us by Dr. Montessori who valued individual rights and recognized the potential inside of each child as the key to the future of mankind. But before we begin to examine how to build the inclusive Montessori community, we must first examine our own belief system and values. How do you feel about individuals who experience the world differently than you? What do you believe about their right to live in local communities and to be educated in Montessori schools?

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A shared value base is at the core of a successful inclusion community. The original participants of the Circle of Inclusion Project, a federally funded inclusion project that investigated “issues of transitioning preschoolers with severe disabilities from special education programs to private community preschool and child care centers,” came to their common cause from very diverse backgrounds (Thompson 15). Included in this group were a core set of teachers and the administration of Raintree Montessori School, the project’s original inclusion site. The value statements below, which are the foundation of our discussion today, came from the work of this group of people and their efforts to make it possible for children, no matter their abilities or challenges, to learn together. This diverse group of people began to work toward a common cause, without realizing at first that they were bound by the values they held in common. I hope that you discover your own beliefs in these value statements. Additionally, I hope you will agree that they are very compatible with Dr. Montessori’s world-view.

We reject the notion that children with disabilities must be ‘fixed’ before they are ready to take their place in families, neighborhoods, and community environments. (Thompson 18).

This notion of being “fixed” is commonly the first barrier that families face in a quest for an inclusive experience for their child. Frequently “fixed” is hidden in more politically correct terms like “meeting developmental guidelines.” It has also been couched in procedures like passing entrance exams, interviews, or meeting selection criteria. Once a school adopts and enforces a selective process, some children may never be deemed “ready” to be included in a classroom with their peers. Thus a barrier is established before the child has a chance to enter a children’s house.

We hold deep respect for the uniqueness of and dignity of each child as an individual human being who merits our careful observation and response to his or her skills and needs. (Thompson 19)

I cannot think of this value statement without thinking of Helen Keller. She was an extremely intelligent child trapped inside a body that simply would not work for her. As a young child, she was quite simply lacking a means to communicate or demonstrate her

intelligence. Would she have been accepted into your school as a child? How many children are out there now with bodies that just will not work for them?

As our ability to help children communicate is developing, we are discovering that this may be the case for children who experience a wide variety of challenges in life including deafblindness, as experienced by Helen Keller, autism, and cerebral palsy and many more. We too can unlock potential by respecting the uniqueness of all children. We begin this journey exactly as Dr. Montessori taught us: through careful observation and by a selective response to observed needs.

Mandates, laws, and the child's physical presence do not assure social inclusion. When this level is achieved the child is a true member of the classroom with the same emotional and social connections to the classroom community as peers. It is only by embracing inclusion as a value that this level can be achieved.

We recognize that typically-developing children must have an opportunity to develop relationships with children who experience a wide range of disabling conditions. We acknowledge the importance of children learning to live in a pluralistic society and accept individual differences at an early age. (Thompson 19)

The benefits of inclusion are just as expansive for the children in our classrooms now as they are for their peers who experience disabilities on the outside looking in. Children immersed in a truly diverse learning community grow up advocating for those who are different or less able both on the playground and later in the workplace.

We accept the concept of natural proportions and believe that it is best to place young children with severe disabilities in mainstream programs in accordance with realistic population distributions. (Thompson 20)

A classroom that educates children using the Montessori method and/or materials may be inclusive or may not be inclusive. Inclusion assumes natural proportions. This means that the rate of disability in an inclusive classroom mimics the rate of disability in the popu-

lation as a whole. I believe that it is best to place young children in classrooms with realistic population distributions in mind.

It is important to understand that children who experience disabilities have gained access to both traditional and Montessori education in the United States via a wide range of educational placement options. As identified by the Liberman and Huston-Wilson model (Texas Woman’s University), these placement options vary significantly in terms of the educational placement and time with peers. Placements range from inclusion, to part-time segregated placement also known as mainstreaming, to community based options (part-time school and part-time placement in community programs), to reverse mainstreaming where children with typical development join their peers in a special education classroom and full-time segregated placement. Of these options, it is my belief that inclusion, which is based in concept of natural proportions, is the most viable and beneficial option long term. As guides we base our classroom design on a belief in the prepared environment and the natural world. Inclusion best fits this set of beliefs.

Our time and energy should be vested in investigating the variables that make inclusive endeavors work in the best possible way. (Thompson 20)

#### THE PATH TO AN INCLUSIVE MONTESSORI COMMUNITY

Building the inclusive Montessori community requires that we embark upon an identified path beginning with physical integration, progressing to functional inclusion, and finally culminating in the highest level, which is social inclusion. This progression is represented in the diagram below (Schleien).



*Physical integration*, the first stage, has to do with creating physical access. When a school has achieved physical integration, a child's right to physical access is acknowledged, accommodations are planned and built, and access is assured (Schleien). Nationwide, the Americans with Disabilities Act (ADA) mandates physical access. "This landmark civil rights law prohibits discrimination on the basis of disability in employment and other areas such as access to public places.... The ADA has helped people with disabilities fulfill the American vision of equal opportunity for all" (U.S. Equal Employment Opportunity Commission). The effects of this act are seen everywhere today. Ramps, curb cuts, accessible restrooms, etc. in public places all provide access to all people no matter their ability or disability and are the result of the ADA.

