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A CASE FOR INCLUSION AT THE PRESCHOOL LEVEL

by

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Federal and state legislation (i.e., PL 94-142 combined with PL 99-457) provide for a free and appropriate education for children with disabilities, between the ages of three and 21, in settings with or in close proximity to children without disabilities (Edmister & Ekstrand, 1987; Odom & McEvoy, 1988; Radonovich & Houck, 1990; Salisbury, 1990). Settings in close proximity to children without disabilities are referred to as the least restrictive environment (LRE). The LRE provision requires educational agencies to ensure children with disabilities are, to the maximum extent appropriate, educated with children who are developing typically (Turnbull & Turnbull, 1990). The legislation communicates a clear preference for integration; however, the federal mandate permits state and local education agencies the right to interpret the LRE processes to meet the needs of individual children (Edmister & Ekstrand, 1987; Salisbury, 1990; Turnbull & Turnbull, 1990). This can leave service providers with a lot of confusion.

PL 94-142 does not require public agencies to establish preschool settings for children without disabilities. However, they are not dismissed from responsibilities for implementing LRE provisions (Edmister & Ekstrand, 1987). Educating preschoolers with disabilities with their normally developing peers is often difficult for most public schools because they do not usually serve preschoolers who are developing typically (Edmister & Ekstrand, 1987; Odom & McEvoy, 1988; Radonovich & Houck, 1990; Salisbury, 1990). Utah school districts are not required to initiate programs
for preschoolers without disabilities just for the purpose of meeting LRE requirements. Utah’s special education preschool guidelines allow for interpreting the LRE requirements as being met by placing preschoolers with disabilities in the same building as children who are developing typically. Children in the building don’t even need to be peers of the same age. (Utah State Office Education, 1992). As a result, Utah’s LRE options are limited (Radonovich & Houck, 1990; Salisbury, 1990). Broad interpretations make it easy for educators to place young children with disabilities in more restrictive environments. This is a problem because ease, or convenience, does not guarantee quality educational opportunities.

LRE placements fall upon a continuum of most to least restrictive. Options which meet the LRE criterion include mainstreaming with children who do not have disabilities, reverse mainstreaming (i.e., integrating normally developing children into programs targeted for children at-risk or with disabilities), and segregated programs which integrate children with mild disabilities and children with more severe disabilities (Radonovich & Houck, 1990; Salisbury, 1990). Children are placed along the continuum based on their individual needs. The LRE option to be addressed in this case study is the inclusion or integration of children with disabilities into settings with children who do not have disabilities.

Inclusive classrooms, or integrating children with and without disabilities has been a controversy for a long time. In a recent
literature review, Guralnick (1990) suggested that integrated environments have already proven to be effective for educating ALL children.

Odom and McEvoy (1988) describe integration as a process of actively mixing together children with and without disabilities. Burstein (1986) supports the description of inclusion as a process by illustrating how mere placement of children with and without disabilities together is not enough to assure integration. An inclusive classroom *purposefully integrates* children with and without disabilities physically, instructionally, and socially (Burstein, 1986). Integration happens when children with disabilities are *fully included* in school activities with their peers who do not have disabilities (Salisbury, 1990). Full inclusion occurs *throughout the curriculum*, it cannot just happen at specific times of the day (Salisbury, 1990). Guralnick (1990) measures the level of achievement toward inclusion by determining how well inclusive programs continue to meet the educational and developmental needs of ALL children without departing from the fundamental structure and philosophy of the original program.

Multiple benefits of inclusion are supported in the research literature. Several authors report integrated programs to be at least as beneficial, if not superior, to segregated programs in meeting the needs of all children (Guralnick, 1990; McLean & Hanline, 1990; Salisbury, 1990).
Bricker (1978) advocates for inclusion by pointing out how integrated programs can provide children with opportunities to use and expand the "normal" aspects of their behavioral repertoire while working to remediate deficient areas.

Strain (1990) suggests that social skill development may be the largest benefit of inclusive intervention. In fact, no controlled comparison studies assessing social outcomes of children in integrated and segregated settings have found segregated options to be better (Strain, 1990). McLean and Odom (1988) tell how integrated settings can help children with disabilities learn skills and behaviors needed to fully participate in society as contributing adults.

The social gains from integrated environments are not only prominent for children with disabilities. Strain (1990) confirms that children developing typically have shown positive developmental and attitudinal progress from integrated experiences. Children who are developing normally, parents, and teachers, benefit from developing an increased understanding and sensitivity to individual differences through involvement with children who have disabilities (Bricker, 1978; Edmister & Ekstrand, 1987; Guralnick, 1978). Guralnick (1990) emphasizes how chances for acceptance by peers comes gradually, and is seen only when children with and without disabilities are fully integrated.

Best practices are the elements of intervention which we know will make quality programs and encourage change or growth in children. Integrated environments are considered to be a best
practice in the special education field for young children because they characterize the principles of normalization (Odom & McEvoy, 1988). Children with disabilities tend to generalize skills more as a result of learning them in a meaningful, or more normalized, context or environment. Normalized, or naturalistic experiences help teach children to use new skills in functional situations (Bailey & McWilliam, 1990; Odom & McEvoy, 1990; Winton, 1990). Inclusive environments provide these opportunities for children to learn from meaningful, or normalized experiences.

Another benefit of inclusion is the possible enhancement of language skills through peer modeling and reinforcement (Guralnick, 1978). This is due to the fact that children who are developing typically tend to have more advanced verbal behavior than children with disabilities. An inclusive program "pushes" children with disabilities to learn communication skills by allowing them to experience first-hand the need to communicate (Guralnick, 1978; Odom & McEvoy, 1988).

Numerous factors that may enhance the likelihood of successful inclusion are identified in the research literature (Hanline, 1990; McLean & Hanline, 1990; Odom & McEvoy, 1990). One element mentioned repeatedly throughout the research was that of collaboration. Strain (1990) portrays the challenge of activating inclusive programs by stating that integration "represents fundamental change in the nature of who does what to who, where, and with what resources" (p. 292). In other words, physical
proximity of integrated settings may be necessary, but inclusion requires a lot of team work, or collaboration, to add the other key elements.

Unfortunately we cannot deny that prejudice does exist towards children with disabilities. Alexander and Strain (1978) report that of all the professionals and adults involved with integrated programs, general education teachers are the least favorable of inclusive classrooms. For this reason, collaboration can create a need for special educators to take on a new role. As special educators it is our responsibility to give general educators a better understanding of integration and special needs (Alexander & Strain, 1978). Contrary to the traditional role of teaching, special educators need to adopt a broader role devoted to re-educating and empowering general education teachers so they feel prepared to handle integrated teaching environments (Mandell & Strain, 1978). This is done by including general educators in planning, implementing, and evaluating integrated programs (Alexander & Strain, 1978; Hanline, 1990; Radonovich & Houck, 1990). Special educators need to be attentive to the needs of general educators by arranging inservices to provide them with helpful information, consulting with all adults involved with the program to determine specific needs of the program, supplying materials to enhance learning experiences, and team teaching with general education teachers (Mandell & Strain, 1978).

The division between early childhood education (ECE) and early childhood special education (ECSE) has been cited repeatedly as one
of the barriers preventing inclusion. Many people experience frustration or unsuccessful attempts with integrated settings because they jump into integrated settings without considering the barriers (Alexander & Strain, 1978). The following case study was designed to address the collaboration barrier specifically.

This case study focuses on inclusion as fully integrating children who are developing both typically and atypically into the same educational programs. This noncategorical grouping option suggests that children be grouped heterogeneously, instead of assembling children in programs based solely on age or abilities (Campbell, 1991; Radonovich and Houck, 1990). Salisbury (1990) proposes that enrollment of children with disabilities into a typical program should be consistent with natural proportions. That is, only 10 to 15 percent of a class should be in need of special education services. The collaboration placement chosen for this case study meets both of these requirements.

Hanline (1990) recommends starting small, or moving gradually, when first activating inclusive settings. Taking her advice, one child with disabilities was enrolled into an existing preschool program for typically developing children to study the questions:

- What concerns do the general educators of this program have concerning inclusion?
- Can individualized objectives be met without interrupting the established routine?

The following case study was not meant to look at whether or not inclusion was effective. Research already illustrates that it is
(Guralnick, 1990; McLean & Hanline, 1990; Salisbury, 1990). Rather the purpose was to determine what concerns ECE educators might have which could impede the success of inclusion.

METHOD

Inclusive setting: Children's House is a preschool program at Utah State University (USU) in Logan, Utah, designed to serve the children of students at USU. This program is based on developmentally appropriate practice (DAP) guidelines as established by the National Association for the Education of Young Children (NAEYC) (Bredekamp, 1987). This program was chosen because of its balance between teacher and child directed instruction. Children's House allows children to build functional competencies by practicing skills in an environment where they need the skills and have the materials and adult guidance to experiment with them. Children are allowed to learn and explore using their interests as a motivator. There are also times set aside for teachers to direct activities and target specific skills. Self-selection time, and the materials provided for this part of the routine, are prime opportunities to enhance social skills and encourage children to interact with each other.

Children enrolled in Children's House are arranged in mixed-age groupings, ranging from 3 through 5 years. This enhances inclusion since activities and materials available for the children are designed to interest and encourage children on different developmental levels (Bailey & McWilliam, 1990).
Procedures: The purpose of placing a child with disabilities into Children’s House was to integrate the child physically, socially, and instructionally into a program that his same-age peers would attend. Interventions addressing goals already written for the child’s existing Individualized Education Plan (IEP) were coordinated into the daily routine of Children’s House. Placement was scheduled to last for six weeks.

Targeted child: A 2 year 11 month old boy (Brock) currently attending a family intervention program for infants and toddlers was integrated into Children’s House. Brock is blind in his left eye. His vision has little, if any, impact on his motor functioning. Testing with the Battelle Developmental Inventory through his current self-contained program determined that Brock continued to qualify for special education services. This was based on severe expressive speech and language delays and minor delays in the areas of pre-academic, reasoning and memory skills.

Targeted ECE educators: The main focus of my research question was based on the opinions of two head teachers. Teacher A is the director of the Children’s House program. She has several years experience in the field of early childhood education, and was instrumental in initiating this project.

Teacher B is a recent graduate of Utah State in an early childhood field of study. During this case study she was being trained by teacher A to resume responsibility for the classroom.
**Special educator's role:** Assuring that IEP goals were addressed was my responsibility as the special educator. However, planning how to approach the goals, implement interventions, and evaluating progress were the responsibility of both the cooperating teachers and myself.

I worked in the preschool on the days the integrated child attended. My purpose was to team teach and collaborate with the other teachers in the preschool. I was not there to individually tutor the targeted child. As Hanline (1990) suggested, this provided an opportunity for me to communicate frequently with other staff members. My role included assuring that the proper supports were in place for the staff so that everyone could receive the needed information about their new expectations and roles (Hanline, 1990). Proper supports included re-educating general educators (i.e., introducing individualized goals and how to address them within group settings and natural routines), and communicating with all staff involved (Hanline, 1990; Radonovich & Houck, 1990).

**ECE staff's role:** The philosophy and curriculum already established by Children's House remained. While the activities from the regular classroom did not change in order to activate the inclusive program, staff responsibilities did change to spread the task of meeting Brock's goals to all staff members. Coincidental intervention programs for Brock were implemented during natural, yet planned/structured, opportunities in the daily routine. Hired assistants and university students working in the preschool were
included in the implementation of the programs and tracking Brock’s performance.

Measurements: Through personal interviews, information was gathered regarding teacher perceptions of the inclusion process specifically, and of Brock: 1) before he was integrated, 2) at least once during the integration process, and 3) again at the completion of the inclusion program trial. Interview questions were given to the staff ahead of time to assure that they had considered the options (see appendix A). Daily data was also recorded by all staff members and used to interpret progress the integrated child made towards his IEP goals (see appendix B). At the conclusion of this project, a summary of teacher perceptions regarding the whole inclusion process was outlined. In addition, the targeted child’s progress towards IEP goals based on daily data was summarized.

RESULTS

Targeted child: Brock attended Children’s House 3 days a week, for 3 1/2 hours per day. Due to illness and financial complications, the inclusive program only lasted 4 weeks, instead of the 6 weeks originally planned. Every day that Brock attended was eventful as he met the requirements for most of his IEP objectives. All of Brock’s goals were addressed using naturalistic interventions. That is, practice opportunities and experiences
were given based upon the classroom routine and materials Brock was already involved with. Most programs required staff to incorporate conversational techniques into activities, with prompts to promote desired responses.

Upon entrance into Children’s House, Brock’s other early intervention program supplied a list of goals for Brock. The teachers at Children’s House and I reviewed the goals to determine which objectives would be necessary for Brock’s success in the new program. Goals to be addressed in this case study were determined from analyzing the previous list of goals.

Brock demonstrated a receptive understanding of the concepts big, little, on, and in by actively responding to directions from the adults during the classroom routine with 100% accuracy. (i.e., When asked to put the plate in the cupboard, Brock would place a plate in a cupboard). Brock also demonstrated school-readiness and receptive listening skills by following simple two-step directions with 100% accuracy, across 8 sequential trials.

Most of the intervention strategies required Brock to respond independently to the first teacher direction or comment to score 100%. Correction procedures involved providing a model for Brock to follow/imitate to help him accomplish the tasks. This strategy was used in conjunction with the goal to verbally say his name. Brock never did say his name, or copy the model. However, his responses to adult comments and questions clearly demonstrated that Brock does know who he is.
After only one day of training to "turn one page at a time", Brock continued to turn paper pages of books one at a time. He also began to turn book pages with a pincer grasp rather than sweeping the pages with his whole hand. All of this growth was accomplished while Brock seemed to enjoy reading storybooks.

Brock actively participated in large group activities (rug time) for 5 minute intervals across 3 sequential sessions, which is an age-appropriate skill for any 2 or 3 year old.

Brock was observed during his self-contained infant-toddler program on two separate occasions. As in the inclusive setting, Brock was very active and enjoyed participating in activities. In the segregated setting Brock initiated most interactions with adults in the program. During free play Brock played by himself, paying little attention to his peers. At Children’s House Brock was very interested in interacting with peers. The other children at Children’s House reciprocated Brock’s interactions. Every now and then this reaction was negative. Peers sometimes suggested that they didn’t want to play with Brock at that particular time. Brock continued to initiate interactions with peers regardless of the occasional rejections. Brock was anxious to be a part of all the games the other children participated in. It was encouraging to see the impact of a responsive social environment on Brock’s social behaviors.

Teacher perceptions: When this program was first introduced, Teacher A (the program director), expressed willingness to
introduce this experience to her staff and students, although some of her comments expressed some reservations. For example, teacher A requested that the targeted child attend the program on the "slower days".

During the first interview, before Brock actually attended the program, all the information available about Brock was presented to the teachers. They were asked what concerns they had and what information they felt was still needed. Teacher A wanted to know more about Brock's needs specifically. Her uncertainty concerning Brock's characteristics explained her hesitation towards placing him in a larger class.

Teacher B was most concerned with how to balance her attention, giving Brock (and the other children) enough attention, but not too much, while still completing the rest of her responsibilities. All I could tell her was to just treat him like she would any of the other children.

After Brock had reached the mid-way point in his enrollment at Children's House, the teachers were interviewed again. Teacher A said she was real excited about the results she had seen. On a scale from 1 to 5 (one being poor), she rated the success of this integration a 5, saying that Brock's individual needs were being met without interrupting the regular routine of events. She replicated this rating during the final interview. Teacher A supported her high rating by pointing out the benefits and growth seen for all children based on this situation. She cited the personal growth of one older peer who showed more compassion and
cooperation as a result of wanting to mentor this new younger peer. Teacher A did not view the individualized goals as overly obtrusive since she was currently trying to individualize more instruction for all of the children enrolled. The data procedures were new, but they were simple and did not interfere with the program.

Teacher A valued the contact with the special educator (myself) to obtain information concerning Brock’s needs and additional ideas to help her meet those needs. However, she noted that when I missed one day of the program, this proved to her that Brock’s needs could be met in the program without my constant presence. She said she would be willing to work with children who have disabilities in a situation where the special educator worked on more of a consultative basis rather than right in the classroom. In order to make the inclusive program work, she stated that access to information was crucial.

Teacher B rated the success of the program a little lower. Mid-way she gave the program a 3 and at the end she gave it a 4. Teacher B cited reasons for giving the lower ratings such as concern that she was not adequately meeting Brock’s needs. She stated that she did not feel the routine was interrupted, but she felt that she was not giving enough attention to any of the kids. One reservation she expressed was a communication barrier between her and Brock. This might have lessened given more time. Teacher B was also willing to work in inclusive setting again.
Regardless of the positive perceptions of the teachers and Brock’s success meeting his IEP objectives, on his third birthday Brock was transitioned from his self-contained infant-toddler program to a self-contained preschool classroom.

CONCLUSIONS AND CONSIDERATIONS

As suggested in research (Guralnick, 1990; McLean & Hanline, 1990; Salisbury, 1990; Strain, 1990), and based on this experience, it is clear that inclusive preschool classrooms can produce positive results. Research continually cites general educator’s perceptions as a major barrier impeding inclusion (Hanline, 1990; Mandell & Strain, 1978; Odom & McEvoy, 1990). With the proper support available (support being information for this setting), collaboration barriers did not pose a measurable problem for this case study. By being upfront, honest, and involving all educators in the process of inclusion, negative teacher perceptions were minimized. For this study, the major concern of general educators was to have more information.

For future implementation of inclusive environments, being prepared with more background information concerning individual children and their needs is crucial to the collaboration process. According to this study, more information could have reduced some of the beginning hesitations for the ECE staff.

According to data and observations, Brock’s individual needs were being met in this inclusive setting. Teacher interviews
concluded that his needs were being adequately met without interrupting the established routine.

There are a few considerations concerning this study. While it was not long, there were no major problems. If this much success was experienced in this brief amount of time, imagine what more time, experience, and training could show.

Another consideration involves the way IEP goals were determined. Goals were adopted from Brock's existing program. They had not been recently updated, and as a result Brock may have already learned some of the skills before entering the inclusive program. However, if this was the case with some skills, the change in settings provided Brock with an opportunity to generalize these skills into new settings. Brock's successful generalization demonstrates his competency in real life situations.

Overall, this program was positive for everyone involved. In addition, a possible site for future inclusion was created. Inclusion barriers concerning liability in the community settings, and school district restraints, still need to researched before inclusive settings can fully materialize. Additional case studies involving preschool placements without the advantage of campus settings and well trained early childhood specialists, would also be helpful in determining inclusion barriers.
APPENDIX B

Brock’s Objectives Addressed in Children’s House Case Study

Motor and cognitive domains:
Brock will independently follow simple 2-step directions when verbally instructed by an adult; with 100% accuracy across 3 sequential trials.

Motor domain:
Brock will independently turn paper pages of a book one-at-a-time; with 100% accuracy across 3 sequential trials.

Cognitive and (receptive) language domains:
Brock will demonstrate an understanding of the concepts big, little, in, and on, by placing designated objects in designated places as specified by teacher; with 100% accuracy for each concept across daily trials for 3 sequential days.

Language/communication domain:
When asked by an adult or peer, Brock will verbally say his first name independently; with a clear mid "b" sound across 2 sequential trials.

Social domain and readiness skill:
Brock will independently participate actively in large group activities for 5 consecutive minutes across 3 sequential days.
REFERENCES


