For over three decades, this text, *Adapting Early Childhood Curricula for Children with Special Needs*, has served as a major resource for early educators, related services personnel, and faculty members who teach them. Its tremendous success lies in its blend of developmental and learning theories, with practical suggestions for delivery of services to young children with special needs and their families.

While today’s children with special needs are enrolled in the full range of early childhood education programs, many of these programs have limited exposure to strategies for modifying or expanding the curricula for these children. In most cases, only minor adaptations may be needed to ensure that all children can become full members of the group and benefit from the activities. Nevertheless, these adaptations can pose challenges to service providers who are engaged in meeting the diverse needs of a wide range of children in their programs.

This text is aimed at supporting those personnel. Its focus is on enhancing collaboration, consultation, and problem solving among educators and other service personnel in community-based inclusive early education settings, whether they are in child-care homes, centers, or classrooms. Emphasis is placed on assisting practitioners to identify the strengths that children and families bring to the programs and on involving families through family-centered, relationship-based approaches. These strategies can only be optimally implemented by planned coordination and collaboration among the many personnel who work in these settings, who come from a variety of disciplines such as special education, early childhood education, physical and occupational therapy, speech and language pathology, psychology and counseling, health services, and so on.

The authors, Ruth Cook, Diane Klein, and Deborah Chen, together, bring years of teaching and clinical experience to this text, as well as active engagement in the field of early intervention/early education. Their collective knowledge is reflected in their effective translation of theoretical information into practical techniques that can be implemented in a range of early education settings.

This text covers topics such as recommended practices in the field, family concerns and experiences, individualized program planning for children, implementation of instructional strategies, managing and understanding child behavior, and the integral involvement of families in their children’s programs. Specific curricular strategies in developmental domains, such as language, motor, social, concept development, and emergent literacy, also are described. Other useful features of the text include charts and descriptions of typical child development, information on specific types of disability including children with multiple disabilities, and resources available through web sites and periodicals.

*Adapting Early Childhood Curricula for Children with Special Needs* is a highly readable and comprehensive resource for early educators. This text appeals to the needs of a wide range of readers who seek to support the development of young children with special needs and their families through inclusive early education programs.

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Professor
Early Childhood Special Education
San Francisco State University
PREFACE

This book is written with you, the student of either early childhood or special education, in mind. Whether you are studying to become a teacher of young children with special needs or are an early interventionist with a related background who wishes to develop greater versatility in your chosen field, we have designed this to be an easy-to-read, interesting, and comprehensive resource for you. It provides extensive use of examples, dialogues, practical illustrations, vignettes, and a focus on the best practices in the field.

When this text was originally published, intervention with young children with special needs was in its formative years. Since that time the field has expanded, and this book has successfully grown with it. Young children with special needs are now enrolled in a variety of settings and are served by professionals and paraprofessionals with diverse backgrounds. Our objective now, as it was in the first eight editions, is to present a text that will play a major role in the development of all who serve young children. The focus is on the skills necessary to assist infants, young children, and their families to meet their special challenges and develop to their fullest potential.

DISTINGUISHING FEATURES

This book has four main strengths that make it a compelling self-teaching resource:

1. It emphasizes the importance of understanding the natures of all young children and how they learn. Adapting curricula and intervention approaches for children with special needs works effectively only when professionals build on a strong foundation of understanding what is common to all young children. On the basis of this necessary foundation, students can consider strategies for meeting the developmental and educational needs of infants and young children who have disabilities or who experience circumstances and conditions that potentially interfere with optimal growth and adjustment.

2. The approach taken in this text stresses the absolute necessity of understanding young children within the context of the family. Every family is unique and complex, reflecting the many influences of history, culture or ethnicity, economics, and family dynamics. Early interventionists must focus not on the detailed analysis of these many factors but on ways of supporting families that will maximize their day-to-day fulfillment as caregivers of their young. As explained in the text, your job, in part, is to help parents develop a sense of competence in their own abilities to nurture their children regardless of family circumstances. Appreciation of families’ roles in the development of children and respect for families’ concerns and priorities are critical to effective curriculum design and program development.

3. A significant portion of the text is organized according to traditional developmental domains: social-emotional, motor, communication, and cognitive skills. As an early childhood special education professional, you will seek to develop these growth areas in the children entrusted to you. Thus, you must develop a thorough understanding of each of these complex domains.

4. Finally, you must ultimately understand that all the growth areas and individual and family background factors must be synthesized into a view of the whole child. As in any other form of synergy, the whole child is much greater than the sum of his or her parts. This holistic view relates directly to the book’s emphasis on activity-based and play-based approaches to intervention. You will learn how to integrate goals and objectives for all domains into developmentally appropriate and motivating activities in inclusive, community-based settings. You will also learn how to work collaboratively with others in inclusive community-based settings in an itinerant consultation role. Throughout, best practices are explained for home, center, or classroom application.
The four points just mentioned suggest the framework and approach that have consistently made this book appealing to readers of eight previous editions. They have been time tested and consistently found to be helpful.

**NEW IN THIS EDITION**

- Throughout the text, links to short video examples further explain key concepts.
- References to relevant web sites are included in selected chapters.
- Colorful photos as well as color enhanced text contribute to the readability of the text.
- Evidence-based practices were updated along with additional examples of embedding interventions in daily activities and routines.
- In depth coverage of development of communications skills includes AAC
- Consideration of the importance of principles of universal design for learning (UDL), with suggestions for application to preschool settings
- Expanded discussion of interventions strategies with special consideration of specific disabilities such as autism
- Discussion of dialogic reading as an evidence based practice for supporting language and literacy development
- Information on effective means of supporting emergent writing and math skills.

**ORGANIZATION**

The text opens with a presentation of our philosophy for working with children who have special needs. It explores human likenesses and value differences and discusses our belief in the importance of providing services in the most normalized settings possible. Chapter 1 highlights the historical contributions of the fields of early childhood education and special education. Important features and implications of Public Laws 94–142, 99–457, 101–336, 101–476, 102–119, 105–17, and 108–446 are summarized. Evolving trends in the field and alternative approaches to service delivery including the unique challenges involved in supporting inclusion are discussed. Key findings from research on preschool inclusion and the necessity of using person first language are highlighted.

Chapter 2 presents techniques to involve families in a collaborative partnership with the variety of professionals with whom they must interface. In developing a family-focused approach, students are encouraged to view families from a systems perspective. Special attention is given to the various methods of parent involvement that can accommodate cultural diversity, language differences, and unique family situations.

Within Chapter 3, the importance of becoming a skilled observer of children is stressed as students are encouraged to link curriculum to assessment and the monitoring of progress. The components of individualized family service plans (IFSPs) and individualized education programs (IEPs) are discussed in detail while techniques for writing goals and objectives are illustrated. Chapter 4 focuses on curriculum development within a framework of generic instructional strategies and introduces the principles of the Universal Design for Learning. Communicative interactions, facilitation of play, the development of appropriate schedules, and optimal environmental arrangement contribute to the success of early intervention. As noted earlier, Chapter 5 focuses on considerations and strategies for teaching young children with specific disabilities, including those with low incidence and multiple disabilities, autism, or who have been prenatally exposed to alcohol.

Chapter 6 begins by describing the stages of psychosocial development as a precursor to understanding how to facilitate social skills through the medium of play. Considerable attention is given to helping children who experience particular emotional and behavioral challenges and working with those who have been maltreated. The use of positive behavioral supports is discussed in detail.

After describing typical development of motor skills, Chapter 7 examines atypical motor development. Practical intervention strategies are offered, including handling and
positioning guidelines as well as techniques for facilitating self-help skills. The role of movement education and music in the development of motor skills is considered.

Chapters 8 and 9 focus on the development of communication and cognition. The importance of caregiver-child interactions and the role of play in optimal development is recognized throughout. Special attention is devoted to specific strategies for enhancing communication skills in children with severe disabilities, autism, visual impairments, and hearing impairments. Attention is given to children from non–English-speaking families. The section devoted to understanding the social and linguistic factors related to children’s emergent literacy skills and strategies for encouraging these skills is unique. Facilitation of phonological and phonemic awareness along with a brief synthesis of premath skills is included in this section.

The final chapter provides an overview of models, strategies, and challenges for providing inclusion support to young children with disabilities who are included in community-based early childhood settings. The chapter also contains helpful considerations for working with paraprofessionals.

As in previous editions, the appendices include a wealth of practical information, such as developmental guidelines, curricular adaptations for children with specific needs, modifications, and checklists to assist facilitation of inclusion. A sequence of steps for milieu approaches is included. Finally, it includes a list of competencies that we hope will be developed by each and every reader.

ACKNOWLEDGMENTS

We present this book with gratitude to the hundreds of children and parents who have been our teachers. From them we have learned to value and nurture the uniqueness of each child regardless of background, skills, or abilities. We believe we have found a way to meet children’s unique needs in whatever setting they appear. It has been our purpose to convey the essence of this process to anyone interested in working with young children.

We wish to sincerely thank the many colleagues and friends who assisted and supported us throughout the many years since the original edition of this book. We are especially grateful for the conscientious efforts of those who so kindly read and commented on the prospectus and rough drafts of the present edition. Special gratitude goes to the following reviewers for their time, attention, and feedback: Kai Kaiser, Saddleback College; Ellen Lynch, University of Cincinnati; Megan Purcell, Purdue University; and Sarah Hamsher, Malone University.

There are many people who enrich and enhance one’s personal as well as professional life along the way. As indicated in the dedication which appeared in the previous edition of this text, we want to again acknowledge the continuing support of Dr. Annette Tessier, who was a coauthor of six of the previous editions, continues to inspire and enliven us. We will be forever grateful.

We also want to express our very sincere admiration and thanks to Dr. Marci Hanson who has graciously written the foreword for this text. More than any other, Dr. Hanson, has provided us intellectual and academic leadership and collegiality that has guided the work of many of us in the area of early childhood special education.

Deep appreciation is extended to the parents, children, and outstanding staff of Centro de Niños y Padres, at California State University at Los Angeles, the California State University, Northridge Child and Families Studies Center, and the CHIME Early Education Program for their effective implementation of evidence-based practices that support the learning of all young children. Appreciation also goes to Sandra Hovancik and Barbara Porter for their skills as graphic artists. Finally, we send gratitude to Laurie Nielsen for designing a useful instructor’s guide.
Throughout this project, the personal support of those with whom we live and work has been invaluable. Very special thanks go to Erin Klein, Christopher Cook, and Kimberly Cook Bodemar, (and of course their own children) without whom our understandings of child growth and development would have been superficial, at best. Sincere gratitude goes to Curtis Cook, whose patience, tolerance, and editorial skills over the years helped make this project possible.

The editors and staff at Pearson Education have worked hard to keep us on target. Particular praise and gratitude goes to our editor, Ann Davis and her editorial assistant, Janelle Criner, for their attention and prompt responses have been invaluable throughout the acquisition and development of this manuscript.
Educating Young Children with Special Needs
The Challenge
LEARNING OUTCOMES

After studying this chapter, you should be able to:

• Recognize that a child with special needs is a child first; the special need or disability is secondary.
• Explain that the goal of early intervention is to optimize each child’s potential in order to increase opportunities for the child to actively participate in the family, school, and community.
• Summarize the historical and philosophical influences on the evolving field of early childhood special education.
• Describe the positive impact of quality early childhood special education.
• Give examples of the enabling impact of public pressure and legislation.
• Explain that quality early childhood special education is based on recommended practices derived from the fields of both early childhood education and special education.
• Identify the essential elements of basic service-delivery models.
• Describe the unique challenges of providing services in inclusive settings.

From the mother of a 5-year-old with special needs (Jerugim, 2000):

I have come to accept that my daughter will not be quite like everybody else when she grows up, but then who of us is? We are all unique individuals, and we should appreciate our differences rather than scorn them. We all have our strengths and weaknesses, and how many of us, even without disabilities, ever realize our full human potential? LORA JERUGIM

Helping children with special needs to realize their full human potential—this is our challenge. By recognizing the human similarities in each of us and by positively valuing differences, parents and educators together can provide each child the opportunity to develop his or her unique strengths. For children who appear to have developmental disabilities or characteristics that interfere with normal growth and learning, the stage must be prepared more thoughtfully. It is expected that parents, educators, and other community resource members will work together to create a nurturing environment that addresses the children’s learning needs.

Many aspects of mental and physical development seem to “just happen” to most children. They are, however, the result of interaction between innate capacities and appropriate environmental experiences. With most children, comparatively little deliberate effort has to be made to synchronize capacities and experiences. Most have a repertoire of skills and interests that motivate them to explore, experiment, and therefore learn. However, children with special needs may not be able to learn easily and spontaneously from the play experiences and daily routines that they naturally encounter. Educators can learn to build on naturally occurring encounters by adapting materials, equipment, space, instructions, and expectations to provide opportunities for experiences conducive to learning within the child’s natural environments.

VIEWING THE CHILD WITH SPECIAL NEEDS AS A CHILD FIRST

We cannot overstate the fact that children with special needs are children first—children who have the same characteristics and needs as so-called typical children. The beauty of being young and “new” is the potential for growth and change. All infants and young children, no matter how significantly challenged or disabled, will benefit from developmentally appropriate practices that create supportive and nurturing environments for all young children. This belief must be the foundation of early childhood special education.
For some children, additional strategies, techniques, and adaptations will be required to maximize their opportunities to experience, enjoy, and learn from the world around them. Thus, early childhood special education students must master two sets of skills: one related to facilitating learning and healthy growth and development in all children and another related to the specific and special needs of children with disabilities. Appendix E provides a sample list of important competencies for professionals in early childhood special education to master.

**Person-First Language**

A disability is merely one of many human characteristics. Language that places the child before the disability is called **person-first language**. It acknowledges that the child is a child first with many characteristics, only one of which is a disability. For example, a child has a physical disability rather than is a “crippled” child (Snow, 2010). Another example would be to say “a child with Down syndrome” instead of “a Down syndrome child” or, worse yet, “a Down’s child.” This change in language acknowledges that the disability is what the child has, not who the child is. Nevertheless, one exception is that members of the Deaf culture prefer the term “Deaf child” (Ladd, 2003).

Consider how outdated and disrespectful labels may negatively impact a child’s view of himself or herself, the family’s feelings, expectations of children and adults who interact with the child, and views of the general community. A medical diagnosis or eligibility label serves to qualify children for special education services. However, it should not be used to stigmatize a child. Therefore, we must choose language that models equity, acceptance, and respect when referring to children with special needs. In 1990, the federal government, recognizing that language can negatively influence perception, adopted person-first language when the Education of All Handicapped Act (EHA) was reauthorized and renamed the Individuals with Disabilities Education Act (IDEA). Changing to more respectful language is a process that can take time to retrain the way we speak. See Exhibit 1.1 for more ways to use person-first terminology.

**INCLUSION OF YOUNG CHILDREN WITH SPECIAL NEEDS IN COMMUNITY-BASED SETTINGS**

For over two decades, a fundamental shift in what is considered to be the most beneficial way to provide services to young children with special needs and their families has been taking place. Intervention services have been changing from a services-based, professional-driven approach that has focused on deficits and needs to a supportive

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**EXHIBIT 1.1**

**How to Use Person-First Terminology When Communicating About Children with Disabilities**

<table>
<thead>
<tr>
<th>Respectful Language Sounds Like. . .</th>
<th>Instead of. . .</th>
</tr>
</thead>
<tbody>
<tr>
<td>He has muscular dystrophy</td>
<td>He is afflicted with muscular dystrophy</td>
</tr>
<tr>
<td>She has cerebral palsy</td>
<td>She suffers from cerebral palsy</td>
</tr>
<tr>
<td>He uses a wheelchair</td>
<td>He is restricted to a wheelchair</td>
</tr>
<tr>
<td>A child with autism</td>
<td>An autistic child</td>
</tr>
<tr>
<td>Students in special education</td>
<td>Special ed students</td>
</tr>
<tr>
<td>Child with special needs</td>
<td>Special needs child</td>
</tr>
<tr>
<td>Students with disabilities</td>
<td>Disabled students</td>
</tr>
<tr>
<td>Parent of a child with special needs</td>
<td>Special needs parent</td>
</tr>
</tbody>
</table>
approach emphasizing child and family strengths, natural routines and parents as the agents of change in their child’s development” (Childress, 2004, p. 163). This shift was established in 1986 with the passage of Public Law (PL) 99-457, which extended services to children 3–5 years of age. To a greater extent, young children with disabilities were to be included in typical early childhood settings, including their homes, child care, Head Start programs, and public and private preschools. With the encouragement of this legal mandate and professional “recommended practices,” it was hoped that young children would receive part or all of their early intervention in inclusive environments. However, “the field has made little progress in increasing the placements of children in inclusive settings in the last decade” (Odom, Buysee, & Soukakou, 2011, p. 346).

The intent of this text is to provide information and strategies that early childhood and special educators can use to support children’s development, full participation in natural settings, and the establishment of collaborative, supportive partnerships with families and colleagues. It is hoped that through quality personnel preparation, a greater number of children will be served in inclusive environments.

The commitment to inclusive intervention and education for infants and young children is well established in federal law. Part C of the Individuals with Disabilities Education Act of 1997 states that (1) “To the maximum extent appropriate, early intervention services are provided in natural environments; and (2) the provision of early intervention services occurs in a setting other than a natural environment only when early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment” (Sec. 635 [a][16]). Part B addresses the needs of preschoolers by requiring that “To the maximum extent appropriate, children with disabilities are educated with children who are not disabled.” This part also goes on to state in Section 612 that preschoolers are not to be removed from the regular educational environment unless “education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.” The most recent reauthorization of this law, the Individuals with Disabilities Education Improvement Act (IDEIA 2004), continues to support the mandate that encourages services for infants and toddlers in natural environments, and it requires school districts to educate children in the least restrictive environment (LRE). Some specifics of these educational shifts are noted in Exhibit 1.2.

**PHILOSOPHY OF THIS TEXT**

This text emphasizes that the goal of early intervention is to optimize each child’s learning potential and daily well-being as well as to increase opportunities for the child to actively participate in the community. We believe this is best accomplished by facilitating

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**EXHIBIT 1.2**

**Trends in Early Childhood Special Education**

- Community-based inclusive settings
- Relationship-focused interventions
- Routines-based or embedded interventions
- Family-centered approaches
- Interdisciplinary collaboration
- Culturally responsive programs
- Coordinated, comprehensive services
- Response to intervention (RTI) approaches
- Standards- and evidence-based practices
- Increased use of assistive technology
- Greater focus on school readiness
- Involvement of inclusion support specialists

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the child’s underlying developmental processes by encouraging the child’s active and dynamic interactions with the world around him or her, particularly the social world. Perhaps the term that best reflects this orientation is transactional. It is through the child’s active and successful transactions with the social environment that optimal growth and development can best be achieved.

To achieve this end, early interventionists must first have a thorough understanding of how children learn. Programs for infants and young children with special needs must be based on developmentally appropriate practices that are effective for all children. In addition, systematic planning to meet the individualized needs of each child is critical to the success of early childhood programs that include children with special challenges and disabilities. This cannot be accomplished without establishing mutually respectful partnerships between early childhood professionals and families. Successful assessment and intervention require a thorough understanding of the child within the context of the family system and a respect for the diverse cultural backgrounds represented by families in early childhood centers.

The importance of collaboration among families, professionals, and community agencies is acknowledged throughout the text. Understanding the roles of various disciplines and specialists and the importance of assisting families in accessing community agencies and resources are also critical elements in the success of early intervention.

Many tools and strategies are available to assist the early childhood special educator. This text describes the basic developmental domains of human learning and the principles of how children learn as well as specific teaching strategies. It also demonstrates applications of these principles and strategies to meet the needs of a wide range of children within inclusive environments. It is our belief that it is incumbent on all early childhood professionals to maximize our efforts to help all children acquire an authentic sense of belonging (Kunc, 2000).

**EARLY CHILDHOOD SPECIAL EDUCATION: AN EVOLVING FIELD**

Whereas the 1980s opened with concern for the rights of individuals with disabilities, the 1990s recognized the rights and needs of the families of children with special needs. The 2000s recognize the value of serving young children with disabilities in what has become known as their natural environments. Children with disabilities are no longer viewed in isolation. It is recognized that all children should have the opportunity to be served in environments where they would naturally function if they did not have a disability.

Early intervention services gained new momentum as the nation recognized its responsibility to provide services from the moment of birth. However, the field of early childhood special education is still evolving. Its historical roots are derived not only from typical early childhood education, compensatory education, and school-aged special education but also from allied fields such as medicine, psychology, human development, nursing, and sociology. A few of the major historical forces shaping the expanding field of early childhood special education are outlined in this section.

**Pioneering Influences and History of Early Childhood Special Education**

Jean-Marc Itard undertook one of the first documented efforts to provide intervention services to a child with special needs. In 1800, a child approximately 12 years old was found living in the forest near Aveyron, France. The boy, named Victor, was thought to have been raised by animals and was described as “an incurable idiot.” Itard refused to accept the idea that Victor’s condition was incurable and irreversible. Itard believed in what later became known as an “interactionist viewpoint” (Bijou, 1977). That is, Victor’s learning potential could be enhanced through intervention that changed the stimulation in his environment. Therefore, Itard undertook to humanize Victor through a series of carefully planned lessons stimulating the senses.

Itard’s feelings of optimism, frustration, anger, hope, and despair were published in a 1962 edition of *The Wild Boy of Aveyron*. Teachers today who work with children
who have complex and severe disabilities may easily recognize these feelings. Although Itard did not achieve the success he visualized, his efforts had a significant impact on the future of special education. Itard was one of the first to demonstrate and record an attempt to understand empathically the needs of a child with disabilities. It is Itard’s student, Edouard Sequin, who could be considered a pioneer in the area of early intervention. This is evident in his statement, “If the idiot cannot be reached by the first lessons of infancy, by what mysterious process will years open for him the golden doors of intelligence?” (quoted in Talbot, 1964, p. 62).

**Casa dei Bambini**

About a century later, another physician in Italy, Maria Montessori, created a nursery school, *Casa dei Bambini*, that revolutionized the notion of early education. Because of her training, early interests, and the nature of the school she was asked to develop, Montessori stressed cleanliness, order, and housekeeping skills as well as reading, writing, and arithmetic. Aspects of both the discovery approach to learning and programmed instruction can be found in the techniques developed by Montessori. She suggested that teachers observe the natural, spontaneous behavior of children and then arrange learning experiences to encourage their development (Orem, 1969).

Like Itard, Montessori believed in developing the child’s natural curiosity through systematic training of the senses. Both proceeded with optimism and determination to train those whom some might believe to be beyond hope. Today, Montessori’s “sensorial” materials are advocated for use with children with disabilities because they are manipulable, three-dimensional, and concrete. Advocates cite the emphasis on task analysis, sequencing, and individualization evident in the Montessori approach as worthy for use with children who have limited abilities as well as those who are gifted.

**Piaget’s Theory of Cognitive Development**

Until his death in 1980 at the age of 84, Jean Piaget continued to influence our understanding of cognitive development. Piaget proposed an inborn tendency toward adaptation that, in its encounter with the environment, results in categories of knowledge that are remarkably similar among all human beings. Piaget’s concept of child development and his stages of cognitive development are considered again in Chapter 9. His prolific writings and those of his followers continue to remind us of the need to be aware of the unfolding internal mental capacities of children.

According to Piaget, the purpose of education is to provide opportunities that allow a child to combine experiences into coherent systems (schemes) that constitute the child’s knowledge. “Knowledge,” then, is constructed from within rather than acquired from without (Furth, 1970). Therefore, each child’s capacity to learn is thought to be derived from experiences. Piaget’s concept of the child as an active learner stimulated by inborn curiosity has prompted the development of preschool programs designed to allow the child to become an active initiator of learning experiences. From a developmental point of view, a child’s strengths, rather than deficits, receive emphasis. Most notable of the Piagetian-based programs is the Perry Preschool Project developed in the late 1950s in Ypsilanti, Michigan. An extension known as the High/Scope First Chance Preschool served as a model program for those desiring to integrate preschoolers with disabilities into programs with their typical peers (Hohmann & Weikart, 1995, 2002).

**Recognition of the Role of Early Experiences**

Even though Sequin recognized the critical importance of early intervention, it was the work of Skeels and Dye that drew attention to the impact of early relationships. One of the earliest attempts to demonstrate the close relationship among nurturing, environmental stimulation, and mental growth processes developed from the Iowa growth studies in the late 1930s. Skeels and Dye (1939) transferred 12 children under 3 years of age from an orphanage to an institution for individuals with mental retardation. In the
institution the children were cared for with great affection by adolescent girls who were considered to have retardation. A comparison group of children remained in the orphanage, where they received no specialized attention. Follow-up testing demonstrated that those placed in the stimulating environment increased their intelligence test scores, whereas those who remained in the orphanage decreased their intelligence test scores (Skeels, 1942). Twenty-one years later, Skeels (1966) found dramatic differences between those who had been placed in the enriching environment and those who had not. The 12 children in the experimental group were found to be self-supporting. Of the comparison group, four had been institutionalized and one had died. Educationally speaking, four of those who had been in the enriching environment completed college, and the others had a median high school education. In contrast, the median education for the comparison group was only at the third-grade level.

Kirk (1958) also conducted experiments on the influence of early experiences on the development of young children with mental disabilities. In his textbook, Kirk’s suggestion that an inadequate cultural environment might be a cause of mental retardation helped to convince politicians of the need for compensatory educational programs for young children. Perhaps more convincing was the conclusion reached by Bloom (1964), who claimed that about “50% of the [intellectual] development takes place between conception and age 4, and about 30% between ages 4 and 8, and 20% between ages 8 and 17” (p. 88).

Bloom’s argument was built on J. McVicker Hunt’s popular book *Intelligence and Experience* (1961), which argued eloquently against the notion of fixed intelligence. Attempting to lay to rest the heredity-versus-environment controversy, Hunt supported well his contention that heredity sets the limits, whereas environment determines the extent to which the limits will be achieved. And so, under the belief that children’s intelligence develops early and rapidly and that enrichment early in life can have profound influences on the child’s development, federal funding for Project Head Start was provided in 1965.

**Project Head Start: A Breakthrough**

The primary purpose in passing the Economic Opportunity Act of 1964 was to break the cycle of poverty by providing educational and social opportunities for children from low-income families. The result was the implementation of Head Start during the summer of 1965 with approximately 550,000 children in 2,500 child development centers. Parent involvement both within the Head Start classroom and on policy committees set a precedent. This has, no doubt, influenced legislators to require parent involvement in current decisions involving children with disabilities.

The Head Start program had a significant impact on the development of early childhood special education. It was the first major public exposure to the importance of early educational experiences. Legislation enacted in 1972 required Head Start programs to include children with disabilities to the extent of at least 10% of their enrollment. Including children with disabilities in classrooms with typical children has become a major activity of Head Start. In fact, even as early as 1985, Head Start enrollment of preschoolers with disabilities exceeded 60,000. The addition of Early Head Start in 1994 has increased efforts to promote positive prenatal outcomes for pregnant women, enhance the development of very young children (birth to 3 years), and promote healthy family functioning.
Doubts

After the extreme optimism that accompanied the establishment of Head Start, it came as a shock to those who worked daily with the children and their parents that the program failed to produce long-term gains. The Westinghouse report of 1969 cited data suggesting that measured gains made by Head Starters faded rapidly. By the end of the first grade, there often were no significant differences between the overall academic performance of children who had attended Head Start programs and those from the same kinds of homes who had not. Doubting the validity of this investigation, influential people fought for a stay of execution (Gotts, 1973). Among them was Edward Zigler, a member of the original planning committee that conceptualized Head Start and later director of the Office of Child Development. Zigler (1978) retorted, “I ask my colleagues in the research community to forgo the temptation of delivering definitive pronouncements concerning the fade-out issue and await instead the collection and analyses of more data” (p. 73).

Impact of Early Education

Indeed, Zigler was to be rewarded for his faith. It was not long until great attention was given to the work of Lazar and Darlington (1982) and the Consortium on Developmental Continuity. These researchers conducted longitudinal investigations into the persistence of the effects of early education programs throughout the United States. The evidence from the projects clearly indicated there were long-lasting positive effects from programs of early education. Tracing children who had been involved in preschool programs into their teens or early 20s, Lazar found that children with some form of early education were far less likely to require special education or to be held back a grade.

A powerful case for federal support of early education programs also appeared in the report of a well-designed longitudinal study of the effects of the Perry Preschool Project (Schweinhart et al., 2005). Exhibit 1.3 lists some of the gains attributed to early education of children who are primarily at risk and disadvantaged. Although children in these programs did not have disabilities, they were considered to be at risk. More recently, Barnett and Frede (2010) discuss a meta-analysis of findings from 123 studies conducted since 1960. The findings were clear: experience in preschool education does positively affect learning and development. Long-term findings include increased high school graduation rates, increased earnings, decreased crime and delinquency, and better mental health. Even though there has been a debate surrounding the impact of preschool education, national and international studies continue to reinforce the call for universal preschool for all by finding that “... all children benefit substantially, but disadvantaged children gain more, making preschool an excellent means of increasing overall achievement while narrowing our troubling gaps” (p. 29).

EXHIBIT 1.3

Effects of Early Education

Children who have participated in early education programs:

1. Are less likely to be assigned to special education classes or to be held back a grade.
2. Have more positive attitudes toward high school and are more likely to graduate.
3. Are less likely to be arrested as youth and young adults.
4. Are less likely to experience teen pregnancy.
5. Are more likely to secure gainful employment after leaving school.
Early Education for Children with Disabilities

In interpreting the findings of research, it is important to keep in mind the diversity with which this field deals. Here we are using the term early intervention, broadly to refer to providing services to infants and young children who have disabilities or are at risk for disabilities. When policymakers ask, “What are the benefits of early intervention?” the response will inevitably be “It depends.” This is not because researchers lack agreement or because of the limitations of research methods but because of the great diversity among children and families and the circumstances in which they live. There is no one best intervention for everyone all of the time. There is not even one best intervention for a very narrowly defined group such as infants with Down syndrome and their families. Infants with Down syndrome differ so much from one another that any specific intervention for a group of these infants probably would not be very successful. Research does provide some pieces of this complex, highly individualized puzzle, indicating that early intervention can yield important benefits. Because of the complexities involved in documenting the positive effects of early intervention, professionals in the field do not yet know enough to put the complete picture together.

Nevertheless, a longitudinal study resulting in the now-famous volume From Neurons to Neighborhoods, edited by Shonkoff and Phillips (2000), sheds a spotlight on the very early years and the critical influence of quality early education. The following conclusion is worthy of considerable reflection:

Model early childhood programs that deliver carefully designed interventions with well-defined objectives and that include well-designed evaluations have been shown to influence the developmental trajectories of children whose life course is threatened by socioeconomic disadvantage, family disruption, and diagnosed disabilities. Programs that combine child-focused educational activities with explicit attention to parent-child interaction patterns and relationship building appear to have the greatest impacts. In contrast, services that are based on generic family support, often without a clear delineation of intervention strategies matched directly to measurable objectives, and that are funded by more modest budgets, appear to be less effective. (p. 11)

There is also evidence of long-term effects, as demonstrated in the 18-year follow-up study conducted by McCormick and colleagues (2006). This well-designed follow-up study found that adolescents who had received early education were more likely to have higher achievement scores in math and reading and fewer risky behaviors such as drug use and antisocial behavior. As studies begin to follow early education “graduates” for a longer period of time, we may even find even more impressive long-term outcomes such as higher educational achievement and impressive occupational status and eventual income.

CHANGING POLICIES: THE IMPACT OF PUBLIC PRESSURE AND LEGISLATION

Concerned citizens and active parent and professional associations have played a vital role in changing public policy toward children with special needs, as discussed in this section.

Development of Professional Groups

It has been said that Alexander Graham Bell, inventor of the telephone and a strong advocate of oral education of the deaf, should be given credit for organizing professional advocates of special education. He petitioned the National Education Association (NEA) to establish a division to be concerned about the needs of people with disabilities. In 1897, the NEA established such a division and named it the Department of Education of the Deaf, Blind, and the Feeble-Minded. As attitudes toward and knowledge of this population changed, this name was later changed to the Department of Special Education.
The formation of the international Council for Exceptional Children (CEC) in 1922 provided the impetus for what some believe to be the most influential advocacy group continuing to provide national leadership on behalf of children with special needs. The 1930 White House Conference on Child Health and Protection was a milestone in marking the first time that special education had received national recognition. In 1973, the Division for Early Childhood (DEC) of the CEC was established. Today, nearly 35,000 members turn to the CEC as a continuing source of professional development and advocacy for children with disabilities.

**The Power of Private Citizens**

Several factors came together after World War II to give rise to the development of strong parent organizations in the late 1940s. Professional knowledge was expanding, Americans felt responsible for aiding its wounded, and prominent people such as Pearl Buck, Roy Rogers and Dale Evans, and the Kennedy family were visibly calling for better education of individuals with special needs. Parents no longer felt it necessary to hide their children with disabilities. Pressure groups such as the United Cerebral Palsy Association, the National Association for Retarded Citizens, and the American Foundation for the Blind began to demand alternatives other than institutionalization for the education of their children with disabilities.

Professional groups joined parent groups in capitalizing on the historic Supreme Court decision in *Brown v. Board of Education* (1954). Although primarily a racial integration initiative, the Court ruled that state laws that permitted segregated public schools were in violation of the Fourteenth Amendment’s “equal protection under the law” clause. Realizing that decisions applicable to one minority group must be applicable to another, pressure groups sought to secure legislation that would create significant educational changes on behalf of children with special needs. However, little actually occurred until after the publication of an article by Dunn (1968) that provided a blueprint for changes recognizing the rights of students with disabilities.

**The First Chance Program**

In 1968, Congress recognized the need for seed money to develop model programs to spur the development of services for children with disabilities from birth through age 8. Legislation in the form of PL 90-538 was enacted to establish the Handicapped Children's Early Education Program (HCEEP), better known as the First Chance program. These projects were required to include parents in their activities, run in-service training, evaluate the progress of both the children and the program, coordinate activities with public schools, and disseminate information on the project to professionals and the public. In 1980, the total number of funded projects was 177, with 111 including infants in their population (Swan, 1981). These projects served two basic purposes: (1) to provide models of exemplary services that could be replicated for young children with disabilities, and (2) to disseminate information to encourage this replication. The HCEEP funds were highly effective. Hebbeler, Smith, and Black (1991) reported that 80% of demonstration projects continued operation beyond the federal funding period. After 10 years, 140 outreach projects resulted in 1,991 reported replications that served nearly 108,000 children and families.

**Public Law 94-142: The Education for All Handicapped Children Act of 1975**

In 1975, with the passage of PL 94-142 (EHA), the right to a **free, appropriate public education** was mandated for all children of school age. This law was limited in that it did not require states to offer services to young children with disabilities, but it did provide financial incentives for states to provide services to children with special needs as young as 3 years of age.
Purpose. The purpose of PL 94-142 is to ensure “that all handicapped children have available to them... a free, appropriate public education which includes special education and related services designed to meet their unique needs, to insure that the rights of handicapped children and their parents or guardians are protected, to assist States and localities to provide for the education of all handicapped children and to assess and insure the effectiveness of efforts to educate handicapped children” (Sec. 601[c]). In addition, the National Center for Clinical Infant Programs was founded in 1977 to recognize and promote the health and development of very young children and their families.

Free, Appropriate Public Education (FAPE). The law requires that a qualified school representative, teacher, the parents or guardian, and, whenever possible, the child join together in the development of an individualized education program (IEP). This written statement must include (1) a statement of the child’s present level of academic functioning, (2) a declaration of annual goals complete with appropriate short-term instructional objectives, (3) a description of specific educational services to be provided to the child and the degree to which the child will participate in regular educational programs, (4) the proposed date for initiation and estimation of the required length of services, and (5) annual evaluation procedures specifying objective criteria designed to determine whether the short-term instructional objectives have been met (Sec. 602, 19).

Procedural Safeguards. The law requires that children with disabilities be served in the least restrictive environment (LRE) appropriate to their educational needs. Children can be placed in separate classes or schools only when their disabilities are so severe that regular school placement is considered inappropriate. The act also requires nondiscriminatory testing and the use of multiple criteria in the determination of placement (Sec. 612, 5, C). This requirement implies the need for all teachers to become skilled in the education of children who exhibit a variety of educational needs. PL 94-142 provided for the right of parents or guardians to examine all records, obtain independent evaluation, and require written notification in their native language when there are plans to change a child’s educational program. The intent is to ensure that the child’s rights are legally protected. Parents or guardians are entitled to a hearing before termination, exclusion, or classification of a student into a special program.


Some believe PL 99-457 is the law that legitimized the field of early childhood special education (Bricker, 1988). At the very least, it created a national agenda that has federal, state, and local planners collaborating with parents in unprecedented efforts to develop new and expanded services for infants and young children who have disabilities or are at risk and their families. Part B of the law required all states to extend all of the provisions of PL 94-142 to children 3 to 5 years old by the 1990–1991 school year. States that did not comply were to lose federal monies they had been receiving for other preschool services.

Part H. Part H of PL 99-457 established a discretionary program for states to facilitate the design and implementation of comprehensive systems of early intervention services for infants and toddlers with developmental delays or disabilities. As defined by the law, early intervention services “are designed to meet a handicapped infant’s or toddler’s developmental needs in any one or more of the following areas: physical development; cognitive development; language and speech development; psychosocial development; or self-help skills” (Sec. 672).

Part H defined the eligible population as all children from birth through age 2 (up to the third birthday) who have developmental delays, have conditions that typically result in delay, or are at risk for significant developmental delay. States have had to make independent decisions about the definition of developmental delay and “at risk” as well as the criteria used to make these determinations. Therefore, the populations of children...
eligible for services vary from state to state. To design “a statewide, comprehensive, co-ordinated, multidisciplinary, interagency program of early intervention services for all handicapped infants and their families” (Sec. 671), each governor appointed a lead agency and established an interagency coordinating council. States continue to struggle through the conceptual morass and face the political challenges that determined the nature of early intervention services in 2000 and beyond. Major features of Part H of PL 99-457 are listed in Exhibit 1.4.

**Public Law 101-336: The Americans with Disabilities Act of 1990**

The Americans with Disabilities Act (ADA) is the most significant federal law ensuring the full civil rights of individuals with disabilities. Whereas the laws described previously focused primarily on education and related services, this law is particularly important because it is broad reaching in guaranteeing equal opportunity in employment, public accommodation, transportation, state and local government services, and telecommunications. Of particular significance is the fact that child-care centers and family child-care homes are included in the law’s definition of public accommodations. According to the ADA, child-care centers must make reasonable modifications in their policies and procedures to accommodate children and adults with disabilities. This may mean that centers that do not normally accept children who are not yet toilet trained may have to make accommodations to do so if a disability is an obstacle to the toilet training. A center must also provide auxiliary aids and services when they are necessary to ensure communication with children or parents with hearing, vision, or speech disabilities. Physical access to the center is also required. Although this law creates many questions to clarify its full impact, the intent, nevertheless, is clear. Society is expected to move toward full inclusion of individuals with disabilities in all aspects of daily living. ADA was amended in 2008 as the Americans with Disabilities Act Amendments Act (ADAAA). This act sought to clarify that the term disability is to be interpreted broadly.

**Public Law 101-476: The Education of the Handicapped Act Amendments of 1990**

PL 101-476, an amendment to PL 99-457, changed the title of the EHA to the Individuals with Disabilities Education Act (IDEA). By dropping the phrase “handicapped children” and replacing it with “individuals with disabilities,” Congress intended that children
with special needs be recognized as children first and, if necessary, as children with dis-
abilities second. Throughout the law, all phrases putting the term *handicapped* before
*children* or *youth* were rewritten or deleted. This law became known for its “person-first”
language. It also reauthorized and expanded the discretionary programs and mandated
transition services and the inclusion of assistive technology services.

**Public Law 102-119: The Individuals with Disabilities**
**Education Act Amendments of 1991**

IDEA was amended again in 1991 in the form of PL 102-119. Two sections of the
amended IDEA contributed to the expansion and improvement of the mandate for
services to infants, toddlers, and preschoolers with disabilities and their families. The
first is Part H, initially included in the 1986 amendments as discussed earlier. Recall that
it created a new discretionary program designed to provide the incentive to states to
develop and implement a statewide system of comprehensive, coordinated, multidisci-
plinary, interagency services for all children from birth to age 3 with disabilities and their
families. The second section of direct interest is Part B, Section 619, also included in the
1986 amendments, which extended the mandate to full provision of a free and appropriate
public education to 3- to 5-year-olds and increased funding through the Preschool
Grant Program. IDEA places special emphasis on the provision of services designed to
facilitate a smooth transition from services required through Part H to services provided
through Part B.

**Public Law 105-17: The Individuals with Disabilities**
**Education Act Amendments of 1997**

Amendments were made to IDEA again in 1997 that became effective in 1998. These
amendments repealed the old Part H and reauthorized the early intervention program
under a revised Part C. The new Part C allows states greater flexibility to serve at-risk
infants and toddlers. It also requires individualized family service plans (IFSPs) to contain
statements about the natural environments in which early intervention services will be
provided. The IFSP must include a statement of justification when services are not pro-
vided in the natural environment.

States were also encouraged to employ appropriately trained paraprofessionals to
help provide early intervention services. Part B now requires that school districts must
participate in transition planning when children move from early intervention into
preschool special education services. It also allows states to use the term *developmental
delay* for children aged 3 to 9 instead of more detrimental labels such as *mental retarda-
tion*. In addition, Part B funds can be used for special education and related services as
required on IEPs even if children without disabilities benefit from these services.

**Public Law 108-446: The Individuals with**
**Disabilities Education Improvement Act of 2004**

Improvements were again made to IDEA in 2004. Of particular importance to early edu-
cation is the requirement that services to young children be developed from “scientifically
based research.” To that end, the authors of this text continue to include and emphasize
strategies and techniques substantiated by empirical research as best practices. This reau-
thorization of IDEA also allows states to continue early intervention services from age 3
until a child enters kindergarten. Parents and providers are therefore given the flexibility
to determine when a child is ready developmentally to move from Part C to Part B ser-
vices. The arbitrary age of 3 no longer dictates that move. Under IDEIA 2004, short-term
objectives are only required for the small percentage of children (less than 10% of those
with disabilities) with the most significant disabilities. However, parents may request the
IEP team to identify short-term objectives as steps toward making progress on annual
goals. Other improvements are discussed at appropriate points in this text. The most sig-
nificant legislation is summarized in Exhibit 1.5.
FOUNDATIONAL PRINCIPLES OF EARLY CHILDHOOD SPECIAL EDUCATION

After reviewing the major public policy changes influencing the field of early childhood special education, it is important to note the trends that continue to evolve as policy is being implemented. Major philosophical changes are discussed next.

Relationship-Focused Models of Early Intervention

The mechanism that maintains child change over time has become obvious. The parent or caregiver is the factor that assists the child in maintaining the advantage stimulated by early intervention. Findings provide support for assumptions underlying a relationship-focused intervention model. Research shows that when family-centered intervention

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**EXHIBIT 1.5**

**Significant Legislation Influencing Infants and Young Children with Special Needs**

<table>
<thead>
<tr>
<th>Year</th>
<th>Legislation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1968</td>
<td>Public Law 90-538 Handicapped Children's Early Education Assistance Act</td>
<td>Significant to the education of preschool children with disabilities; established experimental early education programs through the Handicapped Children's Early Education Program (HCEEP).</td>
</tr>
<tr>
<td>1972</td>
<td>Public Law 92-424 Economic Opportunity Act Amendments</td>
<td>Established a preschool mandate that required that not less than 10% of the total number of Head Start placements be reserved for children with disabilities.</td>
</tr>
<tr>
<td>1974</td>
<td>Public Law 93-380 Education Amendments Buckley Amendment, Title V</td>
<td>Preceded PL 94-142 and established a total federal commitment to the education of children with disabilities; concerns included education within the least restrictive environment, nondiscriminatory testing, and privacy rights.</td>
</tr>
<tr>
<td>1975</td>
<td>Public Law 94-142 Education for All Handicapped Children Act</td>
<td>Revised and expanded PL 93-380; provided a free and appropriate public education with related services to all children with disabilities between ages 3 and 21.</td>
</tr>
<tr>
<td>1986</td>
<td>Public Law 99-457 Education of the Handicapped Act Amendments of 1986</td>
<td>Extended PL 94-142 to include 3- to 5-year-olds; added a grant program to assist states in establishing a comprehensive system of early intervention services for infants and toddlers with disabilities and their families.</td>
</tr>
<tr>
<td>1990</td>
<td>Public Law 101-336 Americans with Disabilities Act (ADA)</td>
<td>Ensures full civil rights for all individuals with disabilities, including reasonable accommodations in preschools and child-care centers.</td>
</tr>
<tr>
<td>1990</td>
<td>Public Law 101-476 Individuals with Disabilities Education Act (IDEA)</td>
<td>Reauthorization of PL 94-142 to reflect a change in philosophy away from labeling children as “handicapped children” to referring to them as individuals first, with “disabilities” following as a secondary description.</td>
</tr>
<tr>
<td>1997</td>
<td>Public Law 105-17 Individuals with Disabilities Education Act of 1997</td>
<td>Reauthorization of PL 102-119 authorized comprehensive services for infants and toddlers under Part C and for preschoolers under Part B; LRE for infants and toddlers defined as “natural environment.”</td>
</tr>
<tr>
<td>2004</td>
<td>Public Law 108-446 Individuals with Disabilities Education Improvement Act of 2004</td>
<td>Reauthorization of PL 105-17 continuing preschool services under Part B and early intervention services for infants and toddlers under Part C with allowance to continue early intervention services until kindergarten. Assumes preschool services will be provided in inclusive early education classroom unless evidence and rationale for placement in a special education classroom are clearly documented in the IEP.</td>
</tr>
</tbody>
</table>

Note: For reliable and useful information related to special education law and policy, the reader is referred to the Wrightslaw website: [www.wrightslaw.com](http://www.wrightslaw.com). The website is an easily accessible, accurate source of information and materials, including articles, cases, forms, and other practical resources for families, teachers, lawyers, and advocates. The following video from the U.S. Department of Education highlights the requirements and achievements of the Individuals with Disabilities Education Act from its mandate in 1975 to 2010.
provides emotional and informational support, positive outcomes for children and families are increased (Bruder, 2000; McWilliam & Scott, 2001). Even though a great deal of additional research is needed to explore how specific interventions can influence caregiver–child relationships, research results suggest a cumulative transactional model of development (Sameroff, 2009).

If the mechanism that facilitates and maintains the impact of early intervention services is the caregiver, intervention programs need to focus on the caregiving environment as much as on the infant or child. Changes in the child may enhance parental attitudes as well as improve the interactional nature of the parent–child relationship. Conversely, changes in parent responses can reinforce and build desired responses in the child. Thus, a mutually reinforcing cycle of parent–child interactions will help to maintain the impact of early intervention services. As Meisels stated as early as 1985, “The primary intervention target should not be the child, but the child within the context of the family” (p. 8).

This recommendation was underscored by Kelly and Barnard (2000) in a review of research:

> With a better understanding of how to examine areas of individual strengths and concerns in the parent–child relationship, parents and professionals will be able to work together to ensure caregiving environments that help children reach their full developmental potential. (p. 282)

Therefore, throughout this text, the importance of caregiver–professional collaboration is emphasized, especially in Chapter 2.

**Family-Centered Services**

The original framers of PL 99-457 recognized the family as the constant in the life of the child as evidenced in their mandate for a family-centered approach to implementation of the law. Rather than the traditional focus on the child, a family-centered approach views the child’s development within the context of the family system. Increasingly, it is recognized that effective service delivery is guided by a thorough understanding of family systems—including family stresses, factors influencing family functioning, and the family’s ability to cope with the challenges of raising a child with special needs. Professionals are being urged to reexamine traditional agency roles and practices as they promote the collaborative, family-directed partnerships essential to success in planning processes such as assessment, prioritizing goals, and designing and implementing intervention plans.

**Community-Based Inclusive Settings**

One of the basic premises of IDEA is the inclusion of young children with special needs in the least restrictive environment. Indeed, Part C states that early intervention services for children from birth to age 3 are to be provided in “natural environments, including the home, and community settings in which children without disabilities participate” (PL 105-17, 1997). Each child’s individual plan must state the degree to which the child will receive services in “natural environments.” Natural environments include not only the child’s home but also neighborhood play groups, child development centers, Head Start programs, and any other setting designed for children without disabilities.

The practice of fully including children with special needs in programs and settings designed primarily for children without disabilities received a boost through the 1990 passage of the ADA. The challenge of providing services sufficient to enable all young children to function as optimally as possible within normal environments appears to be
the challenge of the new millennium. At the very least, early childhood special educators are being asked to move outside the walls of a self-contained classroom and to become integrated into early education programs within the community. The following video on Christopher’s story illustrates how a preschooler with multiple disabilities is included in his home community.

Interdisciplinary Collaboration

In addition to the mandate of delivering coordinated multiagency services, the field of early childhood special education is confronted with the need to avoid the difficulties inherent in a strict categorical response to the needs of young children and their families. Part C mandates service coordination designed to provide the critical mechanism for coordinating among complex and diverse human services personnel. Deliberate service coordination reduces duplication of intake procedures, assessment of child and family needs, and direct service delivery.

This focus on interagency and interdisciplinary collaboration facilitates the learning of skills necessary to work in teams comprising various disciplines, sometimes from several agencies. As discussed further in Chapter 3, the transdisciplinary approach allows the child and family to benefit from the expertise of several disciplines without necessarily having to be handled by, or meet face to face with, myriad professionals. Professionals from various disciplines work together cooperatively to educate one another so that any one professional can provide a broader range of essential services. For example, a teacher or caregiver may, on the advice of a speech-language pathologist, redirect an informal playground activity to facilitate language development. (See Chapter 3 and the Glossary for definitions of interdisciplinary and transdisciplinary.)

Culturally Responsive Practices

The United States is a land of immigrants with a rich diversity of ethnicities, cultures, languages, and lifestyles. The families of young children with disabilities naturally reflect the diversity of families in the general population. Increasingly, definitions of the family conceptualize it as any unit that defines itself as a family. A family includes any persons who are related by blood or marriage as well as those who have made a commitment to share their lives (Hanson & Lynch, 2013). Family characteristics continue to become more diverse and complex.

Given the great diversity found among families, moving from a child-oriented view to a child and family service orientation creates a continuing challenge for change. Viewing the family as the primary mediator of child development necessitates a reconsideration of service goals. Part C recognizes this need by requiring parents to be the primary decision makers when outcomes or goals are targeted in the service plan. A culturally pluralistic, sensitive orientation is essential to service-delivery mechanisms that can respond to constantly changing family characteristics.

Across the country, children bring various experiences, abilities, talents, challenges, and over 400 different language backgrounds to the preschool classroom (Tabors, 2008). Early childhood special education services must respect and respond to the beliefs, values, and child-rearing practices of families of diverse backgrounds that are likely to differ from those of the mainstream U.S. culture. Furthermore, program staff should seek ways to extend their competence in working with families of diverse backgrounds and provide materials that address the families’ cultures, values, and languages.

Coordinated, Comprehensive Services

Collaboration between parents and professionals and among agency professionals is essential to the provision of coordinated, comprehensive services as required by the law. Definite challenges are created by significant shifts in role emphasis as professionals develop partnerships not only with families but also with an increasing array of community
service providers. The literature increasingly discusses the shift away from one-on-one infant/toddler training to a paradigm reflecting the ecological view of the child and family embedded within the larger community (Noonan & McCormick, 2014).

To meet the demands of this paradigm shift, personnel training programs have moved away from curricula that follow traditional disciplinary boundaries toward curricula that foster multiagency and multidisciplinary collaboration. Such programs enable professionals from several disciplines to work together with families through a variety of approaches, integrating the best of the consultant, transdisciplinary, and multidisciplinary models with the recommended practices from special and "regular" early childhood education.

**Evidence-Based Practices**

Over time, the focus on educational standards and outcomes has resulted in federal policies that increasingly emphasize evidence-based practices in early childhood special education. The most easily recognized policy is the No Child Left Behind Act of 2001 (NCLB; PL 107-110), which advanced the position that educational practices should be derived from "scientifically based" research (Buysse & Wesley, 2006a). Despite the frequent use of the term evidence-based practice (EBP) in early childhood special education, the field of special education has struggled to agree on how to identify evidence-based practices. However, there has been considerable progress in identifying standards that EBPs must meet, including research design, quantity, and quality. Cook and Odom (2013), state “... for a practice to be considered evidence-based it must be supported by multiple, high-quality, experimental or quasi-experimental studies demonstrating that the practice has a meaningful impact on consumer (e.g. student) outcomes” (p. 136).

**Routines-Based and Embedded Interventions**

The terms activity-based intervention, embedded intervention, routines-based intervention, and natural learning opportunities refer to everyday activities in which the child's interventions can be embedded or infused. Embedding is defined as "a process of addressing children's target goals within daily activities and events in a manner that expands, modifies, or is integral to the activity or event in a meaningful way" (Pretti-Frontczak & Bricker, 2004, p. 40). This approach enables children to learn targeted behaviors and skills within the context of a meaningful activity and to generalize these skills to other situations (Stremel & Campbell, 2007). Moreover, families are more likely to work on skills that can be elicited naturally during daily activities rather than having to remember to allocate a particular time to “work” on a special activity with a young child. For example, in the following video, the mother encourages her infant's communication, motor, play, social, and cognitive skills in the infant's bath and dressing routines.

**Standards-Based Curriculum**

By 2005, 45 states had developed curriculum standards for 3- to 5-year-olds, and some had or were working on standards for children from birth to 3 years old (Gronlund, 2006). The number of items included in the list of standards differs from state to state, and the standards are given various titles. California recently developed and adopted the Infant/Toddler Learning and Development Foundations and the Preschool Learning Foundations. In Colorado, they are called Early Learning Guidelines, whereas in Washington they are known as Early Learning and Development Benchmarks. Although it is not important to remember the title given to the list of standards, it is critical to remember that they are considered to be the expectations for the learning and development of young children. That is, they articulate the specific knowledge or skills that children should acquire and demonstrate through performance. Professionals see both risks
and benefits in the movement toward early learning standards (National Association for the Education of Young Children [NAEYC], 2002a, b). The NAEYC and the National Association of Early Childhood Specialists in Departments of Education discussed four essential features for success in leading to high-quality early education programs. A summary of these is found in Exhibit 1.6.

### Child Outcomes

Related to the current emphases on evidence-based practices and standards-based curriculum, early childhood special education focuses on positive outcomes for children and families. As early as 2007, the Office of Special Education Programs of the U.S. Department of Education requires states providing IDEA Part C and Part B services to report outcome data on the percentage of infants and toddlers with IFSPs and preschoolers with IEPs who demonstrate (1) positive social relationships; (2) acquisition and use of knowledge and skills, including thinking, reasoning, problem solving, and early literacy and math skills; and (3) use of appropriate behaviors to meet their needs, including eating, dressing, self-care, and following rules related to health and safety. Family outcomes under Part C services are identified in Chapter 2.

NECTAC (2013) reported that in 2011–2012, children served under IDEA demonstrated greater-than-expected developmental progress, with 80–81% of the children studied showing greater-than-expected growth and 53–66% exiting from their programs having met age expectations. However, data collection continues to be a complex process that continually requires improvement. Even so, the data available indicate reason for optimism.

### Response to Intervention (RTI) or Tiered Instruction

The reauthorization of IDEA in the Individuals with Disabilities Education Improvement Act (IDEIA, 2004) introduced the provision of “early intervening services” for K–12 students in an effort to reduce or eliminate possible later need for special education services. Professionals in the fields of early childhood education and early childhood special education have considered ways in which “early intervening” concepts might be applied to pre-K populations. Commonly used early intervening frameworks provide multi-tiered, gradually increasing individualized supports, such as Response to Intervention (RTI) and Multi-tiered Systems of Support (MTSS) (NECTAC, 2012). Additionally, an example of an early childhood framework is the Pyramid Model, which addresses social and behavioral needs (Fox, L. & Hemmeter, M. L. (2011) ). The core of RTI is tiered instruction or intervention.
In 2013, the Division for Early Childhood (DEC), the National Association for the Education of Young Children NAEYC, and the National Head Start Association (NHSA) produced a joint paper designed to provide guidance in understanding the implications of RTI for use in early childhood programs. This joint paper emphasized the following positive features of RTI: By providing differentiated support developed through a data-based decision-making process to all young children, RTI offers a means of providing high-quality teaching and responsive caregiving.

Tiered instructional approaches in early childhood are often based on RTI that typically consist of three tiers of instruction. Tier 1 is the well-designed, evidence-based core instructional program that meets the needs of a majority of children. Tier 2 is designed for children who fall below the expected levels of achievement and require supplemental intervention such as small-group instruction and more frequent progress monitoring. Tier 3 is designed for children who need more intensive support, such as smaller groups or individual instruction, and more frequent progress monitoring than children in Tier 2. In some RTI models, Tier 3 is considered as special education services; other models view special education services as provided in Tier 4, whereas still other RTI models view special education services not as a separate tier but integrated into Tiers 2 and 3. Key to this approach is universal screening and progress monitoring—that is, the gathering of information about a child’s skills and needs, the implementation of evidence-based interventions to meet these needs, and continual monitoring of the child’s progress. The following video explains the tiered instructional framework.

Although RTI was not specifically mentioned in IDEIA 2004, the practice of RTI is in keeping with the spirit of the law and is intended to be initiated within general education programs and implemented collaboratively with special education. The hope was that future special education services might not be needed if students who show evidence of needing additional instruction or intervention receive the support needed to be successful early in their general education setting. Although provision of RTI may be primarily focused on K–12 programs, the joint paper (DEC, NAEYC, & NHSA, 2013) noted that the RTI principles just discussed encompass principles that are at the core of recommended practices in early childhood, such as assessment, intentional teaching, differentiated instruction, and ongoing progress monitoring (Copple & Bredekamp, 2009).

At the date of publication of this text, actual implementation of RTI programs, in both K–12 education and pre-K education, is yet to be fully realized, and there is variation across programs. A unique challenge faced at the preschool level is the absence of universal preschool programs and practices in the United States. Also, as pointed out in the DEC, NAEYC, and NHSA (2013) joint statement, there are several challenges in early childhood education that are not characteristic of K–12 education. Examples include involvement of a variety of different agencies, diverse settings, variable preparation of personnel, limited resources, and the much broader scope of developmental needs expected to be addressed.

**Pre-K Response to Intervention**

Given the success of RTI with K–12 students and given that RTI practices are generally consistent with recommended practices in early childhood education, several districts are adapting the RTI approach for pre-K children. Coleman, Roth, and West (2014) discuss recent attempts at a downward extension of RTI. They suggest that the following early childhood practices are natural facilitators of pre-K RTI (p. 7):

- emphasis on quality early childhood education;
- implementation of a tiered approach to meeting the needs of children;
- focus on standards-based curriculum and evidence-based practices;
- utilization of intentional instructional strategies such as embedded instruction; and
- increasing use of progress monitoring and data-driven instruction.
Research appears favorable in regard to a fairly recent practice named **Recognition & Response (R&R)** with origins in RTI (Buysee & Peisner-Feinberg, 2010). Key components of this model include:

- **Recognition** = Universal screening and progress monitoring
- **Response** = Curriculum, intentional teaching, and targeted interventions

The success of this model is partially dependent on the development of opportunities for collaborative problem solving to support instructional decision making. R&R is a framework for linking assessment to instruction, and thus may also be a promising approach for instruction of second-language learners. Further studies are needed to confirm this approach as an evidence-based practice. Our field will be anxious to learn of the results.

**Universal Design for Learning (UDL)**

The origins of Universal Design (UD) are in the field of architecture. The premise of Universal Design for Learning (UDL) understands that more than just the learning environment can be designed in such a way that all children are more likely to learn (CAST, 2014). When curbs were cut to accommodate wheelchairs, it was quickly apparent that others, such as adults with strollers and bicyclists, also benefited. UDL applies this concept to the education of children of varying disabilities, linguistic diversities, and varied learning styles. Gargiulo and Metcalf (2010) define UDL as follows: “Curriculum and instruction that includes alternatives to make it accessible and appropriate for individuals with different backgrounds, learning preferences, abilities, and disabilities in widely varied learning contexts” (p. 450). UDL implies the need for multiple means of representation, expression, and engagement to meet diverse needs within the classroom. This means offering learners various ways of acquiring information (through books being read during circle time, information presented on a screen, hands-on materials, etc.). It includes providing multiple means for learners to express themselves (e.g., artwork, singing, verbal expression, actions). Finally, it also means building on children’s natural interests, backgrounds, and learning styles (Stockall, Dennis, & Miller, 2012). UDL is further discussed in Chapter 4.

**BUILDING ON RECOMMENDED PRACTICES**

Two major professional groups that address early education and intervention services have issued definitive statements of **recommended practices**. NAEYC (2009) describes “developmentally appropriate practice” as an “approach” in which teachers “meet young children where they are” developmentally. DAP includes three core considerations:

1. **Thorough knowledge of what is typical at each age and stage of child development.** Our thorough knowledge of child development will help us select appropriate experiences to facilitate learning and development.
2. **Knowing what is characteristic of each individual child’s interests, abilities, and developmental progress.** By thoroughly understanding each child, we can individualize our caring and instruction.
3. **Knowing what is culturally appropriate.** With understanding of the values and expectations of each child’s family and community, we can provide meaningful and respectful learning experiences for all children and families.

These position statements on developmentally appropriate practice (DAP) and other practices are frequently updated and available on the NAEYC website (http://www.naeyc.org/); from the home page, click on the “Position Statements” link).

Although the NAEYC’s developmentally appropriate practices serve as the primary context in which to develop curriculum, age appropriateness and individualization are essential to the understanding of effective practices within early childhood special education. As Noonan and McCormick (2006) state,
Infants and young children with severe disabilities, however, will not always be ready to learn the same activities as their age peers with mild or no disabilities. To support the integration of infants and young children with and without disabilities, however, curricular activities should be age appropriate, even when the activities do not correspond to readiness levels. The activities should serve as a context for instruction. Specific objectives, or the way in which children with disabilities participate in activities, are individualized to address unique needs. (p. 85)

It is useful to consider some key recommendations that emerged from the NAEYC framework related to curriculum (see Exhibit 1.7). The NAEYC also offered essential non-curricular recommendations that focus on adult–child interactions, family involvement, and evaluation (see Exhibit 1.8).

**Collaboration Between Early Childhood Education and Early Childhood Special Education Professionals**

A second major professional group, the Division for Early Childhood (DEC) of the Council for Exceptional Children, issues its own recommended practices for the field of Early Childhood special education (DEC, 2014). Although there is substantial overlap between the developmentally appropriate practices from the NAEYC and the recommended practices from the DEC, certain differences exist.

The NAEYC guidelines for DAP were generated by early childhood education (ECE) professionals who were dismayed at the growing emphasis on academic performance...
and structure in preschool and kindergarten classrooms. Thus, the major focus of the
original guidelines was on expectations and learning environments that were appropri-
ate for the developmental levels of typical young children. There was also a negative
reaction to strongly teacher-directed approaches and to the teaching and tracking of spe-
cific skills. The NAEYC practices valued the process rather than the products of learning.
Ironically, due to concern for the so-called U.S. “achievement gap,” there is once again a
significant trend toward emphasis on academics and school readiness within early child-
hood education. The focus is on ensuring that young children enter kindergarten “ready
to learn” (Murnane & Duncan, 2011). This focus can sometimes be at odds with the
principles of developmentally appropriate practice, particularly for young children with
developmental delays and disabilities.

Early childhood special education (ECSE) professionals, in contrast, have been
strongly influenced by the values and tenets of special education and PL 94-142. The
DEC-recommended practices emphasize the identification of specific expected outcomes,
the accountability of professionals for ensuring steady progress toward these outcomes,
the importance of direct instruction, and the necessity of a strong commitment to individ-
ualized instruction. The field of ECSE also places strong emphasis on parent–professional

### EXHIBIT 1.8

**NAEYC Noncurricular Recommendations**

**Adult–Child Interaction**

- Adults should respond quickly and directly to children’s needs and attempts to communicate. Whenever possible, adults should be at eye level with children.
- Children must be provided with a variety of opportunities to communicate. Interaction is best facilitated on a one-to-one basis or in groups of two to three children. Large-group instruc-
tion is less effective in facilitating communication.
- Professionals must be alert to signs of stress and provide sensitive, appropriate assistance to children.
- Adults must facilitate the development of self-esteem by being respectful and accepting of children, regardless of the children’s behavior.
- Adults must use disciplinary techniques that enhance the development of self-control. These include setting clear, consistent limits; redirecting inappropriate behavior; valuing mistakes; listening to children’s concerns and frustrations; helping children solve conflicts; and patiently reminding children of rules as needed.
- Adults must be responsible for all children at all times. Health and safety issues must be addressed constantly.
- Adults must plan for gradually increasing children’s independence.