However, physical integration is more than physical access. It also means that we must open our doors and open our enrollment to allow all children to enter our schools. As reflected in the value statement above, children will no longer have to be "fixed" to attend our schools. When this occurs, physical integration will have been achieved.

*Functional inclusion*, the second stage, refers to a child's ability to work and learn within a given environment (Schleien). The child is no longer simply physically placed in a classroom, physically present but still separate from the community as a whole. Instead the child can successfully work, learn, and make developmental progress in the school and classroom community.

The third and final stage is *social inclusion*. Social inclusion refers to a child's equal and positive social and emotional status in the classroom community. The "ability to gain social acceptance and/or participate in positive interactions with peers" during all activities of the school community is the standard for social inclusion (Schleien 5). Unlike physical integration and functional inclusion, social inclusion emanates from within. Mandates, laws, and the child's physical presence do not assure social inclusion. When this level is achieved the child is a true member of the classroom with the same emotional and social connections to the classroom community as peers. It is only by embracing inclusion as a value that this level can be achieved. Ultimately, social inclusion is achieved when children as children form connections to one another. In terms

familiar to Montessori practitioners, social inclusion is achieved when community is created. The highest form of inclusion therefore is the creation of a community where all members regardless of their strengths or needs are valued, accepted and socially connected.

### **Physical Integration**

Physical integration can be achieved in a beautiful manner with respect to the natural world. In Kansas, Keith and Lleanna McReynolds have created a campus that is accessible to all. As early as 1989, ramps, garden plots, and sandboxes elevated for easy use by children in wheelchairs were built at Raintree. Every remodel or expansion since that time has considered the needs of all children. Raintree Montessori School is an example of a physical integration at its finest. The photos below represent a lifetime of work to create the best environments both indoors and outdoors for all children. These photos show just a few of the many features of Raintree’s campus that allow children to coexist no matter how they move through the school and outdoor environments. Raintree had ramps before they were mandated by law simply because Keith and Lleanna knew it would make access easier.

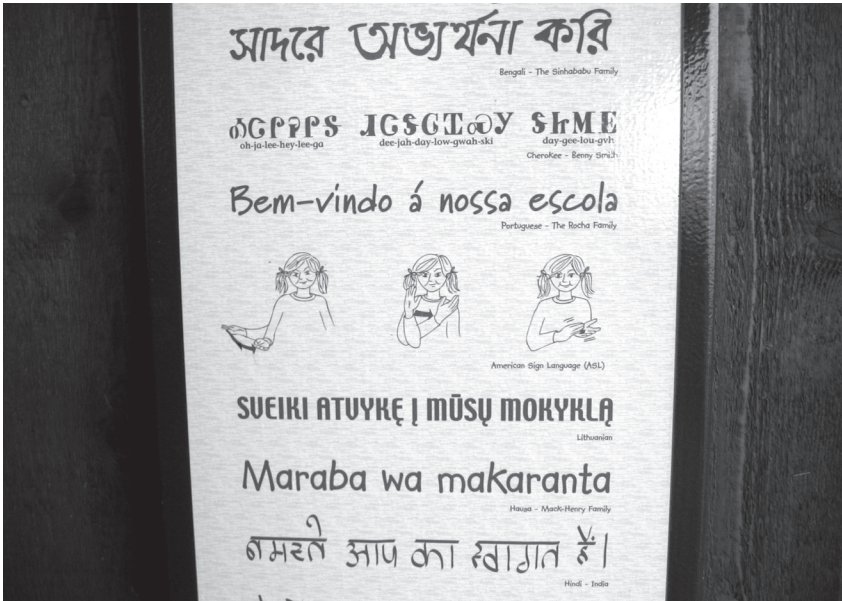
An inclusive school welcomes everyone through the front door.

An inclusive school uses pathways to create connections.

An inclusive school uses ramps to create access for all.



The ramp to Raintree’s front door.



A sign at the entrance says, "Welcome to our school" in the language of our families, including sign language.



The asphalt path around the playground is accessible by ramps in 3 places.



The asphalt path encircles the entire property creating connections throughout.



Wooden slats create an accessible path into the sand box.





Pathways around the primary playground and through the primary gardens.

## Functional Inclusion

The second level of inclusion, functional inclusion, necessitates that the child make real educational and developmental progress within a classroom. There are several keys to ensuring that functional inclusion becomes common within a Montessori school. In order to attain functional inclusion the first, and some might argue most important decision, is classroom placement. At Raintree we have gradually developed a framework for classroom placement that works for our school. Classroom placement is determined by five factors:

### *The Child's Age*

Inclusion means placement with same-aged peers. You will not find a four-year-old with disabilities, for example, placed in our toddler program because the child is not yet a verbal communicator or toilet trained.

