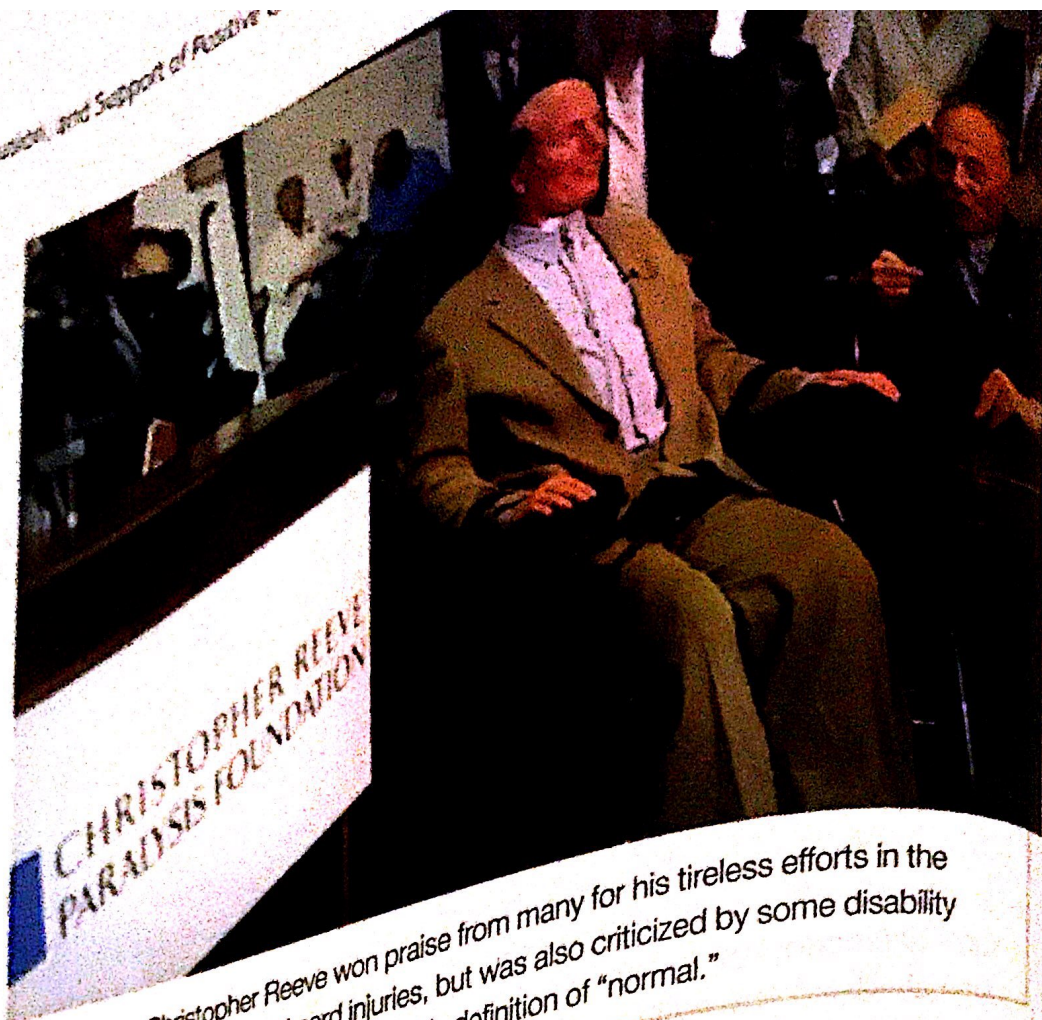




2

Integration, Inclusion, and Support of Positive Outcomes



Late actor Christopher Reeve won praise from many for his tireless efforts in the pursuit of a cure for spinal cord injuries, but was also criticized by some disability rights advocates, who disagreed with his definition of "normal."

5. Zero tolerance, PBS(positive behavioral supports), PBIS(positive behavioral intervention and support), and other discipline issues
 - a. Supports for desired behavior
 - b. How functional are supports?

The trend of integrating people with disabilities into the larger society began many decades ago and is stronger than ever today. Champions of integration are proud that they've reduced the number of people who live in institutions and the number of students who attend special schools and special classes. Schools are a part of society, but they aren't miniature reproductions of the larger society (Warnock, 2005). This is why we discuss two different types of integration: One having to do with integration into the larger society, the other having to do more specifically with inclusion in schools.

We also note that many of the issues we discuss overlap. For example, Universal Design for Learning, differentiated instruction, and inclusion are not completely separate or distinct issues. Self-determination is often seen as part of transition planning for adolescents and young adults with disabilities. The integration and inclusion of individuals with disabilities into society and school are multifaceted issues, and our discussion is organized around major themes in these processes.

INTERNET RESOURCES

You can search major newspaper Websites for articles about issues in special education. The New York Times site is www.nytimes.com and the Washington Post site is www.washingtonpost.com

INTERNET RESOURCES

Integration of People with Disabilities into the Larger Society

general education classes. Even today's more conservative advocates of integration recommend much greater interaction between individuals with and without disabilities than was imagined in the 1960s and 1970s.

Normalization

A key principle behind the trend toward more integration of people with disabilities into society is **normalization** (not to be confused with normalization of data bases). Normalization is the philosophy that we should use "means which are as culturally normative as possible, in order to establish and/or maintain personal behaviors and characteristics which are as culturally normative as possible" (Wolfensberger, 1972, p. 28). The idea is that the barriers to participation of people with disabilities in normal life should be broken down; both the means and the ends of education for students with disabilities should be as much like those for nondisabled students as possible. Regarding the means, for example, the idea of normalization is that we should use treatment approaches that are as close as possible to the ones we use with the rest of the population. Regarding the ends, we should strive to weave people with disabilities into the larger fabric of society.

RECOGNIZING POSITIVES AND NEGATIVES IN NORMALIZATION Normalization continues to be a goal in special education and all other aspects of responding to disability. Consider the case of Kathy Koons, described in the Personal Perspectives feature on p. 48. She's a young woman with a physical disability and relatively low tested intelligence who is anticipating making the transition to independent living in the community. For her, normalization of personal relationships, employment, and community living are important goals.

In every way feasible, those who work with individuals who have disabilities are trying to make the experience of home, school, work, play, and community indistinguishable from those without disabilities. However, people are also more than ever willing to look at the limitations and the downside of normalization.

HOW FAR SHOULD NORMALIZATION BE TAKEN? Although normalization seems simple enough in principle, it has sparked numerous controversies. Many of these controversies have involved deinstitutionalization, self-determination, and—particularly important for teachers—full inclusion. We discuss a few of the more hotly contested issues.

The phrase "as culturally normative as possible" (Wolfensberger, 1972, p. 28) is open to interpretation. The originators of the normalization principle saw the need for a variety of service delivery options, including residential institutions, special schools, and special classes; more recently, some have interpreted normalization to mean abolishing all such separate settings.

Some groups of people with disabilities are leery about being too closely integrated into nondisabled society. For example, some people who are deaf, because of their difficulty in communicating with the hearing world, prefer associating with other people who are deaf. For them, normalization does not translate into integration into the larger society. (We discuss this further in Chapter 10.) Others have pointed out that a diversity of settings and groupings of people is itself normal in most societies and that schools are not microcosms of society (Kauffman & Hallahan, 1997; Kauffman, Landrum, Mock, Sayeski, & Sayeski, 2005; Kauffman, Mock, Tankersley, & Landrum, 2008; Warnock, 2005).

Some disability rights advocates suggest that the assessment of normalization is wrongheaded, as it begins with the idea that nondisabled people should be seen as the norm to which those with disabilities are compared. For example, a representative of the organization Disabled People's International has called for "the elimination of the value concept of normalization as a measurement and the use of non-disabled people as the norm" (Mathiason, 1997, p. 2). Additionally, issues surrounding human

INTERNET RESOURCES

For Websites and radio related to disability, see www.ican.com/channels/on_a_roll/index.cfm

■ Normalization

A philosophical belief in special education that every individual, even the most disabled, should have an educational and living environment as close to normal as possible.

INTERNET RESOURCES

Disability rights issues are discussed in an online magazine called *Ragged Edge*, which can be found at www.ragged-edge-mag.com

Personal PERSPECTIVES

Kathy Koons

Kathy is a 19-year-old young woman with spina bifida. She has an electric wheelchair that she can control in a very limited way. An instructional assistant works with Kathy to ensure that she is able to get around the school and to assist her with classroom activities. She requires assistance in writing and getting her supplies ready for class, getting her lunch and feeding herself, and controlling her wheelchair.

Kathy is a middle child; she has an older, married sister and a brother who is age 14. Her father is an electrician and her mother does not work outside of the home. The family lives in a very nice house, which has had some modifications made for the wheelchair.

Her school attendance has been very poor. Mrs. Koons has kept Kathy at home for extended periods of time throughout the years, stating that Kathy was not well enough to attend school. The family was told that Kathy would not live to be 5 years old and they have taken care of her every need. The mother does many things that Kathy could do on her own, but would take her a long time to get done. When Kathy is at home, she spends the majority of the time in her wheelchair in front of the TV or stretched out on a blanket on the floor. There is nothing that Kathy does at home for herself or the family.

Kathy is in four resource classes (math, language arts, social studies, and vocational exploration), is in two regular education classes (computers and home economics), and spends one hour a day with an instructional assistant working on daily living and functional living skills. Kathy is working

on grooming skills, kitchen skills, making change, telling time, and mobility. She has good verbal skills, but has very limited written language skills because of her limited mobility. She is learning to use a computer so that she can increase her written expressive skills. Kathy has indicated an interest in doing a job that would utilize telephone skills, which is something she feels she could learn to do. She has several friends at school. She says that she would like to have a boyfriend and talk about relationships quite often. She is very concerned about not having someone to marry, being able to leave home, and living on her own.

Kathy's Verbal Scale IQ is 84, Performance Scale IQ is 68, and Full Scale IQ is 75. Curriculum-based assessment results indicate skills functioning at the 7.5 grade level in reading and the 6.8 grade level in math. She is aware of her academic limitations, but wants to do something with her life. Kathy indicates that she wants to learn to live more independently and to develop job skills. She is older than most of the students in the high school and plans are being made for her to go to a residential independent living center for young adults with physical disabilities, where she will have the opportunity to learn many of the things needed to allow her to live in a group home and have a job. Kathy is very excited about these plans, but her parents are somewhat hesitant.

Source: Sitlington, P. L., & Clark, G. M. (2006). *Transition education and services for students with disabilities* (4th ed., p. 83). Boston: Allyn & Bacon. Reprinted with permission.

■ Spina bifida

A congenital midline defect resulting from failure of the bony spinal column to close completely during fetal development.