**Family Involvement**

- Families have the right and the responsibility to share in decision making regarding their children’s care and education. Families are considered to be equals in a partnership and their vision guides program planning. Professionals must maintain frequent contact, and families should be encouraged to participate.
- Professionals must regularly share information and resources with parents, including infor-
mation regarding stages of child development. They must also obtain and respect caregivers’
views of individual children’s behavior and development.

**Evaluation**

- Child evaluations should not rely on a single instrument.
- Evaluations should identify children with special needs and provide information that will lead
to meaningful early interventions.
- Evaluations must be culturally appropriate.
collaboration and family empowerment, transition planning and training for the next environment, interdisciplinary and interagency collaboration, appropriate assessment, and use of technology. The DEC also regularly updates its position statements, which are available on the DEC website ([http://www.dec-sped.org/]; from the “Publications” tab on the home page, select “Position Statements and Papers”). Historically, the contrast in the developmentally appropriate approach characteristic of ECE versus the disability-specific approach characteristic of ECSE has created extensive discussion over time. However, these differences in approach have gradually lessened, and usually do not interfere with collaboration between these two disciplines, as reflected in the joint position paper offered in 2009. In an effort to assist personnel preparation programs in creating more effective training, Chandler and colleagues (2012) compared the personnel preparation standards issues by the DEC and the NAEYC. Collectively, these practices are summarized in Exhibit 1.9.

The Importance of Ongoing Pursuit of Evidence-Based Practices

Students of ECSE must realize that, as is the case with any progressive field, early childhood special education is constantly evolving. The ideas and notions that make up today’s best or recommended practices may be very different from those that evolve a decade from now. Early intervention professionals must have a thirst for discovering and understanding evidence-based knowledge and a genuine desire to better understand and implement best practices in meeting the needs of young children with disabilities.

Practitioners must be responsible for maintaining an important two-way dialogue with researchers in their field. They must help identify important research questions, insist on the use of research methods that are appropriate to answer those questions, and then apply the findings of that research by incorporating evidence-based techniques into their daily instructional routines whenever possible. Current examples of robust ongoing research and application of evidence-based practices are those in the areas of autism spectrum disorders (National Autism Center, 2009) and early literacy learning for young children (Trivette, Dunst, & Hamby, 2010a, b).
SERVICE DELIVERY

Unlike K–12 education, in ECSE there are many ways in which services are delivered. For example, in early intervention, service delivery may target the caregiver or may directly intervene with the child. PL 99-457 and subsequent reauthorizations and amendments clearly intend for the family to be the primary focal point and context within which the infant or toddler is viewed. However, even within this family-centered framework, some interventionists and specialized therapists may focus solely on intervention for the infant or child with relatively less concern for the role of the family in the child’s development. With preschool-age children, therapists may prefer to pull the child from the classroom and provide direct intervention to the child, rather than incorporating teachers and peers.

Services for Infants and Toddlers

The primary emphasis of this text is on providing educational and developmental services for preschool-age children with disabilities. However, as mentioned earlier in this chapter, an equally important component of the field of early childhood special education is providing services for infants and toddlers with special needs (i.e., age birth to age 3, who have disabilities or who are at risk for disabilities) and their families. These services must be carefully delineated in a legal document referred to as the Individualized Family Service Plan (IFSP). As noted earlier, Part C of IDEA states that early intervention services are to be provided in natural environments, including the child’s home and a variety of community settings. To provide the most appropriate option for each child and family, communities develop what is sometimes referred to as a “menu of services.” For infants who have severe and/or complex disabilities, home-based services are often considered to be the “least restrictive” because they take place in the most natural or typical environment for infants. Home-based services may also be offered in the home of a relative or child-care provider.

Home-based programs are tailored to the individual needs of the child and family, as determined through assessment of each family’s priorities and resources. Such assessment is sensitive to the functional demands of the child’s environment. Home visitors include a wide variety of professionals from various community agencies. For young infants, early intervention services may be provided by a public health nurse who focuses on health-care issues. A nutritionist may work with a family when their child has unique nutritional needs. Or the visits may focus on sensory processing and integration, or motor activities modeled by an infant educator or provided by an occupational or physical therapist. Perhaps the most important early intervention is the facilitation of quality caregiver–child interactions and the influence of parental mental health on these interactions (Cook & Sparks, 2008).

High-quality and effective home-based services should reflect recommended and evidence-based practices such as facilitating parent–child interactions (Chen & Klein, 2008; Dunst, Gorman, & Hamby, 2010), using routines-based interventions and natural learning opportunities that occur in everyday activity settings or natural environments, using modeling and coaching to assist caregivers to implement interventions with their infants (Chen, Klein, & Haney, 2007; Rush & Shelden, 2008), and establishing supportive relationships with families. In-home service delivery for infants with disabilities is a complex, multifaceted phenomenon, which includes a variety of strategies and approaches to caregiver–child interactions, demonstration of disability-specific skills, and infant and caregiver mental health. As the scope of this text does not allow a thorough examination of research and practice related to in-home service delivery, the reader is referred to specific texts on this topic, such as Cook and Sparks (2008), and McWilliam (2010).

Some toddlers attend center-based early intervention programs. These are specialized group settings to which families bring their children. Such programs provide important access to parent-to-parent support. They may also provide important “one-stop-shopping” access to a variety of service providers within the same setting. Center-based programs can provide more frequent interdisciplinary contact than in-home programs. Some service-delivery models combine home- and center-based services. For example, children may be enrolled in a center 3 days per week and receive a monthly home visit.
There continues to be ongoing discussion about whether such settings can be considered “natural environments.” The case might be made that if children without disabilities are also welcomed in the center, and a family member attends the center with the child, it meets the requirements of a “natural environment.”

Public and private child-care settings may also be considered natural environments. In these setting, infants and toddlers may receive specialized itinerant services, or one-to-one support. Some children may experience dual enrollment by attending an agency-sponsored segregated center-based program for children with disabilities for part of the day and participate in a typical child-care setting for the remainder of the day. As PL 101-336 (ADA) increases in influence, a greater number of infants and toddlers will be served in typical child-care settings.

Special Considerations for Infant and Toddler Group Care. Any group-care programs for children from birth to 3 years of age must be designed to create and sustain intimacy. Exhibit 1.10 summarizes five key components of group care for infants and toddlers offered some time ago by Lally, Torres, and Phelps (1994) that remain relevant.

It is imperative that individuals working with young children from cultures different than their own carefully examine the roots of their own biases and values. They must

EXHIBIT 1.10

Key Components of Group Care for Young Children

1. **Group size:** The adult-to-child ratio in programs serving young children under age 3 should be no greater than 1:3. However, the issue of group size is not simply the need to maintain a low adult-to-child ratio. Total group size is at least as important as this ratio. As group size increases, so does the level of stimulation. This creates a stressful environment for both infants and staff. A noisy, chaotic environment makes it difficult for staff to be sensitive and responsive to child cues and decreases the opportunity for quiet, intimate interactions.

2. **Physical environment:** Arrangement of the physical environment can either facilitate or interfere with flexible, individualized, responsive care. For example, easy and frequent access to food and to outdoor space allows greater individualization. Furniture that is comfortable for adults, such as rocking chairs and couches, encourages holding and reading to infants. Reduction of off-limits items and areas minimizes discipline problems and negative adult–child interactions. Small, well-defined areas for certain types of play help control overstimulation and help young children focus.

3. **Assignment of primary caregiver:** An extremely important factor in center-based care for young children is the assignment of a primary caregiver to each child. This facilitates the development of trust and intimacy. This does not mean that the child interacts exclusively with one adult; rather, on most days there will be a familiar and “special” person on whom the child can rely. The assignment of a primary caregiver also increases the likelihood that at least one staff person knows each child well. A knowledge of temperament, communication cues, likes, dislikes, and fears can be shared with other staff members. This, in turn, increases the opportunity for responsive and appropriate interactions with the infant.

4. **Continuity of care:** Related to the issue of primary caregiver, Lally and associates (1994) also stress the importance of continuity of care. “When a very young child loses a caregiver, he really loses part of his sense of himself and the way the world operates. The things that the child knows how to do, and the ways that he knows to be simply don’t work anymore. Too many changes in caregivers can lead to a child’s reluctance to form new relationships” (p. 6). Changing caregivers every 6 to 9 months can have a negative effect on infants and young children. Changing the caregiver (or teacher in an early intervention program) is also difficult for the child’s parents, as it requires the reestablishment of trust and communication patterns.

5. **Cultural and familial continuity:** Ideally, programs should employ staff whose cultural backgrounds match those of the families they serve. Children and parents are sensitive to significant mismatches in the child-rearing values and practices of family and staff.
also be knowledgeable about the values and attitudes of the cultural groups in their community and work to avoid being judgmental when significant differences do exist.

Services for Preschoolers

The emphasis of this text is on preschool-age children. Special education services for preschoolers begin at age 3 years, and extend to kindergarten entry. They are delineated in Part B of IDEA, and are governed by the same requirements and provisions as K–12 education—that is, a free and appropriate education provided in the least restrictive environment (LRE). The “least restrictive environment” must be understood as a continuum. The LRE continuum refers to a range of possible placements. The least restrictive environment is the one that can meet the child’s educational needs, and, in cases where the general education classroom is deemed “not appropriate” by the IEP team, is as similar as is reasonable to a typical general education classroom for same-age peers. For example, Sandra is a preschool-age child with severe and complex developmental and health needs. The IEP team determined that Sandra’s needs cannot be met in a typical early childhood setting (such as Head Start, or community early education center). Even though one member of the IEP team feels she should receive home schooling because of her health needs, the team may determine that this would be too restrictive. In this case the least restrictive environment for Sandra might be a segregated preschool special education class where staff members are available to address her health needs. Another child, Wen Li, is partially sighted, and has mild cerebral palsy. With itinerant supports from a vision specialist and a physical therapist, the IEP team determines that he can be well supported in the inclusive community-based early childhood education center near his home.

MEETING YOUNG CHILDREN’S NEEDS IN INCLUSIVE SETTINGS

As mentioned earlier, IDEA requires that services for children with special needs be provided in the least restrictive environment. This provision starts with the assumption that children will be served in settings with their same-age peers. For infants and toddlers, these settings are referred to as “natural environments.” For preschool-age children, these settings are typical early childhood settings, such as Head Start classrooms or early childhood education centers. If, due to the child’s disabling condition, his or her learning and social needs cannot be met in the typical ECE classroom, then a setting as similar to that as possible must be identified. An example of such a program might be a reverse mainstreaming classroom in which same-age peers attend the special education classroom for a portion of the day, and ECE and ECSE teachers collaborate as co-teachers.

Settings in the early years should be optimized for including children with disabilities for several reasons. First, most early education programs expect children to mature at varying rates during these years of enhanced growth and development. Differences in skills are expected and accommodated within the curriculum. The range of so-called normalcy in early education is much broader than that usually found in elementary school classrooms.

Unlike teachers of older children, early childhood educators tend to focus on the process more than the product of learning. They are busy setting up centers to allow for sensory exploration rather than grading spelling papers or preparing the next day’s language test. In addition, the methods and materials usually found in early education centers are conducive to the development of all young children. Exploration, manipulation, expression, sharing, and active involvement provide easy opportunities for educators to structure and reinforce meaningful interaction between children with disabilities and those without. However, with the current emphasis on school readiness and standards-based education, this tradition may be changing, as noted in the previous discussion on standards-based practices.

All who have worked with young children are readily aware of their natural abilities to accept and even appreciate individual differences. Children respond to one another without making judgments and comparisons. Spontaneous friendships abound with little
in the way of ongoing expectations. When differences are observed, questions reflect a natural curiosity. If such questions are answered in genuine, thoughtful ways, children tend to accommodate and accept those who are perceived to be different. Early childhood is the ideal time to help all young children fully acquire a sense of belonging.

**Unique Challenges Involved in Supporting Early Childhood Inclusion**

Despite these favorable conditions for successful inclusion, there are also several challenges to successful inclusion in early childhood settings. Common examples of these challenges include lack of availability of quality child care, low pay for child-care staff, and differences in administrative structure and educational philosophies among early childhood programs (Hanline & Daley, 2002; Harris & Klein, 2002; Wesley & Buysse, 2004).

It is also important to acknowledge that simply placing children with disabilities in educational settings with nondisabled children does not accomplish the goals of inclusion (Bricker, 2000). Although much has been written about inclusion support strategies in K–12 education, less attention has been given to inclusion support in early childhood settings. As Harris and Klein (2002) and, more recently, Richardson-Gibbs and Klein (2014) point out, several challenges are unique to early childhood inclusion. Some of these are as follows:

1. In the K–12 inclusive classroom, the general education teacher is credentialed at the same level as the special educator who provides support to the children with special needs. There is generally “parity” in terms of training background, level of academic degree, credential/license status, and pay. This is very often not the case in early childhood settings. The lack of support as a society for quality child care results in inadequate resources and low staff salaries, particularly in urban communities. This can result in little motivation for advanced training in early childhood education, thus creating a “parity gap” between the training and salary levels of ECE and ECSE teachers. This difference can lead to significant challenges for the inclusion support specialist. It requires understanding and perspective-taking skills to bring about successful collaboration and effective team building.

2. The level of experience and understanding of disabilities among ECE teachers (i.e., non–special education teachers) and staff is highly varied. The inclusion support specialist must be able to explain the nature of a child’s disability and learning style and to demonstrate specific strategies appropriate for that child. Klein, Chen, and Haney (2000) describe a project evaluation focus group in which families reported that one of the greatest values of the inclusion support specialist was her ability to help ECE staff understand the child’s disability. Thus, early childhood support specialists must have a certain level of disability-specific expertise.

3. Often the ECSE support specialist must take on the unfamiliar role of providing services on someone else’s turf. The support specialist must manage his or her own role and avoid being intrusive while at the same time establishing a collaborative relationship. However, the ECE teacher may be uncomfortable with his or her own relative lack of knowledge and experience with disabilities. The ECE teacher may also be unaccustomed to having someone observing in the classroom. Thus, the ECE teacher may be understandably defensive or wary and experience additional stress in an already stressful job. The challenges posed to the development of a truly collaborative relationship in such situations can be significant.

4. Finally, even when the ECE staff is highly trained, there are sometimes significant philosophical differences between ECSE and ECE staff. Klein et al. (2000) found that this was perceived to be one of the major barriers to successful inclusion. These differences in philosophy and beliefs might include such issues as the following:
   - The *purpose* of early childhood education—for example, opportunities for socialization versus training in specific developmental skills or school readiness.
   - Beliefs about inclusion—for example, all children should be included regardless of severity or complexity of disability versus only certain children can be successfully included.
• Strict adherence to a particular early childhood curriculum versus more flexible, adapted implementation of the curriculum.
• The kinds of teaching and interaction strategies used—for example, very child-directed and unstructured approaches versus a combination of more structured, teacher-directed interventions.
• Organization of daily activities—for example, fairly unstructured, flexible daily schedules versus predictable daily routines.

**Key Findings from Research on Preschool Inclusion**

Research on including preschoolers with disabilities provides several considerations for early childhood educators and early childhood special educators. Odom and colleagues (2004) have identified the following key conclusions about preschool inclusion based on a review of the literature:

1. Children with disabilities demonstrate positive behaviors in inclusive settings. Developmental outcomes are related to the type of curriculum used in the program.
2. Children without disabilities show positive outcomes related to increased understanding of disability and sensitivity to differences.
3. Children with mild disabilities are more likely to be placed in inclusive settings than children with severe disabilities.
4. There are many different forms of inclusive settings (e.g., Head Start, child care, community-based and public preschools) and service-delivery approaches (e.g., co-teaching, itinerant or consultant models).
5. The quality of early childhood inclusive environments appears to be similar to that of segregated early childhood special education classes and early education programs that serve children without disabilities.
6. Various curricula and instructional strategies have been used in inclusive settings and have resulted in positive developmental and behavioral outcomes. There is evidence that naturalistic instruction is a recommended practice in inclusion settings.
7. Compared to children without disabilities, those with disabilities engage in social interaction less frequently with peers. Specific interventions have been developed to facilitate peer interactions and relationships.
8. Early childhood teachers report positive attitudes about including preschoolers with disabilities, less ability to include children with severe disabilities, and more frequent interactions with children with disabilities than with children without disabilities.
9. Family members report positive attitudes and some concerns toward including their child in a preschool.
10. Children with disabilities participate in community activities outside of preschool, although less frequently than peers without disabilities.
11. Administrative policy, program standards, and finances influence the development and maintenance of inclusion programs.
12. Characteristics of the family and community (e.g., culture and language) influence the design of inclusion settings and access to inclusion programs.

**The Role of the Early Childhood Special Educator**

Inclusion does not supplant the mandate for individualized planning and services as needed by each child. Systematic intervention efforts guided by the teacher are necessary to promote successful inclusion (Salend, 2011). For children with special needs to meet their developmental and educational goals, someone must be available to structure the environment, adapt the materials, determine the child’s most profitable mode of learning, and select appropriate teaching strategies to encourage specific behaviors.

To fulfill such a multifaceted role, ECSE teachers must develop competencies characteristic of both the early childhood educator and the special educator. Fortunately, the skills needed include the same skills that are necessary to work with all young children.
However, successful inclusion of children with disabilities requires additional skills and expertise.

**The Case for Specific Training Related to Inclusion Support**

A study by Dinnebeil, McInerney, Roth, and Ramaswamy (2001) offered support for the need for specific training in inclusion support. Dinnebeil et al. surveyed ECSE professionals serving in itinerant support roles for children in community-based settings and found that the primary strategy being used by these consultants was a direct instruction approach in which they simply carried out the teaching strategies they were accustomed to using in their segregated settings. They concluded that there is a significant need for training in collaborative consultation skills (see also Klein and Harris [2004]). Fortunately, a decade later, we find the field of ECSE—including university teacher training programs—much more attuned to the importance of this skill set.

Exhibit 1.11 presents some examples of the kinds of support an inclusion specialist might need to be prepared to provide for a child placed in a community-based early childhood setting.

For our discussion we use the term *inclusion support specialist* to refer to an early childhood special educator who provides support for one or more children with disabilities within an inclusive early childhood setting. The inclusion support specialist role may differ from that of the discipline-specific therapist (e.g., occupational therapist, physical therapist, or speech-language pathologist) or the disability-specific specialist (e.g., visual impairment specialist or deaf and hard-of-hearing specialist) who provides specific direct services or consultative services related to a particular special need. *In this text the role of the inclusion support specialist is to support the optimal participation of the child in the inclusive setting through collaboration and coordination with other service providers and team members.*

It is clear from examining the list in Exhibit 1.11 that the effective delivery of these services will depend not only on a wide range of knowledge and skills related to best
practices in early intervention and ECSE but also on skills in the area of collaboration, consultation, teaming, adult learning styles, and strategies specifically targeted to the child's participation in the early childhood environment. To provide optimal support, an individual should have knowledge and skills across the following broad competency areas:

- Typical child development and developmentally appropriate practice in ECE
- Disability-specific characteristics and best practices in early intervention and ECSE
- Specific strategies and methods that support inclusion of children with disabilities and interactions with typical peers
- Collaborative consultation and team building (discussed in Chapter 10)

The goal of this text is to provide not only information related to the characteristics and learning needs of children with disabilities but also the specific guidance necessary to address these needs in inclusive settings. The knowledge and recommendations included within this text reflect a long history of research, policy, and practice that are derived from the two fields of early childhood education and special education. For more detailed discussion of models and strategies for successful preschool inclusion, see Richardson-Gibbs and Klein (2014).

**Summary**

This chapter offers perspectives on the evolving field of early childhood special education historically, theoretically, and provides an introduction to recommended practices. Over the past 100 years, the approach to children with special needs has shifted from “hide and forget” to “identify and help.” Jean-Marc Itard, Maria Montessori, and Jean Piaget were a few of the most notable pioneers in this field. Their contributions paved the way for the development of curricular adaptations to accommodate young children with special needs in a variety of settings. More recently, significant federal legislation in the United States continued to support the evolution and solidify the future of the field of early childhood special education.

PL 94-142 mandated that appropriate public education be made available to all children with disabilities as early as possible. One significant provision of this law was that each child should have a written IEP. Children with disabilities also are to be served in the least restrictive environment that meets their needs. The law mandates inclusion in a regular classroom unless the child's disabilities are too severe. In effect, the thrust is to fit the schooling to the child rather than fit the child to the school. This goal is pursued through informed selection of intervention strategies, with preparation of the interventionist as the critical foundation.

PL 99-457 initiated legitimization of the field of early childhood special education. Federal, state, and local planners are collaborating with parents in unprecedented efforts to develop new and expanded services for infants and young children who have disabilities or are at risk and their families. Part H provides incentives for states to provide comprehensive, coordinated, family-focused interagency programs for children from birth through age 2. Unique to this law and the following amendments are the requirements for collaborative service coordination designed to implement IFSPs.

Strategies for inclusion of children with special needs in the early education curriculum have several theoretical origins. Current approaches to early childhood special education continue to combine influences from both early education and special education fields, especially in advocating for evidence-based practices. The child development and early education literature emphasizes the importance of child-directed methods that are developmentally appropriate and use play and social interaction as primary vehicles for teaching and learning. Special education legislation has mandated a focus on family involvement and education within integrated, community-based settings. The evolving delivery systems offer a variety of opportunities to meet the unique needs of each child and his or her family.