### *The Child's Level of Skill and the Child's Needs*

This does not mean the child's diagnosis or label, but rather their developmental needs and skill level. This careful distinction is based on the value statement that guides us to "respect deeply the uniqueness of and the dignity of each child as an individual human being who merits our careful observation and response to his or her skills and needs" (Thompson 19). So it is not a diagnosis or a label that factors into placement but skills and needs. With the uniqueness of the child as our starting point, we begin evaluating possible classroom placements looking for the best match. Classroom placement of children with identified developmental delays is often a group decision in our school. Those involved usually include:

- Members of administration who have done tours and met the families and often children on their initial visit to Raintree;
- Special Education staff or experienced staff who have done follow up calls when the child was placed on the waiting list or just prior to confirmation to get a summary of skills and needs; and
- The classroom guide and staff are included in the decision as they have the most relevant information about the children of the community being considered.

### *The Physical Environment of the Classroom*

The physical characteristics of the classroom are also considered during a placement decision. Considerations are based upon the individual child's skills and needs. For example:

- Can the tables be spread far enough apart to allow wheelchair/walker access for a child who has just begun to be independently mobile on wheels?
- If the child to be included is highly distracted by smells and noise, is the classroom located next to the kitchen an appropriate placement? After all, more noise, smells, traffic could equate with a more distracting environment.
- If the child is a flight risk, should a classroom located near the front door be excluded from consideration?

### *The Experience of the Classroom Staff*

When looking for the best match between child and classroom we also consider the experience of the guide in the classroom. For example:

- *Teaching experience:* A first year teacher may not be ready for an inclusive experience. However, a first-year teacher with experience as an assistant in an inclusive classroom taking over a well-established community may be ready for a certain child or a specific level of need.
- *Experience with inclusion:* Past success with children who learn differently may be an indicator of a good match depending upon the individual strengths and needs of both the guide and child.
- *Additional training and expertise:* Specialization, extra training or expertise acquired by the guide is also considered. A guide who has a working knowledge of American Sign Language (ASL) for example may be a nice match for a child who uses ASL as their first language. A guide who has previously worked

with a child who experienced vision deficits might be a good match for a child with ocular albinism. Any specialized knowledge that matches the skills and needs of the child is certainly part of the decision. If a child is to stay all day, we consider not just the knowledge and skill of the guide. We also factor in the knowledge and skills of support staff. Conversely, the needs of the child may also determine staff placement during the child's three-year cycle. If we need to hire support staff for a classroom that is practicing inclusion and have two equally qualified applicants, such as a student majoring in special education and a person with great references from church nursery, the first may be best fit for the inclusive classroom. If, however, the person from the church nursery has a close relationship with the family and has already done care for the child, she may be the best match.

#### *Strengths of the Classroom Community as a Whole*

Considering the children and their learning community is always a factor in classroom placement.

- *Normalization of the group:* We have found that the level of normalization found in a community is an important consideration. A classroom that is not normalized may or may not be the best match for an inclusive experience depending upon the needs of the child.
- *Numbers of new children:* The number of new children entering the community is a factor to be considered. A classroom that is experiencing a large turnover in children may not be a good match for an inclusive experience.
- *Children who already require additional attention:* Another thing to consider is the number of children requiring extra help already placed as a part of the classroom community. This has nothing to do with

children who have identified delays but rather are those that require extra attention because of their personality, attention span, ability to learn, activity level, etc. These children naturally occur as a part of any group, but most guides can point to years when they had a larger than average group. This might preclude the placement of a child who experiences significant delays in development.

- *The principle of natural proportions:* At Raintree, we are committed to maintaining inclusive communities. We do not wish to create a reverse mainstream or segregated classroom. Therefore, we believe that the majority of children must be typical in their development.

In our quest for developmental progress for all children, we have found that staff may need additional training and support. If the goal of functional inclusion is for all children to learn and develop within the environment, the guide and support staff may need additional training. At Raintree this has come essentially through in-service at the school, advanced coursework or seminars, and on-site training by specialists like occupational therapists and speech language therapists. The administration at Raintree has supported additional training for staff with release time, funding of substitutes, and occasionally payment of fees or tuition.

We also have developed a network of in-house resources to help support our staff. Experienced guides are encouraged and supported so they can observe, consult, and mentor others at Raintree. We employ many guides across all age groups now who have valuable experience and knowledge in supporting a wide variety of needs and abilities in the classroom. Administration provides release time and pays for substitutes to support our in-house network of support.

We also have developed a continuum of support from the community at large. Staff, in conjunction with the family, might request outside help at times. This can range from specific education (like sign language classes), to observation with feedback, to consulta-

tion with feedback and modeling of techniques from an expert to an evaluation across one or more areas of development that could result in therapy, counseling, or other services.

Sometimes what a child and guide need most is education for the parents. We provide both parent education and parenting classes at the school. We believe it is in the child's best interest to support both parents' understanding of Montessori and the growth and development of parenting skills.