■ Congenital

A characteristic or condition that is present at birth; might or might not be due to genetic factors.

reproduction seem very likely to spark more controversy around ideas of what should be seen as "normal" and what constitutes "disability" (Kauffman & Hallahan, 2007). Breaking down barriers to participation of people with disabilities in activities with nonhandicapped individuals can be very controversial. For example, Tatyana McFadden, a young woman who uses a wheelchair because her legs are paralyzed, wants to participate with normal runners in high school track events. (Ms. McFadden has **spina bifida**, a **congenital** condition involving the spinal cord and often resulting in paralysis of the lower extremities—see our chapter on physical disabilities for further discussion.) She recognizes that people who use wheelchairs can't be allowed to participate in some sports with nondisabled athletes (basketball, for example) but argues that she has a legal right to race on the high school track alongside nonparalyzed runners (Saslow, 2007). Her quest for normalization became an extraordinary controversy in her high school in 2007. McFadden is not the only athlete to bring controversy to participation in sport. As we discuss further in Chapter 14, a South African runner, Oscar Pistorius, who races on artificial legs, makes the Olympi

Committee and others question where to draw the line, if one should be drawn, on allowing people with disabilities to compete with others who don't have those disabilities (see Goodman, 2007; Longman, 2007).

Deinstitutionalization

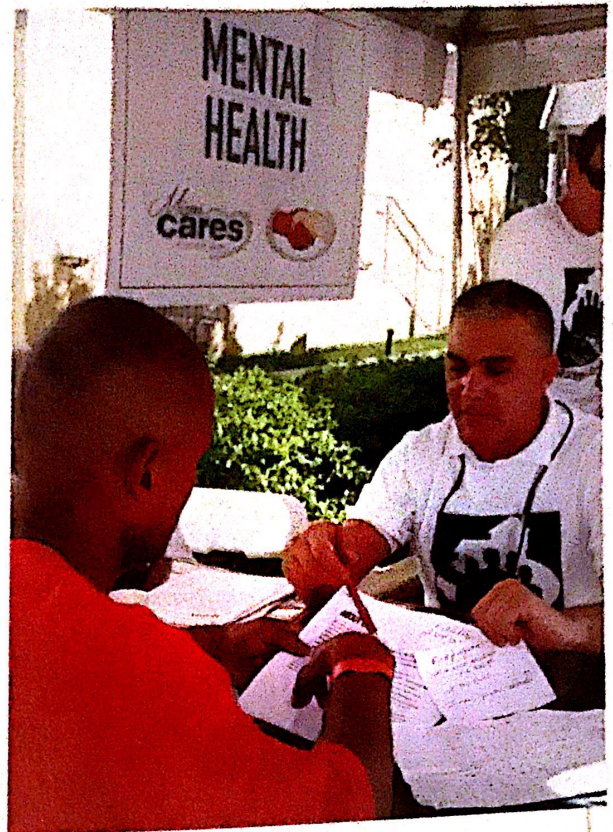
At one time, it was common to place nearly all children and adults with mental retardation (now often referred to as intellectual disability) and/or mental illness in residential institutions. In the 1960s and 1970s, systematic efforts were made to move people out of institutions and back into closer contact with the community. This movement, referred to as **deinstitutionalization**, led to more children with disabilities being raised by their families, and resulted in the closure of many institutions regardless of the nature of the problems of the people involved. That is, "deinstitutionalization" applies to both institutions for people with intellectual disabilities and to mental hospitals for those with mental illnesses.

COMMUNITY-BASED SERVICES Today, smaller facilities within local neighborhoods are common. Halfway houses exist for individuals with emotional difficulties, who no longer are thought to need the more isolated environment of a large institution. As we discuss in Chapter 5, group homes for people with intellectual disabilities house small numbers of individuals whose disabilities may range from mild to severe. More people with disabilities are now working, with assistance from a **job coach**, in competitive employment situations (Stroman, 2003), and many more are living in communities outside institutions (Saunders, 2007).

WHAT PROBLEMS DOES DEINSTITUTIONALIZATION SOLVE? Some have asserted that in certain cases, deinstitutionalization has been implemented without much forethought. They maintain that although deinstitutionalization has the potential to improve the quality of life for most people who in previous generations would have lived in institutions, it has failed because of poor planning. They argue that institutions can be humane, effective alternative placements for some individuals. In fact, some people with disabilities have been turned out of institutions onto the streets or into assisted living facilities that are every bit as abusive as larger institutions. Moreover, economic recessions often result in reduced funding, and important research on how institutions can be made most effective has been neglected (Saunders, 2007). In spite of media reporting and public promises to reform the way in which local communities respond to people with intellectual disabilities and other disabilities, the most vulnerable individuals in our society remain at high risk of abuse and neglect (see "Still Failing the Vulnerable," 2007).

A review of research on deinstitutionalization between 1980 and 1999 suggested that many people with intellectual disabilities improved their adaptive behavior by moving into small community homes (University of Minnesota, 1999). However, research also indicates that much still needs to be done to improve the quality of life for some people with disabilities who have been released from institutions. In fact, many people who were or formerly would have been in institutions are now homeless or in jail (see Earley, 2006; Goin, 2007; Lamb & Weinberger, 2001; Torrey & Zdanowicz, 1999).

Although deinstitutionalization has its champions and institutions, like communities, can become places of neglect and abuse, some people have pointed out that because so many institutions have been closed there is no place for individuals and families with



Despite the good intentions and successes of deinstitutionalization, much still needs to be done to improve the quality of life for some people with disabilities who have been released from institutions.

■ Deinstitutionalization

A social movement of the 1960s and 1970s whereby large numbers of persons with intellectual disabilities and/or mental illness were moved from large mental institutions into smaller community homes or into the homes of their families; recognized as a major catalyst for integrating persons with disabilities into society.

■ Job coach

A person who assists adult workers with disabilities (especially those with intellectual disabilities), providing vocational assessment, instruction, overall planning, and interaction assistance with employers, family, and related government and service agencies.



A key goal for individuals with disabilities is learning skills that allow them self-determination.

Self-determination

The ability to make personal choices, regulate one's own life, and be a self-advocate; a prevailing philosophy in education programming for people with intellectual disabilities; having control over one's life, not having to rely on others for making choices about one's quality of life; develops over one's life span.

Person-centered planning

Planning for a person's self-determination; planning activities and services based on a person's dreams, aspirations, interests, preferences, strengths, and capacities.

Reading Homework Exercise

Self-Determination • Go to the Homework and Exercises section in Chapter 2 of MyEducationLab to access reading materials and relevant questions about why self-determination for people with disabilities must be considered within an appropriate environmental and cultural context.

serious mental health problems to go in times of crisis. Streets and jails have become the default placements for many mentally ill persons in the absence of mental hospitals, and people with severe mental illness are often neglected until they commit criminal acts. As Earley (2006) and Nomani (2007) have observed, deinstitutionalization has resulted in many states requiring that a person be judged dangerous before he or she can be hospitalized for mental illness.

There is no inexpensive or easy way to provide humane care for people with disabilities. However, it seems clear from exposed and research that simply changing the locale of people from institutions to communities does little or nothing to improve the quality of their lives.

Self-Determination

Deinstitutionalization has fostered increasing recognition that people with and without disabilities have a right to exercise **self-determination**—the right to make one's own decisions about important aspects of one's life, including where to work and live, with whom to become friends, and what education to pursue. Nearly every book about students with disabilities moving toward adulthood and community living now discusses self-determination (e.g., Brolin & Loyd, 2004; Greene & Kochhar-Bryant, 2003; Sitlington & Clark, 2006). Moreover, many publications now express the sentiment that "promoting and enhancing the self-determination of youth with disabilities has become best practice in transition services" (Wehmeyer & Powers, 2007, p. 1).

TAKING CHARGE OF ONE'S LIFE "Self-determination might be defined by students as 'making our own decisions'" (Sitlington & Clark, 2006, p. 238). Schwartz, Jacobson, and Holburn (2000) suggest that the primary hallmark of **person-centered planning** is that "the person's activities, services and supports are based upon his or her dreams, interests, preferences, strengths, and capacities" (p. 238). The main idea is that people with disabilities should exercise personal control of their lives (Brolin & Loyd, 2004; Chambers et al., 2007; Greene & Kochhar-Bryant, 2003; Powers et al., 2007); other people—such as psychologists, counselors, physicians, parents, teachers, and administrators—should not make decisions for people with disabilities.

Making schools places where all children have a significant voice or say in important decisions is seen as critical. There is growing recognition that self-determination is learned and should be taught in schools, even in the elementary grades (Browder, Wood, Test, Karvonen, & Algozzine, 2001; Hughes, Wood, Konrad, & Test, 2006; Jones, 2006; Palmer & Wehmeyer, 2003).

In general, self-determination means taking charge of one's life. Teachers can play an important role in promoting the abilities and attitudes students will need to take charge of their lives, through providing instruction in self-determination skills and creating environments where these skills can be practiced. Some professional organizations have policy statements regarding self-determination. We discuss self-determination further in Chapter 5.

DOES SELF-DETERMINATION FIX DISABILITIES? The idea of self-determination, like so many other concepts related to ability and disability, is culturally embedded. In working toward self-determination, as well as any other goal, we must be aware of environmental and cultural differences in the meaning of self, independence, and success (see also

Cronin, 2000; Shogren et al., 2007; Sitlington & Clark, 2006). For some disabilities, such as severe mental illness, making decisions about one's own treatment may be perpetuating human degradation (Earley, 2006). Thus what may seem to be a universally accepted idea may, in fact, apply only within narrow cultural traditions or environmental circumstances or depend on the nature of the disability.

Also at issue is whether person-centered planning, as part of self-determination, represents a false hope rather than a tested and proven strategy for integrating people with developmental disabilities into the larger society. Osborne (2005), for example, states:

I have argued that PCAs [person-centered approaches] . . . are the latest in a long line of *faux fixes*, all purportedly techniques to deal with persons who have developmental disabilities. A *faux fixe* is literally a false fix of a problem. Usually it is politically correct (for the moment at least) procedure or movement in the social sciences, of which there is uncritical adoption . . . in the face of difficult-to-solve problems. (p. 318)



When labels take precedence over recognizing individual characteristics, labels themselves become disabling.

Universal Design and Universal Design for Learning

Based on the architectural principles of **universal design**, **Universal Design for Learning (UDL)** serves the general purpose of making learning accessible to more students in inclusionary programs. The idea is that with modifications of *representation* (materials), *expression* (methods of communication), and *engagement* (how students respond to curriculum) a much wider range of students can be included in typical classroom instruction (Spooner, Baker, Harris, Ahlgrim-Delzell, & Browder, 2007).

MAKING THINGS USABLE BY MORE PEOPLE Access to the World Wide Web by people with disabilities is a current trend with significant implications for design. Section 508 of the Rehabilitation Act requires that federal agencies must ensure equal access by those with and without disabilities to new electronic and information technology as well as information and services. Furthermore, the **Individuals with Disabilities Education Improvement Act (IDEA)** urges educators to consider the use of assistive technology in servicing students with disabilities, to allow a greater diversity of students to be accommodated in typical classrooms (Spooner et al., 2007).

DOES UNIVERSAL DESIGN ELIMINATE THE NEED FOR CUSTOM DESIGN? One continuing issue is when to assume that the limits of universal design have been reached and go ahead with production. Inventors and designers may do their best to be "smart from the start" (Pisha & Coyne, 2001), but perhaps no one can be certain that no potential user's needs have been overlooked. At some point, someone decides to put a gadget or technology into production under the assumption that the design is as universal as it can be made at that time.

Modifications of instruction used in UDL can make lessons appropriate for a wider range of students than has typically been the case. Thus, teachers must not overlook the possibility that they could be designing lesson plans that are appropriate for a greater variety of students.

Perhaps the term *universal*, like the term *all*, should not be taken too literally, or it becomes self-defeating. Very likely, there will always be the need to "customize" for individuals. Even in instruction, some special education researchers note that students with

■ Universal design

The design of new buildings and tools to make them usable by the widest possible population of potential users.

■ Universal Design for Learning (UDL)

Designing lessons that are appropriate for all learners.

INTERNET RESOURCES

Issues related to accessibility of the World Wide Web to people with disabilities are found at www.seriweb.com

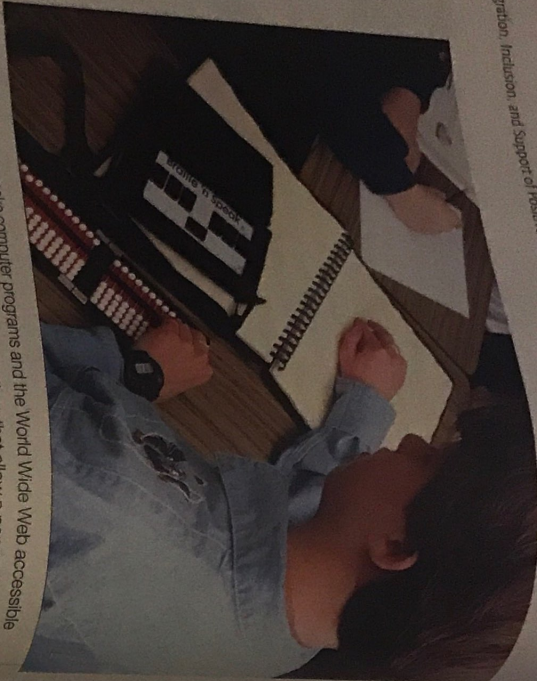
■ Individuals with Disabilities Education Improvement Act (IDEA)

The Individuals with Disabilities Education Act was enacted in 1990 and reauthorized in 1997 and 2004; it replaced PL 94-142, enacted in 1975. This federal law requires that to receive federal funds, every school system in the nation must provide a **free, appropriate public education (FAPE)** for every child between the ages of three and twenty-one, regardless of how or how seriously he or she may be disabled.

- Free, appropriate public education (FAPE)
The primary intent of federal special education law, that the education of all children with disabilities will in all cases be free of cost to parents (i.e., at public expense) and appropriate for the particular student.

INTERNET RESOURCES

For information about universal design, see www.cccs.acad.org/spotlight/udl/ and <http://www.cast.org>



There is a push today to make computer programs and the World Wide Web accessible to people with disabilities. For some, this means adaptations that allow a person to use a keyboard or mouse or read a visual display.

disabilities need individualized instruction that is not most appropriate for students without disabilities (e.g., Zigmond, 2007).

Use of New Technologies

As technology becomes ever more sophisticated, the issue of independence will become ever more important. One general guideline might be that if the technology allows people with disabilities to do something they couldn't do without it, then the technology is in their best interest. However, if it allows them to do something new or better but at the same time imposes new limitations, then one might need to rethink the technology's benefits.

Technological advances of all types can have implications for people with disabilities. Advances in three technologies stand out as particularly important: (a) medical treatment, (b) human reproduction, and (c) communication. Some of these advances, particularly those in medical treatment and human reproduction, are very controversial. The controversy is typically about whether something that can be done *should* be done, and may involve two or three of the technologies we discuss. For example, should **cochlear implantations**—artificial inner ears, which we discuss further in Chapter 10—be used to allow deaf children to hear whenever possible? This issue involves both medical treatment and communication, and it could involve human reproduction as well. Should disabilities be corrected surgically before birth (in utero), if that is possible? Should the findings of fetal stem cell research be applied to cure or correct physical disabilities if possible? What characteristics of their children should parents be allowed to choose? These are some of the controversial ethical issues that we discuss in later chapters.

Some have seen technological advancements as being the solution to nearly all problems. Educational technology, for example, might involve universal design of less computer-based technology greater variation among learners. Education has also looked to the Left Behind Act of 2002 (NCLB). However, the mere use of computer technology doesn't appear to produce better learning (Pailey, 2007).

THE UPSIDE AND THE DOWNSIDE OF TECHNOLOGY As the pace of technology quickens, so do applications of these technologies to the daily lives of people with disabilities. In many ways, technologies expand the abilities of people with or without disabilities to access information, communicate, travel, and accomplish many other everyday tasks. Technological applications can also allow some people with disabilities to function like those without disabilities.

One of the major issues concerning technologies is cost. Technologically advanced equipment or surgical procedures typically are very costly at first. Their immediate application to people of any description is beyond the financial reach of most consumers. However, as technological advances become incorporated into everyday life and mass-produced, their cost typically falls dramatically.

Other downsides are dependence on technology and the problem of reliability. People tend to rely on whatever technology they use rather than learn how to do things in alternative ways, so they have no idea how to do things the "old-fashioned" way when a gadget malfunctions.

SHOULD WE DO SOMETHING BECAUSE WE CAN? An issue that is likely to become more controversial is whether we *should* do all the things that we *can* with new technologies. The moral and ethical dilemmas created by the availability of means to eliminate limitations, whether they are considered disabilities or not—for example, being unable to hear, see, walk, or communicate—will increase in years to come. Particularly troubling will be the issue of whether we *should* allow parents to create "designer babies" to any extent that we *can*. For example, should we allow parents to create children with or without what most people consider disabilities? The ability to select embryos (or create them) with or without certain characteristics (e.g., deafness, dwarfism, diabetes, tendency toward schizophrenia or depression), in addition to presenting ethical dilemmas, raises difficult issues about the definition and meaning of disability (Kaufman & Hallahan, 2007).

Inclusion in Schools

The most controversial issue about integrating students with disabilities into schools is that of inclusion. Especially controversial is what is known as **full inclusion**. Actually, integration or inclusion has been an issue with all exceptional students, including those with special gifts or talents. Here, we discuss integration related to disabilities. We discuss inclusion of gifted and talented students further in Chapter 15.

Full Inclusion

Writers have different ideas about exactly what *full inclusion* means (Kaufman & Hallahan, 2005b; Stainback & Stainback, 1992; Warnock, 2005). However, most definitions contain the following key elements:

- All students with disabilities—regardless of the type or severity of disability—attend only general education classes. In other words, there are no separate special education classes.
- All students with disabilities attend their neighborhood schools (i.e., the ones they would go to if they had no disabilities).
- General education, not special education, assumes primary responsibility for all students with disabilities.

UNDERSTANDING THE STANDARDS AND PRINCIPLES What is your opinion regarding the use of technology with students with disabilities? (CEC Knowledge and Skill Standard TE1S1)



- **Full inclusion**
All students with disabilities placed in their neighborhood schools in general education classrooms for the entire general education teaching primary responsibility for students with disabilities.

■ Least restrictive environment (LRE)

A legal term referring to the fact that exceptional children must be educated in as normal an environment as possible.

■ Continuum of alternative placements (CAP)

The full range of alternative placements, from those assumed to be least restrictive to those considered most restrictive; the continuum ranges from general education classrooms in neighborhood schools to resource rooms, self-contained classes, special day schools, residential schools, hospital schools, and home instruction.

UNDERSTANDING THE STANDARDS AND PRINCIPLES

What is your opinion about the inclusion? (CEC Knowledge and Skills Standard C01S1)



Labels are misused when they overshadow a person's other attributes. For example, this person's blindness and physical disabilities aren't their defining attributes.

Educational programming for students with disabilities has historically been built on the assumption that a variety of service delivery options need to be available (Crockett & Kauffman, 1999, 2001; Kauffman et al., 2008). As we mentioned in Chapter 1, federal law (IDEA), stipulates that schools place students with disabilities in the least restrictive environment (LRE), which is to be chosen from a continuum of alternative placements (CAP).

Most people have conceptualized LRE as involving only a physical location, with alternatives along a continuum of restrictiveness ranging from residential institutions on one end to general education classes on the other (see Figure 1.1 on page 15). Others have suggested that the restrictiveness of an environment is not simply a matter of location, but also includes what is taught and how it is presented—the instructional and social contexts of a place (e.g., Baeteman, 2007; Crockett & Kauffman, 2001; Crockett, 1977; Rueda, Gallego, & Moll, 2000). The argument can then be made that some special classes or schools are, for some students, less restrictive of their academic, emotional, and social development than a general education classroom would be (e.g., Gilona, Gonzales, & Jacobson, 2005; Kauffman, Baetz, & McCullough, 2002; Kauffman et al., in press; Mock & Kauffman, 2002, 2005).

ARGUMENTS FOR AND AGAINST FULL INCLUSION

Labeling. Some people fear that a "special education" label can cause a child to feel unworthy or to be viewed by the rest of society as deviant and hence grow to feel unworthy. This fear isn't entirely unfounded. Disabilities are conditions that most people would rather avoid; they aren't seen by most people as good things to have (Kauffman, 2003; Kauffman et al., 2008). Consequently, being described as having a disability can lower a person's self-esteem or cause others to behave differently toward him or her.

Research on the effects of labeling has been inconclusive. On the one hand, studies indicate that people tend to view labeled individuals differently from nonlabeled ones. People are more likely both to expect deviant behavior from labeled individuals and to see abnormality in nondisabled individuals if told (incorrectly) that nondisabled people are deviant. On the other hand, labels can also make nondisabled people more tolerant of those with disabilities. That is, labels can provide explanations or justifications for differences in appearance or behavior for which the person with a disability otherwise might be blamed or stigmatized. For example, it is probably fairly common for the nondisabled adult to tolerate a certain degree of socially immature behavior in a child with an intellectual disability (mental retardation) while finding the same behavior unacceptable in a nondisabled child.

In addition to serving as an explanation for unusual behavior, the use of labels is defended on other grounds by some special educators. First, they argue that eliminating one set of labels would only prompt development of another set. Second, they contend that labels help professionals communicate with one another. In talking about a research study, for example, it helps to know the type of population. Third, they assert that labels help to spotlight the special needs of people with disabilities for the general public. Finally, some people have pointed out that any time we use an intervention that is not universal—used with all students regardless of their characteristics—we automatically apply a label. That is, labels are an inescapable part of preventive practices unless those practices are universal—applied to all children without regard to their individual characteristics. The decision, then, is whether we will recognize and talk about the differences we call "disabilities" or

ignore them (Kauffman, 2003, 2005a, 2005b, 2007; Kauffman & Hallahan, 2005a; Kauffman & Konold, 2007).

Separate Special Education. Some special educators assert that research shows separate pull-out programs to be ineffective. These educators maintain that students with disabilities have better, or at least no worse, scores on cognitive and social measures if they stay in general education classes than if they're put in special education for all (self-contained classes) or part (resource rooms) of the school day. Adding fuel to this argument are studies showing that sometimes students receive inadequate instruction in pull-out programs (e.g., Vaughn, Moody, & Schumm, 1998). On the other hand, some studies show that some students with disabilities make better progress in more specialized settings, and that full inclusion does not serve all children best (see Mock & Kauffman, 2005).

Research and opinion on inclusion is currently debated in nations other than the United States (see Begany & Martens, 2007; Warnock, 2005). Research findings and logical analysis challenge the idea that full inclusion is best for all students (Kauffman & Hallahan, 2005a, 2005b). The place where the child is taught shouldn't be seen as more important than meeting the child's needs (Warnock, 2005; Zigmond, 2003).

People with Disabilities As a Minority Group. Advocates of full inclusion tend to see people with disabilities as members of a minority group rather than as individuals who have difficulties as an inherent result of their disabilities (Stainback & Stainback, 1992). Thinking of people with disabilities as a minority is consistent with the views of disability rights activists. These activists are a part of the **disability rights movement**, which is patterned after the civil rights movement of the 1960s. Disability activists claim that they, like African Americans and other ethnic minority groups, are an oppressed minority. They have coined the term **handicapism**, a parallel of *racism*.

The disability rights movement is international and addresses a wide range of issues. It includes a spectrum of views on controversial topics; not every statement of every person with a disability is representative of the majority of people with disabilities (Mitschko, 2002; Simpson & Kauffman, 2007; Switzer, 2003; Tregaskis, 2004; Warnock, 2005). For example, whereas some express negative sentiments about finding a cure for spinal cord injuries that would allow people with paralysis to walk, others find optimism about reversing the effects of spinal cord injuries laudable and heartening (Groszman, 2003; Kasor, 1997).

Many critics of full inclusion do not deny that in many ways, people with disabilities have been treated similarly to oppressed minority groups such as African Americans, Hispanics, and women. They have experienced discrimination on the basis of their disability and therefore can be considered an oppressed minority group. However, people with disabilities are an incredibly heterogeneous population. General goals can be the same for all people with disabilities, but specific needs vary greatly. Clearly, the particular problems that an adolescent with severe intellectual disabilities and blindness faces are considerably different from those of a combat veteran who has lost the use of his or her legs. Although activists admit that it would not be good for the public to believe that all people with disabilities are alike (any more than they already do), this heterogeneity makes it difficult for people with disabilities to join forces on specific issues.

Critics don't see that the minority group of people with disabilities translates into the same educational placement decisions as it does for African Americans, Hispanics, and women (Baeteman, 2007; Dupre, 1997; Gilona et al., 2005; Hallahan & Kauffman, 1994; Kauffman & Hallahan, 1993; Kauffman & Lloyd, 1995). They argue that separation of students with disabilities from the mainstream can be defended on educational grounds. Students with disabilities are sometimes placed in special classes or resource rooms to better accommodate their educational needs. Placement in separate educational environments is inherently unequal, these critics maintain, when it is done for factors that are irrelevant to learning (e.g., skin color), but such placements may result in equalizing

UNDERSTANDING THE STANDARDS AND PRINCIPLES

Why is it important to preserve the continuum of services? (CEC Knowledge and Skills Standard C01K5)



■ Pull-out programs

Special education programs in which students with disabilities leave the general education classroom for part or all of the school day (e.g., to go to a special class or resource room).

■ Disability rights movement

Patterned after the civil rights movement of the 1960s, this is a loosely organized effort to advocate for the rights of people with disabilities through lobbying legislators and other officials. Members view people with disabilities as an oppressed minority.

■ Handicapism

A term used by activists who fault the unequal treatment of individuals with disabilities. This term is parallel to the term racism, coined by those who fault unequal treatment toward on race.

INTERNET RESOURCES

The National Public Radio Show "This American Life" featured a story, "Special Ed," that explored how students across the United States are treated. To hear the story go to www.thisamericanlife.org. You can also go to www.thisamericanlife.org to see how the story is being used to promote awareness of people with disabilities.

UNDERSTANDING THE STANDARDS AND PRINCIPLES

Do you agree with full-inclusion proponents who favor full inclusion on ethical grounds? (CEC Knowledge and Skill Standard CC(1.1))



Reading Homework Exercise

Integration • Go to the Homework and Exercises section in Chapter 2 of *MyEducationLab* to access a web article that discusses handicaps and steps school systems can take to integrate students with disabilities into the mainstream.

Reading Homework Exercise

Labels • Go to the Homework and Exercises section in Chapter 2 of *MyEducationLab* to access a web article that provides a different perspective about the use of labels for students who have learning disabilities.

when done for instructionally relevant reasons (e.g., the student's ability to learn, difficulty of material being presented, preparation of the teacher).

Finally, critics of full inclusion argue that the right to choose where to be taught. That is, with disabilities—and students themselves, when appropriate—the right to choose IDEA gives parents—and advocates of full inclusion, consider most appropriate and the environment they, not advocates of full inclusion, consider most appropriate and least restrictive (Crockett & Kauffman, 1998, 1999, 2001; Gilson et al., 2005).

Ethics Versus Empirical Evidence Full-inclusion proponents emphasize discrimination against people with disabilities, tending to approach integration from an ethical perspective without considering evidence. For them, empirical data on the comparative effectiveness of full inclusion versus separate programs lead to better, academically even if well controlled research shows that separate programs would still favor and social outcomes than do full-inclusion programs (see Kavale & Forness, 2000; Kavale, Mostert, & Kauffman, 2008; Mostert, Kavale, & Kauffman, 2008; Sasso, 2001 for comment on this tactic).

The rationale for full inclusion is based on presumptive moral values, not research data. However, the presumed moral values are not based on realities, making the assumed values meaningless (see Kauffman & Landrum, 2005; Mock & Kauffman, 2005; Warnock, 2005). The ideology of full inclusion suggests that this equal access can be achieved only when each and every student is included in neighborhood schools and general education classes, taking his or her rightful place alongside age peers who have not been identified as having disabilities.

Unfortunately, full inclusion ignores the considerable evidence that children and adults need affiliation, for at least some of the time, with others like themselves (Hall, 2002). Some professionals see as folly the disregard of empirical evidence espoused by some proponents of full inclusion (Fuchs & Fuchs, 1991; Kauffman, 1989, 1999a, 2002; Kauffman & Hallahan, 1997, 2005b; Kauffman, Lloyd, Hallahan, & Astutu, 1995; Kavale & Forness, 2000; Mock & Kauffman, 2005). Although believing that ethical actions are always of the utmost importance, they assert that decisions about what is ethical should be informed by research. Some critics maintain that proponents of full inclusion have resorted to rhetoric rather than reason, and have traded in their credentials as scientific researchers in favor of becoming advocates and lobbyists (see Mostert, Kauffman, & Kavale, 2003; 2008a; Sasso, 2001).

On the basis of research to date, we conclude that many students with disabilities need intensive instruction if they are to make substantial progress (Zigmond, 2003, 2007). Such intensive instruction will sometimes need to be delivered in separate special education settings such as special classes or resource rooms. Unfortunately, teachers in general education classrooms often find it difficult to provide enough intensive instruction, even with supports that are intended to help students survive the general education curriculum.

Casebook Reflections

REFER TO THE CASE *The Red Belt* in your booklet. Because Tyler is extremely explosive and verbally abusive, what are the arguments for and against including him in the general education class for mathematics? How can the present debate on inclusion and the reality of Tyler's needs be resolved? •

The current structure of resource room programs, in which teachers have heavy caseloads and cannot provide the instruction students need, is a setup for failure (Moody, Vaughn, Hughes, & Fischer, 2000). As Zigmond (2003) suggests, asking where students should be taught is the wrong question, asking how well they're taught should be the focus of special education (Kauffman & Hallahan, 2005a; Kauffman & Landrum, 2007). Peer attitudes are critical, and research does not indicate clearly that full inclusion, at least of students with intellectual disabilities (mental retardation), is perceived as appropriate by most peers or increases the social acceptance of students with such disabilities (see Siperstein, Parker, Barton, & Widaman, 2007).

Continuum of Placements Repeated polls, surveys, and interviews have indicated that the vast majority of students with disabilities and their parents are satisfied with the special education system and placement options (e.g., Guterman, 1995). Many students say that they prefer separate classes (Klinger, Vaughn, Schumm, Cohen, & Forgan, 1998). Parents have banded together to keep special schools open for their children (Gilson et al., 2005). Although many students are no doubt unhappy with the stigma of the label "learning disabilities," the majority seems not to regret that they aren't educated in general education classes. As one student summed up:

[Full inclusion] would make it worse. Basically it would be embarrassing for that person [a student with learning disabilities]. [An inclusive classroom] would be egging it more, people would be getting into a lot more fights because somebody is always going to joke around and say something like, "He's a retard." (Guterman, 1995, p. 120)

Palmer and colleagues reviewed the comments of parents of children with severe disabilities about inclusion, finding that although some were supportive of inclusion, others were skeptical. Consider the varied responses of parents in the *Personal Perspectives* below. There is obviously a range of opinions on the matter; it's not surprising to encounter the argument that those who push hardest for full inclusion have ignored parental perceptions.

PERSONAL PERSPECTIVES

Parents' Thoughts on Inclusion of Their Children with Severe Disabilities

Parents of children with severe disabilities cite the following reasons for supporting inclusion:

1. The child acquires more academic or functional skills because of the higher expectations and greater stimulation in the general education classroom.
2. Nondisabled students benefit by learning to know children with disabilities; they become more sensitive to people with disabilities.
3. Being around "normal" kids helps students with disabilities acquire social skills.
4. Siblings with and without disabilities go to the same school.
5. Segregation of any kind is morally wrong; inclusion is morally right.
6. Parents of children with severe disabilities have mentioned the following reasons for not supporting inclusion:
 1. The type or severity of the child's disability precludes benefit from inclusion.
 2. Inclusion would overburden or negatively affect regular classroom teachers and students.
 3. The curriculum of the general education classroom doesn't match the needs of the child.
4. The child does not get the needed teacher attention services in general education.
5. The child is unlikely to be treated well by nondisabled children in the regular classroom.
6. The child is not likely to benefit but is likely to be overwhelmed by the surroundings in the regular classroom.
7. The child is too young (and needs more supervision/structure) or too old (having become used to a specific structure) to benefit from inclusion.
8. The child needs to be around other children with disabilities; he or she fits in better, feels less stigma different, and has more real friends in a special setting.
9. The child is too disruptive or aggressive or has too many behavior problems for a regular class.
10. Teachers and others in general education don't appropriate training for dealing with the child's needs.

Sources: From *Twenty years' Parents' views on inclusion for their children with disabilities* by D.S. Palmer & F. L. Allen & M. Henson, 2005, 67, 2001, 407-404. Copyright © 2001 by The Council for Exceptional Children.

Critics of full inclusion argue that, given the empirical evidence, it is wise to be cautious about trying to change current options too quickly or drastically. They do admit that there are problems with current special education, including inclusion of some students with disabilities, but they argue that the range of service delivery options currently available to school personnel and parents (Crocker & Kauffman, 1999, 2001; Gliona & Martin, 1994; Kauffman, McGee, & Brigham, 2004; Vaughn, Elbaum, & Boardman, 2001).

One group of advocates has suggested a change in thinking and talking about special education placements (Gliona et al., 2005). Whereas it has been common to refer to any placement outside the general education classroom as *segregated*, Gliona and colleagues suggest using the word *dedicated* in referring to such placements. There is no hierarchy of placements. Any one or a combination of alternative placements should be seen as equally appropriate, depending on the student's needs. Gliona and colleagues also point out that "every option on the continuum of alternative placements is some child's least restrictive environment" (p. 138).

The objective of any service-delivery model should be to provide the most effective service for the student involved. Based on their review of evidence-based practices, Kauffman et al. (2008) concluded:

The most effective service delivery system probably cannot be defined totally in the abstract, for it likely depends on the characteristics of the student (e.g., age, type and severity of disability), the qualifications of the teacher(s) who will provide instruction, other students with whom a student will be grouped, and features of the placement. Our view is that there is probably not a single, best delivery system, but a variety of arrangements suited to make maximum use of the student's abilities. Those who propose a single best solution in all cases (e.g., self-contained special class, inclusion in general education with collaboration, and consultation of all concerned parties) are in our opinion misguided. (p. 372)



Opinions and attitudes differ regarding what degree of inclusion is ideal, but most agree that providing the greatest benefit to the individual student should be the goal.

Attitudes of General Educators General educators' attitudes toward students with disabilities don't suggest the wisdom of full inclusion (e.g., Cook, 2004; Cook, Cameron, & Tankersley, 2007; Cook, Semmel, & Gerber, 1999; Cook, Tankersley, Cook, & Landrum, 2000; Spierstein, Norris, & Mohler, 2007). Most critics of full inclusion sympathize with the classroom teacher's already arduous job. Although some critics blame teachers for their unwillingness to accommodate more students with disabilities, many agree that their hesitation to do so is justified and that training all teachers to be able to meet the needs of all students with disabilities is simply impossible from a practical standpoint (see Kauffman & Landrum, 2007; Lieberman, 1992; Moock & Kauffman, 2002, 2005; Palmer, Fuller, Arora, & Nelson, 2001).

A logical analysis of the problem of full inclusion indicates its infeasibility because of the demands on general education teachers. As Zigmond (2003) summarized:

General educators cannot imagine focusing intensively on individual students to the extent that different instructional activities for different students are being implemented at the same time. This is simply impractical in a classroom of 25 to 35 students. Moreover, special education's most basic article of faith, that instruction must be individualized to be truly effective, is rarely contemplated, let alone observed in most general education classrooms. Mainstream teachers must consider the good of the group and the extent to which the learning activities they present maintain classroom flow, orderliness, and cooperation. In addition, they generally formulate teaching plans that result in a productive learning environment for 90% or more of their students. General education settings are best for learning what most students need to learn.

For many of the remaining 10% of students, however, a different orientation will probably be needed. These students need to learn something different because they are clearly not learning what everyone else is learning. Interventions that might be effective for this group of students require a considerable investment of time and effort, as well as extensive support. (p. 197)

IS INSTRUCTION OR PLACE MORE IMPORTANT? As the twenty-first century unfolds, the full-inclusion controversy is sharpened, especially by the higher standards that all students are expected to meet. The direction the controversy will take is anyone's guess (see Hoover & Patton, 2004; Kauffman, 1999a, 1999b–2000, 2004; Kauffman et al., in press; Kauffman & Hallahan, 2005b; Kauffman & Konold, 2007; Kauffman & Wiley, 2004; Warnock, 2005). However, three dimensions of the controversy appear likely to dominate.

First, there's the question of the legitimacy of atypical placements: Do resource rooms, special classes, and special schools have a legitimate, defensible place in the alternatives that are provided to students with disabilities at public expense? If the answer to this question is "yes," then we are likely to see renewed emphasis on the advantages that such special placements offer.

Second, if a student is not able to function adequately in the general education curriculum, achieving what is judged to be "success" in general education, then should that student remain in the general education environment or be taught in an alternative place with other students who have similar learning needs? If the answer to this question is "remain in the general education environment," then ways must be found to remove the stigma of failure in that environment from both the student and the teacher who might be judged to have failed to measure up to expectations.

Third, for students who are placed in alternative environments, increasing attention must be given to the quality of instruction provided there (Kauffman & Landrum, 2007; Warnock, 2005; Zigmond, 2007). Vaughn and colleagues (1998) and Moody and colleagues (2000) found that the instruction offered in the resource rooms they studied was not the intensive, individualized, relentless, and effective instruction that should characterize special education.

The critical problem of today's special education might not be that students with disabilities are sometimes taught in separate settings but that special education teachers seldom use the opportunity of such settings to offer the instruction that students need (Kauffman & Hallahan, 2005a). In our opinion, children with disabilities (Kauffman & Hallahan, 2007). We can't overemphasize the importance of intensive instruction in meeting the needs of children with disabilities. In our opinion, children with disabilities should be placed where such instruction is most likely to be provided.

Differentiated Instruction

Some educators suggest that variation among learners must be matched by variation in instruction (e.g., Carolyn & Guinn, 2007). Frequently, educators suggest that instruction must be different for students with different learning styles, different brains, or different levels of ability (e.g., Wormell, 2006; Zull, 2004). Exactly what **differentiated instruction** means in practice is often not clear or is a matter of interpretation of the views of its proponents. The overriding idea, however, is that instruction in a general education classroom can be varied or "differentiated" to make it appropriate for all learners (Tomlinson, 1999). Differentiated instruction could also be considered a way of implementing universal design for learning—making instruction engaging and appropriate for all.

MATCHING TEACHING TO STUDENTS

Differentiated instruction has several meanings. As Wormell (2006) explains it, "Teachers who differentiate instruction simply do what's fair and developmentally appropriate for students and the 'regular' instruction doesn't meet their needs" (p. 14). One line of definitions and suggestions for teaching refers to "learning styles." Another is related to "brain-based" learning and suggests varying what students are presented or asked to do so that the best part of their brains (or their whole brains; see Zull, 2004) are engaged in the activity. Or the suggestion may be that assignments should be varied to accommodate students' "multiple intelligences." Still another has to do with the type and level of a student's response to a lesson. In essence, differentiated instruction is sometimes proposed as a way of including students



Differentiated instruction might be considered a way of implementing universal design for learning—making instruction engaging and appropriate for all.

with disabilities in regular classroom work by asking them to be part of a learning team or by requiring them to do a simpler or parallel task. In some cases, it's used to mean that a teacher can vary instruction to meet the needs of gifted students in the context of a general education classroom (e.g., Betts, 2004; Smith & Weitz, 2003; Tomlinson, 2004).

UNDER WHAT CIRCUMSTANCES IS DIFFERENTIATED INSTRUCTION DEFENSIBLE? Nearly everyone understands that learners are not all alike. However, there is considerable disagreement about the basis for differentiating instruction. Although the idea that instruction must differ for different students is neither new nor questionable, two basic questions need answers:

- What is the basis for varying instruction?
- How much variation in instruction can a teacher be expected to offer without significant loss of instructional focus?

The ideas that "learning styles," "types of brains," "types of intelligence," and so on can be identified and that instruction should be differentiated by these characteristics remain popular. However, evidence that instruction can become more effective if it is differentiated on some basis other than a student's prior learning is lacking (cf. Hyatt, 2007; Lloyd & Hallahan, 2007). Furthermore, even if the basis for differentiation of instruction is defensible, the extent to which teachers can accomplish it in a group of students with very diverse learning needs is questionable. As the diversity of learning needs in a class becomes greater, the problem of differentiation increases as well. The idea is a good one if the basis for differentiation is sound, but like other good ideas in education it can be taken to an unreasonable extreme.

Preferential Teams and Response to Intervention

Groups of professionals (e.g., special education teachers, counselors, administrators, psychologists) sometimes work with general education teachers to help identify alternative educational strategies for students who are struggling in the classroom before a referral for special education evaluation is made. As the name implies, when a **preferential team (PRT)** is consulted, the student has not yet been identified as a student with a disability. A teacher usually asks for help when he or she's exhausted her own bag of tricks for helping a difficult-to-teach student. The team reviews the information about a student that the teacher brings to the group and then offers suggestions about what the teacher might try to do to help the student.

One of the primary goals of PRTs is to establish the general education classroom teacher's ownership of a student's education. In other words, PRTs try to keep down the number of referrals to special education by encouraging general educators to try as many alternative strategies as possible before deciding that difficult-to-teach students need to become the primary responsibility of special educators. Although PRTs have become popular, there has been little research on their effectiveness (see Hallahan, Lloyd, Kauffman, Weiss, & Martinez, 2005).

In the most recent reauthorization of IDEA, Congress included an additional option for determining eligibility for special education in the case of suspected learning disabilities that forces varying levels of support in general education before referral to special education. The regulations say that "in determining whether a child has a specific learning disability, states may rely on a process that determines whether the child responds to scientific, research-based intervention as a part of the evaluation." In practice, this concept has been termed **response to intervention (RTI)**.

In some ways similar to the concept of the PRT, RTI usually provides for three standard levels of intervention for students who are experiencing difficulties (Boardman & Vaughn, 2007). There are varying forms, but generally the first level includes verification

Preferential teams (PRTs)

Teams composed of a variety of professionals, especially general educators, who work with general education classroom teachers to come up with suggestions for teaching difficult-to-teach children. Designed to influence general educators to take steps of difficult-to-teach students and to minimize inappropriate referrals to special education.

Response to intervention (RTI)

(Also called response approach.) A way of determining whether a student has a specific learning disability, increasing levels of instruction are delivered, and if does not achieve, or she is determined to have a learning disability, special education

- **Peer-mediated instruction**
The deliberate use of a student's classroom learning to assist in teaching an academic or social skill.
- **Peer tutoring**
A method that can be used to integrate students with disabilities in general education classrooms. Based on the notion that students can effectively tutor one another, the role of learner or teacher is assigned to either the student with a disability or the nondisabled student.
- **Peer confederates**
Peers who assist the teacher.
- **Classwide peer tutoring (CWPT)**
An instructional procedure in which all students in the class are involved in tutoring and being tutored by classmates on specific skills as directed by their teacher.
- **Partial participation**
An approach in which students with disabilities, while in the general education classroom, engage in the same activities as nondisabled students but on a reduced basis; the teacher adapts the activity to allow each student to participate as much as possible.
- **Modifications**
Changes made in instruction or assessment to make it possible for a student with a disability to respond more normally.
- **Accommodations**
Changes in the delivery of instruction, type of student performance, or method of assessment which do not significantly change the content or conceptual difficulty of the curriculum.
- **Adaptations**
Changes in curricular content or conceptual difficulty or changes in instructional objectives and methods.
- **Tiered assignments**
Assignments varying in difficulty but on a single topic.

Another research-based instructional strategy to enhance the integration of students with disabilities is **peer-mediated instruction** (Fuchs et al., 2001; Gardner et al., 2001; Mainwaring, Harper, & Mallette, 2001); see also Fuchs & King, 2001 and the Web site they list). Peer-mediated instruction problems, or any other arrangement in which confederates in managing behavior problems, and trained to help teach an academic or social skill to a classmate (Falk & Webb, 2001).

When the whole class is involved, the strategy is referred to as **classwide peer tutoring (CWPT)**. In this procedure, peer tutoring is routinely done by all students in the general education classroom for particular subject matter, such as reading or math (Greenwood, Arreaga-Mayer, Utley, Gavin, & Terry, 2001; Koutura, Cartledge, & Musti-Kao, 2007). CWPT doesn't mean that the teacher provides no instruction. On the contrary, teachers must provide instruction in how to do peer tutoring and in the content of the tutoring sessions. Peers tutor each other to provide drill and practice of skills they already have.

Partial participation, another instructional strategy, means having students with disabilities participate, on a reduced basis, in virtually all activities experienced by all students in the general education classroom. It questions the assumption that including students with severe mental and physical limitations is a waste of time because they cannot benefit from the activities in the same way that nondisabled students can. Whether partial participation actually achieves these goals to the benefit of students is an open question.

INSTRUCTIONAL ACCOMMODATIONS AND ADAPTATIONS Instruction may be modified for learners with disabilities. **Modifications** usually take the form of amended materials or assignments and are different from changes in curricula or instructional strategies. **Accommodations** include changes in instruction that don't significantly change the content or conceptual difficulty level of the curriculum. Alternatively, **adaptations** generally involve more significant modifications of instruction than accommodations (Miller, 2002).

Tiered assignments (Tomlinson, 2001) are an example of adaptations, wherein teachers provide choices for assignments on a single topic that vary in difficulty. For example, when studying a novel, some students might write paragraphs that identify and describe the characters; others might write paragraphs or papers that analyze the traits of each character, using examples from the book. In this case, both the assignment and the subsequent grading are different.

TRAINING GENERAL EDUCATION TEACHERS One point of view is that both general education and special education teachers are necessary, and that they should work together, but that they have distinct roles to play. Zigmond (2007) describes teaching students with disabilities as a two-person job, meaning that truly effective special education requires both a general education teacher and a special education teacher trained to do different things, not merely to work together with a common purpose. In the press for inclusion and collaboration, Zigmond suggests, perhaps the primary role and function of the special education teacher has gotten lost. In her words:

I propose that a "special education coach" be assigned to each school building to provide consultation and job-embedded staff development that helps build capacity among general education teachers for meeting the needs of diverse learners in their content classes. (p. 130)

Zigmond (2007) argues that the popular co-teaching model of collaboration can't provide the kind of intensive instruction that students with learning disabilities and behavior disorders (and, presumably, many students with other disabilities as well) require if they are to make adequate progress. Moreover, she argues that special education teachers need special expertise in teaching specialized and individualized curricula. General education

teachers are content specialists and should be trained by the "special education coach" to address a wider range of instructional needs than they otherwise would have, but they can't take the place of special education teachers.

WHO SHOULD DO WHAT? The roles of general and special education teachers continue to be debated. One perspective is that all general education teachers should be equipped, at least with special educators as co-teachers, to teach all students, including those with every kind of disability. This suggestion seems infeasible for a variety of reasons (see Kauffman & Hallahan, 2005a). A competing perspective is that although general education teachers need to be taught how to include a wide range of learners in their classrooms, special education teachers are needed to work specifically and intensively with students who have disabilities (e.g., Zigmond, 2007).

Another issue that continues to bedevil education, both general and special, is the preparation that teachers should have and what "highly qualified," as required by NCLB, should be taken to mean (Gelman, Pullen, & Kauffman, 2004). Various alternative routes to teacher certification have been offered, and in general education "highly qualified" usually has been taken to mean that the teacher is well prepared in a content area. However, some have argued that special education teachers need expertise that goes beyond content. Zigmond (2007) observed that special education teachers may need training in general education before they receive training in special education, just as other professionals typically add specialization to their general preparation:

I do not take issue with the possibility that as a profession, we should require that special education be a second certificate that adds specialization to the general training provided to general education teachers at the elementary or secondary levels (on the medical model of the general practitioner who then specializes). (p. 119)

Zigmond (2007) also noted that students with learning and behavior disorders are often overwhelmed, disorganized, and frustrated in school and lack many important learning strategies. In preparing teachers, she suggested:

The job of the special education teacher should be to find the time and resources to teach students with [learning and behavior disorders] all the skills NOT taught in the general education curriculum. (p. 127)

It seems highly likely that for decades to come, there will be controversy about what makes a good teacher. There will also be continuing debate about the working relationship between general and special education teachers, regardless of judgments of their quality.

Assessments of Progress

In the 1990s, state and federal policymakers became concerned about what they perceived as a general decline in students' educational achievement. As a result, they emphasized "standards-based" reforms. These reforms involve setting standards of learning that are measured by standardized tests. The reformers believed that teachers' expectations have been too low and that all students should be held to higher standards (see Finn, Rotherham, & Hokanson, 2001; Hoover & Patton, 2004; Pugh & Warger, 2001; Thurlow, 2000; Thurlow, Nelson, Teelucksingh, & Draper, 2001).

Concerns of special educators were expressed primarily in the 1997 amendments to IDEA. Concerns of general educators were expressed primarily in NCLB, which was actually a reauthorization of the Elementary and Secondary Education Act (Yell & Drasgow, 2005). Both laws had the intention of improving the instruction of students with disabilities by

Simulation Homework Exercise
 ■ **Instructional Accommodations** • Go to the Homework and Exercises section in Chapter 2 of MyEducationLab and complete the simulation exercise titled "Instructional Accommodations."



Federal law now requires that the inclusion of students with disabilities in assessments of progress in the general education curriculum must be addressed in every individualized education program (IEP).

making sure that these students are included in the assessments of educational progress demanded of all students. NCLB requires that the average scores of various subgroups of students be reported and that all groups, including students with disabilities, show progress. NCLB also requires that gaps in the performance of various groups be closed so that the averages for the various subgroups are not significantly different. Although this objective appears to be impossible to achieve in the case of students with disabilities, it is nonetheless an assumption of NCLB. IDEA, and the President's Commission on Excellence in Special Education, which was appointed in 2001 by President George W. Bush and that submitted its report in 2002 (see Kauffman, 2004; Kauffman & Konold, 2007; Kauffman & Wiley, 2004).

Progress Monitoring

Progress monitoring assessments are frequent, quick-and-easy measures that are administered at regular intervals and provide information on whether or not a student is learning as expected. The purpose of progress monitoring instruments is to determine whether current instructional practices are appropriate for individual students and to identify instructional needs.

Outcome Measures

Measures of student achievement, or outcome measures, are standardized measures administered in group settings. These measures compare a student's performance with other students, or compare a state's or district's performance with other states or districts. Measures of student outcomes are often used for systems of accountability, including a student's promotion to the next grade level. As a result of IDEA and NCLB, students with disabilities are included in these assessments along with their peers without disabilities.

Testing Accommodations

Accommodations for evaluation procedures might involve altering setting, the presentation format, or the response format. Setting or scheduling accommodations alter the setting or time of the assessment, such as small-group administration and extended time.

Presentation accommodations alter the way the assessment is presented to the student, such as having problems and directions read aloud. Response accommodations alter the way in which the student answers questions on the assessment, such as oral or typed responses. Accommodations can make a significant difference in how students with some disabilities are able to perform on standardized tests. Therefore, making sure that students are assessed with appropriate accommodations for their disabilities is extremely important when they are included in evaluations of progress. However, inappropriate accommodations merely undercut reasonable expectations for students with disability and misrepresent students' true capabilities (Kauffman et al., 2004; Pierangelo & Giuliani, 2006).

Special Education in the Context of NCLB

The standards-based reform movement of the late twentieth and early twenty-first centuries brought with it a heavy emphasis on access to the general education curriculum for students with disabilities (Hoover & Patton, 2004; Pierangelo & Giuliani, 2006; Zigmond, 2007). The curriculum for students with disabilities often has been different from the curriculum in general education. Failure to teach students with disabilities the same things that are taught in general education has been interpreted to mean that the expectations for these students are lower, resulting in their low achievement and failure to make a successful transition to adult life.

Understandably, the standards-based reform movement has generated much controversy: What constitutes curriculum? What should be the curriculum? What should the standards be (just how high should they be, and in what areas of the curriculum should they be set)? Who should set the standards? How should achievement of or progress toward the standards be measured? What should be the consequences for students—and for schools or states—if standards aren't met? What should be given up in music, art, poetry, physical education, and other areas to ensure progress on standardized tests in core curriculum areas of reading and math?

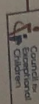
These are not trivial questions for general or special educators. Dobbs (2004) reported that some schools are indeed dropping classes in art, foreign language, and other electives to give more time and attention to the standards required by NCLB. Another writer complained that his poetry-writing class in a Washington, DC, middle school was eliminated because of NCLB standards (Grim, 2004).

For students with disabilities, additional questions arise: Should all standards apply to all students, regardless of disability? What should be the consequences of failing to meet a given standard if the student has a disability? Under what circumstances are alternative standards appropriate? Under what circumstances should special accommodations be made in assessing progress toward a standard? Answering questions like these requires professional judgment in the individual case, and such judgment is required by law (see Bateman, 2007; Huehner, 2006; Johns, 2003; Kauffman & Hallahan, 2005a; Thurlow, 2000; Yell, 2006). Moreover, assuming that IDEA and NCLB require the same things of students with disabilities is erroneous (Johns), and expecting students with disabilities to score the same, on average, as students without disabilities is expecting the impossible (Kauffman, 2004; Kauffman & Konold, 2007; Kauffman & Wiley, 2004). As Melissa Gogel, a sixth-grade special education teacher, said, "We [special educators and their students] will always fail. . . . The government is trying to put everybody in one melting pot and say that everybody has to pass the same test" (Dobbs, 2004, p. A12).

We might ask what NCLB is actually interpreted to mean. Is the same level of performance expected of all students? Following is one educational consultant's view:

Teachers say they have to teach the students where they are, which means at sixth-grade level in high school if they can't read well. Their attitude may be compassionate, but it is misguided. There's ample evidence that accelerating instruction works better than retarding

UNDERSTANDING THE STANDARDS AND PRINCIPLES Why has the standards-based reform movement generated controversy? (CEC Knowledge and Skill Standard GC1K3)



in the name of remediation. Observations made in the Dallas Unified School District show that students who score well have teachers who cover the curriculum appropriate to the grade level. Those teachers spend little time on drill and practice, and don't remediate in the classroom but rather get help for students outside of class. (Mitchell, 2004, p. A21)

If this view is taken as defensible, then what happens to remedial programs and to special education during the school day? Is it a good idea to provide instruction that is beyond the student's level of ability to understand and perform successfully? One noted special educator said that in her opinion, Mitchell's educational philosophy could be stated in a nutshell: "Teach the best and shoot the rest" (Janet Lerner, personal communication, April 27, 2004; see also Kauffman, 2005c; Kauffman & Konold, 2007; Kauffman & Landrum, 2006). The issue is of obvious importance to general education, but it is of particular concern to special education for two reasons: First, federal regulations allow only a small minority of students with disabilities to be excluded from the same testing as students without disabilities; NCLB allows states to exempt 2 percent of the population from standard assessment procedures (U.S. Department of Education, 2007). Second, some of the programs that are being eliminated (e.g., art, music, physical education, and other "noncore" or extracurricular activities) are those in which students with disabilities are most likely to experience success and be successfully included in general education (see Siperstein, Parker, et al., 2007).

Can We Solve the Dilemma of Standards and Disability?

In any area of performance, setting a standard that very few individuals fail will eventually be perceived as "low." Setting a standard that many individuals cannot reach will be perceived, at least after a time, as "high." The idea of universal proficiency is, simply put, not rational (Rothstein, Jacobsen, & Wilder, 2006).

Who will be blamed for a given person's failure to meet a standard and who will be congratulated when someone meets or exceeds a standard depend on our assessment of the effort expended by teacher and student. However, one thing seems certain: Standards will not homogenize achievement or expectations. The consequences of standards-based reform such as NCLB for students with and without disabilities will become clearer as reforms are implemented and standards are set. Some commentators have noted that the basic premises and language of NCLB are seductive. It is an idea that seems so right you wonder how any decent-minded legislator could oppose it (Rasperry, 2004, p. A21). Yet, Rasperry also notes, the law has a fatal flaw, which is its focus on punishing those who do not meet its standards: "its underlying assumption is that school failure is willful, and that if you put the fear of God in the people who run the schools, they'll do their jobs a lot better" (p. A21).

Requiring all students with disabilities, and those for whom the tests are inappropriate for other reasons, to take state exams is considered by some to be cruel to both students and teachers (Kauffman, 2002, 2004; Kauffman & Konold, 2007; Kauffman & Wiley, 2004). However, testing to determine outcomes is necessary if we want to know whether programs for students with disabilities are "working" (Kauffman & Konold). Standardized tests have a legitimate place in assessing outcomes, and demonizing the tests themselves is not helpful. However, it is important to understand that "testing is useful only if you make the right comparisons for the right reasons" (Kauffman, 2002, p. 240). When it comes to special education, it's wrong to compare outcomes for students with disabilities to outcomes for students without disabilities. The right comparisons are contrasting students with disabilities who receive special education (or any given treatment) to those who don't receive it, or comparing students with disabilities before and after they receive special education (Kauffman, 2004; Kauffman & Halahan, 2005a).



Federal law requires that a variety of early intervention services be available to all infants and toddlers identified as having disabilities. Such services include special education instruction, physical therapy, speech and language therapy, and medical diagnostic services.

Early Intervention

Many educators and social scientists believe that the earlier in life a disability is recognized and a program of education or treatment is started, the better the outcome will be for the child (e.g., Gargiulo & Kilgo, 2005; Howard, Williams, & Lepper, 2005; Noonan & McCormick, 2006; Stiche, Conroy, & Kauffman, 2008; Walker, Ramsey, & Gresham, 2004; Walker & Sprague, 2007). They also see an important federal role in ensuring early intervention. Three basic arguments underlie early intervention:

1. A child's early learning provides the foundation for later learning, so the sooner a special program or intervention is begun, the further the child is likely to go in learning more complex skills.
2. Early intervention is likely to provide support for the child and family that will help prevent the child from developing additional problems or disabilities.
3. Early intervention can help families adjust to having a child with disabilities; give parents the skills they need to handle the child effectively at home; and help families find the additional support services they may need, such as counseling, medical assistance, or financial aid.

Children whose disabilities are diagnosed at a very young age tend to be those with specific syndromes (e.g., Down syndrome) or obvious physical disabilities. Many have severe and multiple disabilities. Throughout the primary grades, children with disabilities may be categorized under the broad label **developmental delay** rather than identified as having a more specific disability (e.g., a federal special education category such as autism, learning disability, or emotional disturbance). Typically, such a child's needs cannot be met by a single agency or intervention, so many professionals must work

Video Homework

Exercise

Early Intervention • Go to the Homework and Exercises section in Chapter 2 of *MyEducationLab* and watch the video "Early Intervention" about the benefits of preschool for young children with special needs.

Developmental delay

A term often used to encompass a variety of disabilities of infants and young children indicating that they are significantly behind the developmental milestones for their age. Areas such as motor development, cognitive development, and language.

together closely and with parents if the child is to be served effectively (Gallagher, Rhodes, & Darling, 2004; Noonan & McCormick, 2006). If the child's disabilities are recognized at an early age and intervention by all necessary professionals is well coordinated, the child's learning and development can often be greatly enhanced.

In the area of emotional and behavioral disorders, particularly those involving children who are highly oppositional or disobedient and aggressive from a young age, early intervention shows enormous promise (Walker & Sprague, 2007). Long-term follow-up data suggest that the life course of children who are at high risk for becoming aggressive and disruptive can be changed dramatically through early behavioral intervention (Stratton & Timm, 2001).

Federal laws now require that a variety of early intervention services be available to all infants and toddlers who are identified as having disabilities. Such services include special education instruction, physical therapy, speech and language therapy, and medical diagnostic services. In addition, laws require the development of an **individualized family service plan (IFSP)**. As we discussed in Chapter 1, an IFSP is similar to an IEP for older children, but it broadens the focus to include the family as well as the child. In fact, federal regulations stipulate that the family be involved in the development of the IFSP. Table 2.1 shows how an IFSP is compared to a young student's IEP. As Noonan and McCormick (2006) note, an IFSP may be written for children up to six years of age, but usually an IFSP is written for infants and children up to three years of age, with the latter being more common for children three and older.

One common way of categorizing the variety of early intervention programs is to consider whether the primary location of the services is in a center, a home, or a combination of the two. The earliest early intervention programs for children with disabilities were center-based. In **center-based programs**, the child and the family come to the center for training and/or counseling. One advantage of center-based programs is that center staff can see more children. Furthermore, some professionals believe that the program allows center staff to have more influence over what goes on in the interaction between parent and child.

In more recent years, authorities have advocated **home-based programs** or a combination of center- and home-based approaches. There are several advantages to approaches that take place in the home. A couple of the most important are that (1) with the increase in mothers working outside the home and single-parent families, home-based programs are more convenient for more family members, and (2) skills and techniques learned by children and adults at the center need to be transferred to the home, but when these skills are learned in the natural environment—that is, the home—this transfer is not necessary.

As preschool programs and daycare become more pervasive, more and more young children with disabilities are being included in “natural” environments with their nondisabled or typically developing peers. The integrated or inclusionary daycare or preschool program is thus another type of program.

Consensus on Early Intervention, or How to Do It Best

Compared to most of special education, that for infants, toddlers, and preschoolers has had few controversial issues. This is probably because so many professionals have fought for so long to get the needs of very young children recognized that they have not had time to engage in many debates about specific details involved in early intervention. In a sense, early childhood special educators have been bound together by the common goal of securing legislation and programming for young children with disabilities. Nevertheless, there have been and continue to be some areas of disagreement among early childhood education professionals. Three of the

■ Individualized family service plan (IFSP)

A plan mandated by PL 99-457 to provide services for young children with disabilities (under three years of age) and their families; drawn up by professionals and parents; similar to an IEP for older children.

■ Center-based program

A program implemented primarily in a school or center, not in the student's home.

■ Home-based programs

Programs delivered primarily in a student's home rather than in a school or center.

STANDARDS AND PRACTICES What are some issues in early childhood education? (CEC Knowledge Skill Standard EC1K2)

noted Swiss psychologist Jean Piaget, most early childhood teachers are oriented toward a curriculum that allows children to explore their environment relatively freely. They teachers advocate a developmental approach, assuming that children's development will unfold naturally with encouragement, on the other hand, come from a tradition that assumes that children with disabilities need a heavy dose of direction from adults if they are to learn the skills they lack. Furthermore, early childhood special educators have generally had a greater focus on individualizing instruction for preschoolers through task analysis (McLean, Wolery, & Bailey, 2004; Noonan & McCormick, 2006; Wilson, 2003). In 2004, McLean, Wolery, & Bailey with disabilities have been integrated with nondisabled preschoolers, the issues of adult direction and individualization have come to the fore. A major task facing early childhood educators on programming for preschoolers with disabilities is to reach agreement with mainstream early childhood educators on each other. On the one hand, researches have known for a long time that preschool programs (Abt Associates, 1976–1977). On the other hand, authorities have noted that moving from a highly structured preschool structured, teacher-directed, individualized programs can present problems of transition intervention program to a traditional kindergarten can present problems of transition (Noonan & McCormick, 2006).

INCLUSIVE EDUCATION Virtually all early childhood educators suggest that children with identifiable disabilities and those who are considered at risk for school failure should be included in programs that are designed to serve diverse groups of learners, including young children without disabilities. In fact, most preschoolers with disabilities now receive their education totally or primarily in general education classrooms. However, the extent to which the practices in programs for typically developing young children are appropriate for children with disabilities has been a matter of considerable controversy (Noonan & McCormick, 2006; Odom, 2000). A radical philosophy of inclusive education will not necessarily serve all young children well. However, some research has suggested that with proper adjustment for the individual needs of children, inclusion of young children with disabilities is always or nearly always beneficial (Noonan & McCormick, 2006; Odom, 2000; Strain, 2001). Certainly, there is more evidence supporting the inclusion of very young children in groups with typically developing students than there is supporting the inclusion of older students.

Are We Ready to Face the Demands of Prevention?

We hope that early childhood education will continue to play an important role in eliminating and lessening the impact of disability on children and their families. We caution, however, not to assume that early intervention alone will mean fewer children with disabilities (see Kauffman, 2005b). Although educators are devising more effective programs of early intervention, the number of children with disabilities is increasing. The reasons for this increase are many and complex and are related to changes in economic and social conditions in the United States, including these twenty-first-century factors:

- A high percentage of young children and their mothers live in poverty, have poor nutrition, and are exposed to environmental conditions likely to cause disease and disability.
- Many babies are born to teenage mothers.
- Many babies are born to mothers who receive inadequate prenatal care, have poor nutrition during pregnancy, and abuse substances that can harm the fetus.
- Many babies are born with a low birth weight.



Students with disabilities must have preparation for life after high school, including further education, work, and independent living. Working with a job coach and with the cooperation of a local business, a student is integrated into this work staff.

- Environmental hazards, both chemical and social, are increasing.
- Millions of children are subjected to abuse and to environments in which violence and substance abuse are pervasive.
- Substantial cuts in, and revisions of, social programs have widened the gap between needs and the availability of social services.

Early intervention seems to hold great promise for prevention of disabilities, but there are strong forces working against prevention, including the revolution many people feel for labels and the propositions of education reformers that work against identifying problems early and intervening to stop them from getting worse (Kauffman, 1999b, 2005a, 2005b; Kauffman & Konold, 2007). Besides prevention, other continuing issues include assessment of infants and toddlers, the use of computer technology with young children, the changing roles of special educators, emerging philosophies of early childhood education, cultural and linguistic diversity, and access to community resources (see McLean et al., 2004; Noonan & McCormick, 2006).

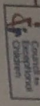
Transitions to Adulthood and Employment

Most students complete high school and find jobs, enter a vocational training program, or go to college without experiencing major adjustment difficulties. We know that dropout and unemployment rates are far too high for all youths, especially in economically depressed communities, but the outlook for students with disabilities is perhaps even worse.

Published figures on dropout rates must be viewed with caution because there are many different ways of defining the term *dropout* and computing the statistics. Studies of what happens to students with disabilities during and after their high school years strongly suggest, however, that a higher percentage of them, compared to students without disabilities, have difficulty in making the transition from adolescence to adulthood

UNDERSTANDING

THE STANDARDS AND PRINCIPLES What should professionals and parents consider when planning students' transition to adulthood? (CEC Knowledge and Skill Standard GC1054)



■ Supported employment

A method of integrating people with disabilities who cannot work independently into competitive employment, includes use of an employment specialist, or job coach, who helps the person with a disability function on the job.

INTERNET RESOURCES

Information about disability related to jobs, shopping, and other issues can be found at www.wernedia.org

and from school to work. Many students with disabilities drop out of school, experience great difficulty in finding and holding jobs, do not find work that is suited to their capabilities, do not receive further training or education, or become dependent on their families or public assistance programs. Thus, transition to work and adulthood is an ongoing issue of great importance and is related to self-determination (Brolin & Loyd, 2004; Garner & Lawrence, 2007). Sillington & Clark, 2006; Wehmeyer, Palmer, Soukup, Garner, & Lawrence, 2004). Transition services include Federal laws, including IDEA, that promote movement from school to postsecondary education, vocational training, integrated employment (including a coordinated set of outcome-oriented activities that promote employment from school to postsecondary education), continuing adult education, adult services, independent living, or community participation. Typical services are described in Table 2.2.

supported employment. Typical services are described in Table 2.2. IDEA requires that each student's IEP contain a statement of needed transition services, beginning no later than fourteen years of age and annually thereafter. (For students whom it is appropriate or deemed at risk of failure, the statement is to be included in the IEP at a younger age.) In addition, the IEP must include a statement of the linkages and/or responsibilities of each participating agency before the student leaves the school setting.

An important aspect of this legislation is that it recognizes that transition involves more than just employment. Many authorities have applauded this broad emphasis on independent living, community adjustment, and so forth. For example, some have championed the idea that transition programming should be aimed at improving the quality of life for people with disabilities. Although quality of life is difficult to define precisely, personal choice is one of its underlying principles (see Eisenman, 2007). However, maintaining physical and material well-being, adopting adult roles such as those required for employment and appropriate leisure activities, and building satisfying interpersonal relationships, assuming social responsibilities, and finding personal fulfillment are clearly aspects of a desirable quality of life.

An increase in supported employment has come with the federal mandate for transition services. **Supported employment** is designed to assist people with disabilities who cannot function independently in competitive employment, and it has been particularly helpful in vocational preparation and employment of people with severe disabilities (Brolin & Loyd, 2004). It's a method of ensuring that they are able to work in integrated work settings alongside people without disabilities. In a typical supported employment situation, an employment specialist, or **job coach**, places the individual in a job with a business. The job coach then provides on-site training that is gradually reduced as the worker is able to function more independently on the job. A job coach may be known by a variety of titles, including coordinator, regardless of the title the idea is that it refers to a professional who places and supervises students in the workplace (Sillington & Clark, 2006). Competitive employment is usually defined as working at least twenty hours per week at a type of job usually filled by a person without disabilities. We discuss supported employment further in Chapter 5.

Preparing students for continued education, adult responsibilities, independence, and employment has always been a goal of public secondary education. However, schools are increasingly recognizing that preparation for a work career is something that must begin in the early grades and be taught specifically along with other skills. Those who study transition are also increasingly recognizing the importance of family in making career choices (Lundstrom, Doren, Metheny, Johnson, & Zane, 2007).

How much of the curriculum should be devoted to occupational skills at each level of schooling, from the primary grades through high school? This question has been addressed by numerous experts in transition programming. Figure 2.1 on page 75 shows the relative curriculum emphasis recommended by Brolin and Loyd (2004). They suggest that for many students with disabilities occupational skills become increasingly important as the child ages and should dominate the curriculum in the senior high school.

TABLE 2.2 Typical Adult Service and Community Employment Alternatives

1. Competitive (unsupported) employment—on company payroll with benefits and without trainer or support from a human services agency.
2. Job placement, or transitional support into regular employment—short-term help from an agency, such as the state vocational rehabilitation agency, in finding and getting adjusted to a job.
3. Supported employment—job placement, training, and continuing support for as long as necessary in an integrated community business. Supported employment can be in the form of an individual placement or a group model of several workers, such as an enclave or mobile work crew. Workers earn minimum wage or better.
4. Volunteer work—unpaid work that is preferred or chosen by an individual for reasons other than “daily support.” This is usually done for community service organizations, such as the SPCA, a hospital, or the National Cancer Society. Labor laws define what types of work are considered volunteer. Workers with disabilities cannot volunteer to do work that would pay a wage to employees without disabilities.
5. Sheltered work—work done in a sheltered workshop where the majority of workers are disabled and earn subminimum wages. Sheltered workshops can offer a variety of employment and evaluation services, such as work activity, work adjustment training, vocational evaluation, long-term sheltered employment, and work activity programs.
6. Work activity center-based or nonintegrated day programs—focus on “prevocational” skills, such as motor tasks or self-care skills.
7. Day activity or adult day care center—based, nonintegrated programs—usually have a therapeutic or nonvocational emphasis, depending on the funding source.

Source: Moon, M. S., & Inge, K. (2000). Vocational preparation and transition. In M. E. Snell & F. Brown (Eds.), *Instruction of students with severe disabilities* (5th ed., p. 535). Upper Saddle River, NJ: Merrill. Reprinted with permission.

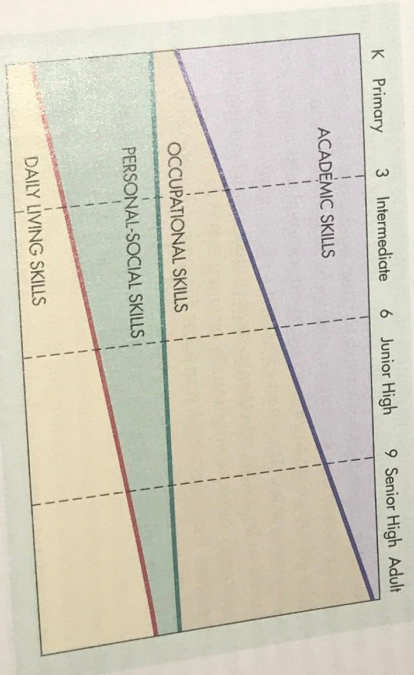


FIGURE 2.1

Suggested curriculum for career development at various grade levels

Source: Brolin, D. E., & Loyd, R. J. (2004). *Career development and transition services: A functional life-skills approach* (4th ed., p. 430). Upper Saddle River, NJ: Prentice Hall. Reprinted with permission.

Making Transition Fit Level of Need

As with early intervention programming, little controversy surrounds the basic premise of transition programming for students as they move from secondary school to work or postsecondary education. All special educators agree that transition programming is critical for the successful adjustment of students with disabilities. However, there is some controversy about the specifics of the federal mandate. A few states have achieved a high degree of compliance with federal law and have implemented excellent transition programs, but many others have not. Many IEPs are in technical compliance with the IDEA, but many others lack key elements, reflecting a lack of thoughtful planning. Some professionals are debating how best to build a curriculum that covers education, employment, independent living, and community participation. This concern for meeting the diverse needs of students is manifested somewhat differently for students with more severe disabilities than for those with milder disabilities.

STUDENTS WITH LOW-INCIDENCE DISABILITIES For students with severe or low-incidence disabilities, much of the concern focuses on the coordination and linkage of the

many agencies outside the school setting (Moon & Inge, 2000; Stittington & Clark, 2006). