

## Handout

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# Inclusion for Preschool Children with Disabilities: What We Know and What We Should Be Doing

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The movement toward inclusion of preschool age children with disabilities originally gained national attention with the passage of Public Law 99-457, the IDEA amendments of 1986. It addressed the inclusion of preschoolers by extending the provisions of the least restrictive environment (LRE) to children with disabilities ages three through five years. The developmental importance of inclusive services for young children with disabilities is clear. Over the last 30 years, the evidence regarding inclusive service delivery for young children with disabilities has accumulated rapidly. Based on scientific evidence, here is what we know:

### What We Know

- No study that has assessed social outcomes for children in inclusive versus developmentally segregated settings has found segregated settings to be superior. This is important because one of the things that parents of young children with disabilities most desire for their youngsters is to develop friendships with their same-age, typically developing peers. And if we ask the question, "What developmental outcomes are most likely to lead to successful post-school adjustment?", social skills is always the answer.
- The positive social outcomes attributable to inclusive settings, however, have been seen only when social interaction is frequent, planned, and carefully promoted by teachers.
- Typically developing children have shown only positive developmental, educational and attitudinal outcomes from inclusive experiences.
- There is no evidence that children with particular types or severity of disabilities are poor candidates for inclusion.
- On measures of how well children maintain skills after some initial teaching, segregated settings

have been shown to have a poor outcome (i.e. children tend not to use newly-learned skills in segregated settings whereas they are much more likely to use these same skills in inclusive settings).

- Programs that are characterized by inclusive service delivery tend to be state-of-the-art on a variety of other dimensions, including extensive parental involvement; highly-structured scope, sequence, and method of instruction; and attention to repeated outcome assessments.

### What We Should Be Doing

How might we translate our empirical findings into an ongoing service delivery model? The results speak to the following programmatic issues: a) child referral to inclusive setting; b) continuum of service; c) personnel training; d) class organization and structure; and e) administrative practices.

**Child Referral.** Though there is little scientific evidence available, what exists does not support the notion that less involved children should be preferred for inclusive services while potentially excluding more involved youngsters. When formulating policy and procedures, we must discount this popular belief and recognize that no available data exists upon which to exclude children with severe disabilities from inclusive placements. Further, programs have shown that children with severe disabilities such as autism can be successfully included. Based on the evidence to date, we should screen children away from maximally inclusive options only after these high quality, inclusive options have been tried with fidelity and with supports to the personnel and have failed.

**Continuum of Services.** Policy makers and those who design services are faced with the dilemma that it is possible for practitioners to satisfy the bureaucratic and legal requirements and yet not help, or worse, do potential harm, to the clients.

The IDEA LRE requirements have evolved into a working definition that describes a continuum of service. This continuum allows requirements to be satisfied by instituting any of a number of options. Yet, scientific evidence shows that inclusive services produce the desired outcomes *only* when young children with disabilities are included at least several days per week into the social and instructional environment with typical peers. Any continuum of permissible services that ranges, for example, from a segregated class in a segregated building, through a segregated class in regular building, to a regular class in a regular building, is too broad to be effective and may deny children the opportunity for benefit.

**Personnel Training.** A much greater emphasis on the preparation of teachers and other personnel is needed if inclusive service delivery is to fulfill its potential. Attempting any innovation like this with less than the best-prepared staff will likely yield poor services, poor outcomes, and ultimately less inclusion for children with disabilities. Successful teachers and other personnel in inclusive settings must, at a minimum, know how to do the following:

- Assess the current educational and social needs of all children and plan instruction accordingly.
- Meet the individual goals of all children within a group-teaching format.
- Plan and arrange for daily interactions between children.
- Utilize class peers as instructional agents.
- Frequently monitor child outcomes and use this information to modify instructional procedures, if necessary.
- Communicate effectively with parents and enlist help when needed.
- Plan for child and family transition to the next educational setting.

**Classroom Organization and Structure.** As noted, those programs that have been characterized by high quality inclusion and excellent child outcomes have also been state-of-the-art on a variety of other dimensions. To fully realize the potential of inclusive service delivery, programs for young children with disabilities should include:

- Provisions for early screening, referral, and programming to insure a minimal time delay between problem development and intervention.
- Provisions for the assessment of family strengths and skill needs, and support that is planned accordingly.
- Provisions for repeated curriculum-based assessments and instruction that relates directly to the assessments.
- Provisions for overall program evaluations that include the opinions of consumers (e.g. parents, teachers, administrators).

**Policy and Procedures.** To institutionalize quality service delivery, educational practices-not merely personnel-must be certified. We can do this by developing new program standards and using them for scrupulous monitoring, providing technical assistance and training for deficient programs and personnel, and de-certifying programs and personnel that are chronically deficient.

**Administrative Practices.** Any educational innovation, will have little hope for long-term success without the support and vigilance of competent administrators. The administrative practices needed to insure high quality preschool inclusive services include:

- Eliminating, where necessary, state and local policies and procedures that promote separation rather than integration of all children.
- Providing personnel, time, and fiscal resources needed for necessary training and coaching for all personnel.
- Expanding options for service delivery and staff arrangements to include, for example, team teaching and consulting models.
- Providing professional leadership by encouraging innovative options for including young children with disabilities, and providing specific incentives for other administrators, leaders, and staff to promote high quality inclusive service delivery.