There have been instances where the needs of a child are such that additional adults have been placed either temporarily or for the duration of the child's time at Raintree. The addition of an additional adult to a classroom is given very careful consideration. We recognize that additional staff skew the adult to child ratio and may change the dynamics

It is not that the children are unaware of the disabling conditions, but rather that their interactions and thoughts do not reflect value judgments about individual worth or right to be a part of the classroom community. Because of this, we do not prepare the children in our toddler or primary classes with a "lesson" on the child's disability. They join our communities in the same manner as other classmates.

of the classroom community. This decision is based upon skills and needs of the child facing additional challenges. Is this child requiring so much assistance that additional adult help is a necessity? It is also based upon needs of the other children in the community: Are the needs of the classroom as a whole being met? Can we maintain a quality experience for each and every child in the community without additional support?

We have used two models for placing additional adults in classrooms. In the first model, the adult added to a classroom is a practicum student or student teacher from the University of Kansas. These students might be majoring in education or special education and their placement at Raintree fulfills educational requirement and credit. These placements are evidence of our continuing relationship with the University of Kansas established just before The Circle of Inclusion Grant in the 1980s. This relationship has been integral to

the continuing success of inclusive endeavors over the past thirty years at Raintree.

In the second model, an additional adult is trained and employed by Raintree either from our part-time support staff or substitute list. Raintree funds this position with the purpose of facilitating inclusion in a specific classroom community. In both models, the adult is seen as support for the guide, not any specific child. Careful consideration is given to training and to the role the additional adult should play to minimize effects on the community.

And finally, Raintree employs a reading specialist who has primary training and uses the Sonday system. She works with both primary and elementary children who are in need of additional specific phonetic training to support the development of pre-reading and early-reading skills.

#### *What Is an IEP and How Does It Fit in a Montessori Classroom?*

If schools are to achieve functional inclusion, then children must develop and make progress in an inclusive placement. To make this happen, all working with the child will benefit from a basic understanding of an Individualized Education Program (IEP) and will know how to make this document work in a Montessori classroom. An IEP is a written statement of a child's educational program. It is a unique document, developed and designed to meet a child's individual needs. Every child who qualifies for and receives special education services must have an IEP as mandated by federal law (U.S. Equal Employment Opportunity Commission). An IEP includes:

- Present levels of academic and functional performance
- Annual goals
- Special education and related services
- Adaptations and modifications and how and when they will be used
- How progress will be measured (The National Dissemination Center for Children with Disabilities)

The equivalent for ages birth to three is an Individualized Family Service Plan (IFSP). The IFSP is similar to an IEP but focuses upon both the child and the family as their needs are so intertwined at this early stage of life.

IEP goals can read like a jargon-filled pile of mumbo jumbo. This is due to the fact that federal law requires goals to be written such that special educators or related service providers can measure a child's progress. Goals, along with related benchmarks, when well written, are like a roadmap detailing a clear path to independence. Keep that mental picture of a roadmap in mind: goals and benchmarks are to take us from present level of performance to independence.

Since an annual goal is meant to help service providers measure progress, it has to answer several important questions:

- **Who** will achieve the skill?
- **What** skill or behavior is to be achieved?
- **How**, in what manner, or at what level will the skill be achieved?
- **Where**, in what setting, or under what conditions will the skill be performed?
- **When**, by what time, or by what ending date? (Anderson)

Isn't this how we all work anyway? We begin by determining ability, we provide a lesson, we allow practice, we provide follow-up help, and finally we watch for readiness for a new lesson or deeper exploration of a concept or idea. Because this is the way we all work anyway, IEP goals and benchmarks can fit easily into Montessori environments. If a child needs to learn something, we can provide the opportunity or opportunities for practice.

An examination of an annual goal and its benchmarks will help demonstrate how an IEP goal and benchmarks can be implemented in a Montessori classroom. Annual goals are written such that it will be reasonable to meet the established criteria, or level of performance, within one year from the IEP date.



## Example of an Annual Goal and Benchmarks

### **Annual Goal**

By November 17, 2014 when presented with an opportunity in his classroom, Johnny will open and close buttons independently on 5/6 data days.

### **Benchmark One**

By February 17, 2014 when presented with an opportunity in his classroom, Johnny will open and close buttons with four or fewer prompts on 5/6 data days.

### **Benchmark Two**

By May 17, 2014 when presented with an opportunity in his classroom, Johnny will open and close buttons with two or fewer prompts on 5/6 data days.

In this case, the goal and benchmarks are very similar. The only difference is how much help Johnny is allowed to have to meet criterion or be determined “successful” at buttoning. In benchmark one, Johnny can have up to 4 prompts and be considered to have met criterion. This means a guide could prompt (give verbal instructions, point to a button or buttonhole or help in any way deemed necessary) up to four times per button and Johnny would be deemed “successful.” The service provider would count how many times we help Johnny on each button attempt observed to determine how well Johnny is buttoning or if he is performing at criterion.

In benchmark two, the amount of help Johnny can receive to be “successful” is reduced to two or fewer prompts. This recognizes that Johnny should be making progress over time and should need less help now. Again, by counting the amount of help needed per button attempt, the service provider gets a measure of performance.

The annual goal further reduces the amount of help Johnny can receive. He should need no help at all on 5/6 days. This level of help recognizes that perfect performance (100% of the time or 6/6 data days) is an unrealistic and unnecessary level of performance. Rather, we hope Johnny will get to the point where he rarely needs help with buttoning. When performing at this level Johnny, for the purpose of this IEP goal, has now reached independence.

If examined carefully, it is clear that this annual goal and its benchmarks also answer the essential questions required by law so that progress can be reliably measured and tracked across time. See below for an examination of how the annual goal answers the essential questions.

It is important to note that annual goals and benchmarks do not dictate how buttoning is taught, but instead they provide a way to measure the buttoning progress. So the method used to teach Johnny to button and the materials selected for instruction are entirely up to the guide. This means we can implement Johnny's annual goal and its related benchmarks into our classroom in any way we see fit.

For many years in the late 1960s and 1970s, B.F. Skinner's behaviorism and operant conditioning dominated special education. Operant conditioning "describes the relationship between behavior and the environmental events that influence it. The basic principles of operant conditioning include reinforcement, punishment, stimulus control, and extinction," (Reynolds 876). The focus was on mass trial learning in tightly controlled settings. At the time operant conditioning was a stunning revelation in special education because children who experienced significant challenges in all areas of development and who were warehoused in generally

### Annual Goal

By November 17, 2014 when presented with an opportunity in his classroom, Johnny will open and close buttons independently on 5/6 data days.

- **Who will achieve the skill?** Johnny
- **What skill or behavior is to be achieved?** Opening and closing buttons
- **How? In what manner or at what level will the skill be achieved?** Independently on 5/6 data days
- **Where? In what setting or under what conditions will the skill be performed?** In the classroom
- **When? By what time? Or by what ending date?** By November 17, 2014.

awful conditions in state institutions, were suddenly able to learn using this approach. Hope was born and research began. During that time the principles of operant conditioning would have been strictly applied to Johnny. He would practice buttons for ten trials at “button time” and then move to the next skill while the teacher buttoned Johnny’s coat prior to going outside because it was no longer “button time.” This produced children who could button at button time, but at no other time of day, with any other buttons, or with any other instructor present. In special education terms, Johnny learned to button in such an isolated setting and way that he could not “generalize” the skill or perform it at any other time.

So over time, special education practice shifted and began to distribute trials across a day, still without context and once again to the detriment of generalization of the skill over time, setting, and instructors. Eventually, special educators have come to realize skills, when practiced within meaningful context, are more readily generalized. So a current emphasis in special education is on Embedded Learning Opportunities (ELO). Embedded learning “is accomplished by identifying times and activities when instructional procedures designed for teaching a child’s priority learning targets are implemented in the context of ongoing [naturally-occurring] activities, routines, and transitions in the classroom” (Embedded Instruction).

When employing the ELO approach towards Johnny’s IEP goal about buttoning, Johnny is encouraged to practice buttons in naturally occurring opportunities throughout his day. “Embedded instruction maximizes children’s motivation by following their interests and promotes generalization and maintenance [of the skill] by providing instruction within and across activities, routines, and transitions” (Embedded Instruction). One author described it as “Replacing the age-old model of ‘learn-then-do’ with a newer ‘learn-while-doing’ model” (United Nations System Staff College 2). Think about that for a moment. Allowing children to follow their interests and to learn by doing is, of course, an exact description of a Montessori classroom. Learning is surrounded by and fueled by context in the method described by Dr. Montessori. Once again we find Dr. Montessori ahead of her time, her work being validated by current practice and research, and that a new best practice approach to other educators is a standard established by Dr. Montessori years ago.

Since the Montessori method is so aligned with the embedded learning approach, we do not have to build learning opportunities into activities, routines, and transitions. Those opportunities are naturally part of the classroom. This makes implementing IEP goals in a Montessori classroom natural and easy.

To demonstrate the ease with which this can be done, the ELO approach can be used to embed Johnny's IEP goal and benchmarks throughout his school day. The most obvious path for Johnny to practice buttoning lies in the button frames of course. In this respect, Montessori materials provide an advantage over traditional classrooms. We have materials specifically designed for targeted practice whenever Johnny is motivated and interested.

However, a child who is struggling with fine motor delays may need more practice than the button frames provide. What other ways are there to work on buttons in the classroom? Where else can we embed this skill? Arrival and departure offer opportunities of course. Perhaps buttons are on or can be added to aprons in the classroom. Bags with button closures could be used for storage of some of Johnny's personal effects, like his slippers. The basket of openings could be filled with button closures. But if Johnny is really struggling, these things still might not provide enough motivation and practice.

At Raintree, the youngest children in our primary environments are two and a half years of age. Therefore, I use a Russian matryoshka doll, or nesting doll, as a beginning variation on a basket of openings at the beginning of the year. I once had a little one who had fasteners on his IEP as a goal. He loved the nesting dolls but was struggling with buttons. He was not at all motivated by the button frame and actively avoided it. So, I decided to apply the idea of nesting to buttons, and created a nesting button bag. As an added point of interest, we placed a new object daily in the smallest bag.

Our little one loved this activity. In fact, he chose it for his first work every day for a very long time. He was so excited to find out what new object was in the bag every day, and equally excited to hide the object for his friends to find.



The Nesting Button Bag



The Button Bag open.

This set of nesting button bags is high in visual contrast because it is made with white buttons, buttonholes, and dark fabric. Creating visual contrast is one adaptation to always consider for children experiencing vision deficits, problems with processing visual information, or problems with visual motor skills. Visual motor skills use both motor movements and vision in combination to successfully complete the skill. Buttoning, of course, is a good example of a visual motor skill.

Additionally, this button bag set reduces visual complexity or the amount of visual information that must be processed in order to identify a visual target. By using plain dark green fabric rather than plaid or another pattern the brain can more easily focus on the visual target, the buttons and buttonholes. Therefore, this use of a plain fabric reduces visual complexity and helps the visual targets,

the buttons and buttonholes, to stand out. In simple terms, reducing visual complexity keeps the focus on the buttons.

The ELO approach allowed Johnny's buttoning goal to be embedded throughout his day. Naturally occurring opportunities like the button frames and clothing were of course considered. Additional opportunities were created by thinking about the storage of Johnny's personal effects in button bags and putting out a basket of openings with the focus on buttons. And finally using observations of the child's interests, I adapted and modified a bit to create a nesting button bag that was very interesting and motivating for this child.

The ELO approach can be used with other skills of course. Consider the goals of a five-year-old girl named Isabel, who experienced Cru de Chat syndrome. This syndrome often presents with microcephaly, or a small head size, which results in a wide variety of complex delays across the entire spectrum of development. One of her goals was to pick up small objects independently with a pincer grasp. Another was to take conversational turns by engaging in a 4-turn conversation. In a 4-turn conversation, Child A speaks, Child B responds, Child A responds, and Child B speaks again completing four turns.

When these goals were written, Isabel was using a walker to move around the classroom and using an object-based system to communicate her wants and needs. She did not use verbal speech. It was quite common that Jill, a very good friend to Isabel, who was typical in her development and very competent at using the object communication system, joined in her work. When Jill received a lesson on water displacement, she invited Isabel to join her. As they took turns picking up small glass stones and dropping them in a glass of water, they both watched the level of the water rise. Jill discovered that water displacement means that as the stones sink to

The attitudes of adults are a leading barrier to inclusion. Society continues to fail to see the potential of the child, just as in the time of Dr. Montessori.

the bottom of the glass the level of the water rises. And perhaps Isabel understood that concept as well. Certainly, they were taking turns both literally

and conversationally. During this one activity, Isabel is practicing both skills listed on her IEP.

## **Social Inclusion**

Finally let's talk about how to achieve the third level of inclusion: social inclusion. Remember this level is achieved when the child is a true member of the classroom community with the same emotional and social connections as classmates. Social inclusion is a value that comes from within and cannot be mandated. Nothing demonstrates that more poignantly than the following passage. It was written by Naoki Higashida who experiences the wide variety of challenges that accompany a diagnosis of severe autism, including very limited ability to speak with verbal language. This passage was written by Naoki at age thirteen using a laminated alphabet grid. An aide transcribed his work. In answer to the question, "Do you prefer to be on your own?" Naoki writes,

"Ah, don't worry about him—he'd rather be on his own."

How many times have we heard this? I can't believe that anyone born as a human being really wants to be left all on their own, not really. No, for people with autism, what we're anxious about is that we're causing trouble for the rest of you, or even getting on your nerves. This is why it's hard for us to stay around other people. This is why we often end up being left on our own.

The truth is, we'd love to be with other people. But because things never, ever go right, we end up getting used to being alone, without even noticing this is happening. Whenever I overhear someone remark how much I prefer being on my own, it makes me feel desperately lonely. It's as if they're deliberately giving me the cold-shoulder treatment. (Higashida 55)

Learning to communicate is essential to the socialization process and all attempts to communicate must be supported. If our schools are to reach the third level, social inclusion, we must teach children how to communicate with each other no matter the mode to be used. If the child signs, we must use and teach sign to the classroom community. If the child uses an alternative communication device or a computer-aided device, we must teach the use of that device to the classroom community. If the child communicates through facial

expression and changes in body tone, we must teach that mode of communication to the classroom community.

But achieving social inclusion is more than mere communication. We must help children to learn to interact with each other. This may be difficult because it is not unusual for children who experience developmental delays to also experience delays in social skills. Social delays may be tied to delays in language, cognition and motor skills. At Raintree we have found that friendships among children with and without social delays are in many ways similar to all friendships. Four commonalities of friendship are listed below:

1. Some children will be more drawn to children who experience challenges than others and that is OK. Not each and every child will become Johnny or Isabel's best friend. Having an entire class that loved you equally would not be the norm for any child.
2. We cannot expect every child to be equally skilled at interacting with a peer who experiences delays. However, there will always be several who show a more consistent interest and become experts at communicating with this child. This means we must be observant and foster these naturally developing interests.
3. Often it is the "mothering" child who shows the most interest. That was certainly the case for Jill. However, it is just as often a rough and tumble boy whose gentle side is brought out by a peer who experiences life differently.
4. The skills and attitudes of the adults involved do matter. Adults who are warm and engaging draw children in and easily begin to teach and create connections. Skilled social facilitators know how to support not only social interactions, but also communication and emotional bonds. They also know when to fade out of an interaction between children to allow them to interact on their own.



As we have watched friendships grow, a distinct pattern almost always emerges for children who face significant challenges in interacting socially. At first, classmates are drawn to the adult who facilitates the interactions between the two children. If the adult is warm and welcoming, it reflects positively upon the child experiencing disability. For example, Jill enjoyed spending time with the adult who taught her about Isabel's unique style of communicating with objects. Later classmates are drawn by the interaction itself. To continue our example, Jill enjoyed the responsibility of offering Isabel choices, learning to read her communication, and teaching it to new and younger children as they entered the community.

In the final stage of friendship, children simply enjoy being together and become friends in every sense of the word. We watched as Jill grew to enjoy Isabel for who she was: a friend who never complained, argued, or said an unkind word.

One year I had included in my classroom a little boy named Mohammad who depended upon his communication partners to read his body language in order to interpret his wants and needs. Additionally he used a stroller and scooting to move about, and he experienced the additional challenges of deafblindness. He became good friends with another little boy his age, Scott. Mohammad's mom usually carried him and his baby brother into our building in the mornings. One morning, however, it was a bit icy and slick. Scott's mom just happened to park next to them. Mohammed's mother introduced herself and Scott's mom was so excited to meet her. As she told Mohammad's mother, "Scott talks about him all the time. I have wanted to call you to arrange a play date." Mohammad's mom smiled and nodded and then asked Scott's mother to carry Mohammad inside so she could get the baby. Scott's mom replied that it was slick, but not so slick the boys couldn't walk and offered to hold Mohammad's hand. After an uncomfortable pause, Mohammad's mother told Scott's mom that he was handicapped and that he couldn't walk. Scott's mother, now embarrassed by her mistake, quickly responded, "Of course. I will carry him." While telling me this story later, Scott's mom spoke with amazement. "As I carried Mohammed and talked to him, I began to realize how handicapped he was. I had heard all about him for so long, but never once did

Scott say anything about the fact that he was handicapped. I am just stunned that he never told me.”

This is social inclusion. Clearly Scott saw Mohammed for who he was. In Scott’s eyes, Mohammad was very simply a child who was his friend.

Over the years we have learned many lessons at Raintree about how children interact with each other as they navigate the challenges that disability throws into the social make up of our communities. One important lesson is that inclusive experiences need to begin in early childhood (Thompson). Very young children view and respond to children who experience challenges differently than do adults. The story above of Scott and Mohammed clearly demonstrates this principle. It is not that the children are unaware of the disabling conditions, but rather that their interactions and thoughts do not reflect value judgments about individual worth or right to be a part of the classroom community. Because of this, we do not prepare the children in our toddler or primary classes with a “lesson” on the child’s disability. They join our communities in the same manner as other classmates.

In elementary, however, where the needs and characteristics of the child are so different than that of the primary child, preparation may be more appropriate, especially if the child will be joining a classroom with new peers. Of course, respect for both the individual child and the age of the children in the class is critical when deciding how much information to give to the entire group. For example we have had several children with seizure disorders in my primary classroom. Both in the classroom and during shared time on the playground, we have taught children what to do and how to react if a seizure occurs by answering questions after an occurrence. The children close by asking questions. However, in lower elementary, a discussion about seizures prior to the child’s first day might be necessary. In upper elementary, perhaps the child will be ready to educate his classmates by doing a presentation on seizures.

It is important to be open to questions and ready to answer them “in a straightforward, honest manner” (Thompson 150). We want to be

ready to answer questions as they arise because questions represent moments of readiness for learning. When answering questions, be thoughtful and answer using language that is respectful, honest, and concise. Frame your answer at an appropriate developmental level for the age of the child who asked the question. In the primary, the answer for a three-year-old might be different from the answer for a child who is five. We have learned to view children's questions as a means to develop positive attitudes and beliefs about individuals who experience delays in development (Thompson). Additionally, we have found that these quick discussions help children learn "to separate the child's individual characteristics from the [characteristics of the] disabling condition" (Thompson 151). This understanding that a child is a person separate from the disability with which they live is the foundation for true friendship.

So if a child asks, "Why can't she walk without that walker?" Two possible answers might be "She hasn't learned how yet," or "She uses a walker because her legs aren't strong enough for her to stand and walk by herself."

The first is honest and concise, but does not give the child any additional information and could imply a lack of effort. The second provides the child with information about the real reason for the walker, and separates the muscle problem into a category that is separate from the child who experiences it.

As you begin to help children learn to separate the child's individual personality traits from the characteristics of a disabling condition you will find that the children's questions often fall into two broad categories. The first are questions about behaviors that can change with growth and development and the second are questions about behaviors that are unlikely to change as the child grows and develops. For questions about behaviors that are likely to change, we want to help classmates to understand their own role in behavior change. This increases both the quality and frequency of interactions. Additionally, it is good practice while answering these kinds of questions to emphasize similarities among children. This creates shared experiences that contribute to the formation of friendships because we gravitate to those who share our interests.

For example if a child asks, “Why can’t he talk?” The adult might respond, “His muscles don’t work the same way yours do. But he does tell us things. Do you remember how we know what he wants?” In this example, growth and development will occur if pre-verbal behaviors are consistently seen as communication attempts. This means that if classmates can read facial expression, eye gaze, and body language as communication, the child who is not yet using verbal speech will experience preverbal “conversations” with more people about enjoyable topics and more advanced communication skills are likely to develop. Additionally, if classmates can read the child’s pre-verbal behaviors correctly, it increases the chances that they will enjoy the interaction, an important step along the path to true friendship. Finally, if a classmate begins to see similarities, in this case that they both can communicate their needs, this classmate is learning about this child as a person.

There will also be questions about behaviors that are unlikely to change over time. These kinds of questions might be more uncomfortable for adults, but they are equally important. Adults can use these as opportunities to further develop the very important distinction between personality and disability. For example if a child asks, “Why does she wear diapers?” The adult might respond, “She can’t walk to the toilet like you. Maybe someday if she learns to walk she will be able to wear panties. What kind do you think she would like?” In this example, the adult helps the child to begin to consider the likes and dislikes of her friend that are separate from the muscle issues that may always stand in the way of successful toilet training.

Social inclusion is a natural outgrowth of building community in the primary and continues naturally in elementary when that is the child’s experience. The emphasis of our philosophy on the development of community is an advantage we hold over traditional methods of education for all children no matter their strengths or needs. We very naturally foster caring for and helping others within our classrooms. The mixing of ages and abilities means that the children of our communities see this as the norm. As a little one once said to me while considering how to get back to the classroom, “I go there, those are my people.”

Building an inclusive community means that we must expand grace and courtesy at times to include courtesy that is child-specific. Since Isabel has trouble hearing and seeing at a distance, for example, calling her name from across the playground will not be a good way to get her attention. A specific grace and courtesy lesson during Isabel's time in our community was how to get her attention. This included how to know if she is ready to listen and look.

We recognize that children experiencing social delays will need help entering into play situations during free time. This might require us to be a bit more active on the playground to prevent isolation and promote inclusion. We must actively teach children learning basic social skills "link" phrases that provide access to on-going play by linking children together. Rather than teach, "Can I play," which could easily be met with, "No," we should instead teach phrases like:

- What are you playing?
- That looks like fun!
- Let's play!
- Let's go!

These "link" phrases come naturally to the typically developing child, but elude children with social skills deficits. Using link phrases provides access to on-going activities linking children to classmates, play groups, and on-games and interactions.

If you search the Internet for "barriers to inclusive education" nearly every result includes either the attitudes of adults or their ability to cooperate as significant barriers to the success of inclusive programs. "Social perceptions toward those with impairments are major determinants of whether the disabled are provided equal access to education. When parents, school administrators, and community members believe that impairments make a child less worthy of being educated, or less able to benefit from education, it is unlikely that children with disabilities will be given equal access to inclusive education" (Embassy of the United State of America,

2013). It is not the attitudes of children cited so often by researchers, but the attitudes of the adults.

Think about that for a minute. The attitudes of adults are a leading barrier to inclusion. Society continues to fail to see the potential of the child, just as in the time of Dr. Montessori.

That fact makes me think of one of my favorite quotes on attitude from Charles Swindoll:

The longer I live, the more I realize the impact of attitude on life. Attitude, to me, is more important than facts. It is more important than the past, than education, than money, than circumstances, than failures, than successes, than what other people think or say or do. It is more important than appearance, giftedness, or skill. It will make or break a company...a church...a home. The remarkable thing is we have a choice every day regarding the attitude we will embrace for that day. We cannot change our past... we cannot change the fact that people will act in a certain way. We cannot change the inevitable. The only thing we can do is play on the one strength we have, and that is our attitude...I am convinced that life is 10% what happens to me and 90% how I react to it. And so it is with you...we are in charge of our attitudes. (Goodreads)

However, when thinking about our attitudes and inclusion, I believe Helen Keller said it the best.

No pessimist ever discovered the secret of the stars, or sailed to an uncharted land, or opened a new doorway for the human spirit.

I am optimistic that together we can create the inclusive Montessori community.

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