

# Blending the World of Special Education With General Education Services

## 2



**Figure 2.1** Provide opportunities for children to work together.

### **BEST PRACTICES ACCORDING TO NAEYC AND DEC**

Two professional organizations, the National Association for the Education of Young Children (NAEYC) and the Division of Early Childhood (DEC), have had a major influence on early childhood education and practices for children with and without special needs. The Division of Early Childhood (DEC), as previously mentioned in Chapter 1, is devoted to best practices and research related to young children with special needs. NAEYC is the

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largest professional organization in the world; its membership is comprised of people who work with young children in many different capacities. Both organizations have best practice guidelines that were developed through years of research and input from practitioners in the field.

According to the NAEYC (2006) Universal Standards, the term *all children* means that every child, regardless of his special needs, should be given the same consideration. Similarly, the *NAEYC Policy Statement on Best Practices* emphasizes that the trend toward including children with special needs in general education settings with their peers must be reflected in all best practice recommendations. Both organizations recommend that quality programs for all children must utilize developmentally appropriate practices, with an emphasis on the following:

- Child development principles;
- Assessment that is authentic and appropriate;
- Considering the child in the context of his family; and
- The importance and value of adequate personnel preparation for people entering the field, as well as ongoing professional development for those already working with children.

In addition, DEC has best practice recommendations in technology as well as in interdisciplinary models of service delivery. Technology, as it relates to children with special needs, is often referred to as assistive technology, which is defined as any item that supports or helps children with special needs gain greater independence. For example, assistive technology may include items that enable a child to perform tasks that she was not able to do previously, such as painting with an adaptive paintbrush or putting together a puzzle with an adaptive knob or handle. In some cases, the technology is more sophisticated and may include devices, such as an adaptive switch or keyboard, that allow the child to use the computer or turn on a battery-operated toy.

Interdisciplinary models of service delivery consist of professionals from different disciplines who plan educational programming for the child. For example, Lucas is a three-year-old child with Down syndrome. For him to function as independently as possible, the annual goals and objectives for his individual education program (IEP) might come from several disciplines; his communication goals would include suggestions from the speech pathologist; his motor skill goals might be developed with input from his physical therapist; and his social skill goals would be established using input from his special education teacher, his regular education teacher, and his family. Working together, this team plans goals to address his overall needs, shares his progress with each other, and meets

on a regular basis to talk about any new challenges that he might encounter.

Notice that, in the previous discussion, the family is included in the IEP planning; it is important to understand that no interdisciplinary team is complete without input from the child's family. The perspective of family members is invaluable to learn the child's habits and motivations, be aware of such things as times during the day when the child is most active and alert, offer suggestions as to how to motivate him to try new activities, and learn which skills they believe are most important for him to learn first. Also, the child will be much more



**Figure 2.2** Assistive technology helps children with special needs communicate.

successful in learning new skills if he has opportunities to practice his new skills both at school and at home. Research has shown a direct relationship between how well a child learns a new task and the importance of that task to his family members (Driessen, Smit, & Slegers, 2005).

Combining guidelines from the NAEYC and DEC is an effective way to truly blend a program so that all children have the potential to learn and grow. It is important to note that some practitioners feel that the fields of early childhood and special education have two opposing philosophies. Early childhood teachers are taught to use a constructivist approach, wherein children construct knowledge from their experiences and activities. In contrast, special education teachers may be instructed to use techniques that are more direct, using specific behavior modification tactics to guide instruction for children with special needs. Despite how

someone is trained, these two philosophies can be blended effectively in an inclusive classroom.

### **CONSTRUCTIVISM VERSUS BEHAVIORISM: BLENDING WITHOUT IGNORING BEST PRACTICE**

Most early childhood educators follow the constructivist belief that children need challenging opportunities to explore new activities and environments that allow them to develop “constructs” or beliefs about how things work. While Piaget and Vygotsky are considered the fathers of constructivist thinking, much of the later work has been done by Bruner. His work has led to the theory that learning is a process in which children construct or build new ideas or concepts based upon their current or past knowledge. However, advocates of constructivism believe that it is not the environment or an individual activity that facilitates the development of these constructs, but how well the child can mentally process the information that the brain receives (Harnard, 1982). For this reason, some children with special needs are unable to learn the mental processes needed to build on current or past knowledge. In addition, many of these children cannot generalize well. In other words, they have difficulty transferring information from one setting to another or from one person to another. For example, Darren, a typically developing four-year-old, plays with blocks in the manipulative center of his preschool classroom. When Darren visits a friend who has similar blocks, Darren will apply his past knowledge about blocks to the situation. Darren and his friend can play with the blocks in the same way that Darren played with them in his classroom. Thus, Darren can generalize that the blocks at his friend’s house are similar to the blocks at school; therefore, they will work in the same manner. This generalization across objects and settings is a mental process that is very difficult for children with special needs, especially those who are cognitively challenged. Bruner (Kearsley, 1999) provides the following summary of the principles of constructivist learning:

1. Readiness—The child must have the skills needed to complete a task and instruction must be concerned with the experiences and contexts that the child needs to be able to learn.
2. If the task or activity is too difficult or if the child does not have the past experiences to help her process what she needs to do to complete the task, it can essentially set the child up to fail and discourage future exploration of new activities.

3. Past knowledge and problem-solving skills help the child solve new problems that are more complex.

Advocates of constructivism also believe that teachers must think about the knowledge and experiences that their students have already developed before planning to introduce a new activity. In other words, children use what they already know to help them connect the new activity to a previously learned activity. Often, children with special needs lack the skills to make these kinds of connections. For that reason, some of the tenets of behaviorism can combine with the views of constructivists so that children with special needs achieve their full learning potential.

Behaviorists, on the other hand, believe that teachers must first know what knowledge or skills children should acquire and then develop a curriculum that is designed to help the child acquire those skills. In other words, they believe that learning results in a permanent change in behavior, which is brought about through experience (Huit & Hummel, 2006). While early childhood teachers are taught to use constructivist principles and special educators are generally taught to view the child in behaviorist terms, it does not mean that there will be opposing philosophies in an inclusive classroom. In reality, a combination of both approaches can be effective. In fact, three constructs of behaviorism fit nicely into a constructivist classroom: successive approximation, modeling, and cueing. These techniques make activities more meaningful for children with special needs:

1. Successive approximation or shaping is a technique used to encourage a child to attempt a new task. He is reinforced for each attempt. This praise, or reward, helps him keep trying to achieve a new goal.
2. Modeling is often used in the early childhood classroom to show the learner how to do a task. There is always the expectation that the learner can copy the model. When modeling a new task or activity for a child with special needs, it is very helpful if the teacher breaks down the task into smaller steps and invites the child to repeat each step after it is demonstrated.
3. Cueing is a technique that gives the child clues about what she is expected to do. It is used when the teacher provides a clue or cues the child to help remind her what she is supposed to do. For example, if Kara always runs into a learning center instead of waiting her turn, the teacher might place a hand on Kara's shoulder to cue her to wait until it is her turn.

## USING OBSERVATION SKILLS TO GUIDE INSTRUCTION

Direct observation is one of the best methods you can use to help in planning activities for children with special needs. The following guidelines will help you know what to observe and how to document it:

1. Select a method for recording your observation that is easy and convenient to use. For example, use color-coded index cards that have a hole punched in the right-hand corner and are held together by a single adjustable ring. Using these cards allows you to write down your observations and notes about a child. Date the cards and attach them to your belt loop or hang them on a pegboard. Whatever method you use, always put the date and time on each observational note.
2. Practice observing what the child is saying, doing, and how he is acting. Record exactly what you hear and see, not what you feel. Avoid making broad generalizations, such as “Ryan always kicks other children.” Instead, record, “Ryan kicked Jasper when Jasper tried to play with a truck that Ryan was playing with.”
3. Write down your observations as close as possible to the time they occur. Waiting until the end of the school day may result in forgetting important details or information.
4. Describe the context of the child’s behavior and actions. For example, you might make a notation such as “Emily left small group today and crawled under the table instead of going to center time.”
5. While observing the child, you may see something that you want to further examine. For example, if you notice that the child always seems to play more cooperatively before lunch than after, you may want to make a note to yourself to observe him for a few days before lunch to see if this behavior indicates a pattern.
6. Try to observe the child in a variety of settings and at different times during the day, as this will give you multiple opportunities to document not only what happens but also when it happens.

## PLANNING FOR AN IEP MEETING

Federal law mandates that all children with a documented special need have an IEP. This plan is established in consultation with the child’s family as well as others who might work with the child such as the special education teacher and/or a speech pathologist. The IEP reflects the educational and behavior goals for that child during the school year. It is also mandated

### **THE TEACHER'S RULES OF THE ROAD**

- Everyone is a member of the class. Each member of the class has the same rights and responsibilities as his classmates; the expectations for him are matched to his abilities.
- Treat others the way you want them to treat you. Model how to be a friend and how friends act toward each other.
- Consistency and structure work best for children with special needs. While flexibility is very important, it is also important to remember that children with special needs can become very upset and frustrated when people are inconsistent with them and when schedules are disrupted.
- Everyone can participate in some way. Even students with severe disabilities can partially participate in activities.
- All children have strengths and weaknesses. Learn to identify a child's strengths and plan activities that are geared to enhance her strengths.
- Nothing is free and no one is automatically entitled to anything. Communication is perhaps the most important social skill of all. Teach children how to ask for what they want and need verbally, by using signs, or with gestures.
- Learned helplessness cannot be tolerated. In other words, just because a child has a disability or is challenged in some way does not mean that he cannot learn to be as independent as possible. When everything is done for a child he will learn how to be helpless and automatically expect the adults in his world to do things for him.
- Children learn from each other. Arrange the environment so that children have many opportunities to practice new skills, work in groups, and depend on each other to help solve problems.
- Aggression, bullying, and making fun of others are never acceptable. What may seem like simple childish teasing can soon become bullying, which can be frightening for a child with special needs.
- Many times, misbehaviors are just misdirected attempts to communicate. When a child throws an object or has a tantrum, look at the reason behind the action. While the behavior is not acceptable, the reason for the behavior may be explainable and is oftentimes avoidable.

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that each child's IEP be reviewed at least once a year and that new goals be written for each year. As the child's teacher, you will be expected to participate in these meetings. Here are a few suggestions regarding how to prepare for an IEP meeting:

- Review the child's assessment data, noting when her last formal assessment was given and what the results were.
- Bring any anecdotal records or notes that you have about how the child is progressing.
- Be prepared to discuss with the planning team those things that you believe are the child's strengths, as well as any challenges you are facing.
- If you keep a portfolio for the child, bring it along, too. This way, you can document her progress in your class.
- Remember to use people-first language when you talk about the child, and don't forget to refer to the child by name whenever possible.

### RELATED SERVICES

Under the Individuals with Disabilities Education Act (IDEA), students who qualify for special education services may also be entitled to related services. Related services include transportation and any developmental, corrective, and supported services that are necessary to allow the student to benefit from special education. A school district is not required to provide services necessary to maximize a child's potential. Schools, however, are required to ensure that a student can benefit from special education. They can provide services directly or contract with other agencies to provide related services.

The federal regulations include a long list of related services that schools may provide to students who need them. It is important to note, however, that this list is not exhaustive and may not include all the services that a school district may be required to provide. If the student requires a service that is not on the list, such as an interpreter, the service must still be provided by the school, as long as the service is necessary for the student to be able to benefit from special education. Related services might include some or all of the following:

- **Audiology**—an audiologist is a specialist who identifies hearing loss and subsequently may provide activities, such as language therapy, auditory training, speech reading, hearing evaluation, and the fitting and adjustment of a hearing aid.



- Counseling services—these services are provided by qualified social workers, psychologists, or guidance counselors and may help the child with one-on-one sessions or group therapy, when warranted.
- Medical services—medical diagnostic services provided by a licensed physician may become the school’s responsibility if the child has a medically related disability that results in a need for special education and related services.
- Occupational therapy—occupational therapists are responsible for helping the child improve or restore motor functions that have been impaired or lost. In addition, they help the child learn to do everyday tasks that are necessary for independence.
- Orientation and mobility services—some children with vision loss require the services of personnel who are specially trained to enable those students to become oriented to and move safely within their environment.
- Physical therapy—a physical therapist uses specially designed exercises and equipment to help children regain or improve their physical movements.
- Psychological services—the role of the school psychologist is to administer psychological tests and consult with other school personnel who are involved in meeting the special needs of children. Psychologists also help plan and implement behavior programs for children with emotional or social issues.
- Speech-language pathology—it is the role of the speech-language pathologist to identify children with speech or language impairments and provide speech and language services to help prevent or improve communicative impairments.

## **THE ROLE OF THE SPECIAL EDUCATION TEACHER**

Within each child’s IEP is information about the services he is eligible for to help him with his special needs. Usually, but not always, these services involve a special education teacher. Because it is important that each child receive special services in the least restrictive environment, the type, amount of time the services are provided, and location of the provision of services will vary with each child. Sometimes, a resource room or pull-out model is used. In this situation, the special education teacher may take one or more students into her classroom for direct instruction. In early childhood settings, the trend is toward a collaborative model in which the special education teacher collaborates with the general education teacher

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to provide needed services. The most common collaborative models include the following:

- **Lead teacher**—In this model, there is a lead teacher, who is often the general education teacher, who provides instruction in a specific subject area. The special education teacher observes the instruction and designs activities for children with special needs. These activities may help ensure that the child understands a concept or provide adaptations and modifications that enable the child to participate in a related task or activity.
- **Learning center**—In this situation, both teachers (general education and special education) are responsible for instruction in a specific location of the classroom. Often, this method is used in the context of learning centers. Children are assembled into groups that rotate through each center. Special education teachers may deliver instruction in areas that relate to one or more children. This method allows participation by children with diagnosed special needs and may also permit others who just need extra assistance to have access to the instruction. This model also works well when the general education teacher has limited knowledge of special education, as it provides extra assistance to a large number of students.
- **Team teaching**—In this situation, both teachers work simultaneously to provide instruction. Either teacher with the necessary background knowledge in the subject introduces new concepts and materials to the class. The teachers work as a team to reinforce learning and provide assistance to students as needed. Special education teachers provide specially designed instruction to students with IEPs through direct instruction and modifications of specific content as needed.
- **Consultation**—This model utilizes the special education teacher as a resource while most of the child's direct instruction is provided by the regular education teacher. The majority of service to a student with an IEP is indirect. The special education teacher provides information to the regular education teacher on how to modify instruction to meet the student's needs.

### **WORKING WITH PARAPROFESSIONALS AND INSTRUCTIONAL ASSISTANTS**

A paraprofessional is someone trained to assist the teacher in the classroom. Your relationship with the paraprofessional is critically important to

the success or failure of a child in an inclusive setting. Sometimes paraprofessionals or instructional assistants work with the child throughout the day to assist her with needs such as toileting, eating, or moving from place to place. Other times a paraprofessional may be assigned to a specific classroom to assist with more than one child. It is very important that you and the paraprofessional work together as a team to help the child make progress and achieve success throughout the school year. If possible, arrange regular meetings with the paraprofessionals in your classroom and ask for their input on issues such as the child's progress and behavior as well as suggestions for adaptations that might help the child complete a particular task. Talk about ways to help the child with things that challenge her. It is also very important that you and the paraprofessional work together to avoid learned helplessness, which occurs when a child with special needs discovers that, if she pretends to be "helpless" and "needy," someone will eventually do things for her that she could easily do for herself. Even children with severe challenges learn how to act helpless if someone is always there to do everything for them. The ability to function as independently as possible is an important goal for all children with special needs.

## TERMS USED IN THIS CHAPTER

**assistive technology**—any item that supports or helps children with special needs gain greater independence.

**behaviorism**—belief that learning results in a permanent change in behavior, which is brought about through experience.

**constructivism**—belief that it is not the environment or an individual activity that facilitates the development of these constructs, but how well the child can mentally process the information that the brain receives.

**cueing**—a technique that gives the child clues about what he is expected to do.

**interdisciplinary model of service delivery**—consists of professionals from different disciplines who plan educational programming for the child.

**learned helplessness**—occurs when a child with special needs discovers that, if she pretends to be helpless and needy, someone will eventually do things for her that she could easily do for herself.

**modeling**—showing the learner how to do a task.

**successive approximation**—also referred to as *shaping*. When a child is trying to learn a new activity or work on solving a problem that may be difficult for him, it helps reinforce his efforts when he receives

praise for close approximations. This praise or reward helps him keep trying to achieve a new goal.

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### **THE RESEARCH SAYS . . .**

#### **What Early Childhood Practitioners Think About Inclusion**

An exploratory study examined beliefs about inclusion among Head Start and public pre-kindergarten (pre-K) teachers. Using the STARS (Support and Technical Assistance through Relationships and Skill Building) needs assessment, which was developed to learn about inclusion-related beliefs and training needs, researchers from Southern Illinois University conducted research in 14 Head Start and 29 pre-K programs. Their results indicated professionals overwhelmingly believe that all young children benefit from inclusive settings and are more alike than different. However, they found that both groups felt that the strategies and adaptations necessary to assist a child with a disability are not always easy to prepare and implement. The primary training needs for both groups included the following: (1) behavior issues, (2) communication strategies, and (3) assessment. The authors concluded that while professionals generally feel that inclusive practices are important for children with special needs, there is still a need for ongoing support and training for those working with these children.

Bruns, D. A., & Mogharreban, C. (2007). The gap between beliefs and practices: Early childhood practitioners' perceptions about inclusion. *Journal of Research in Childhood Education*, 21(3), 229–241.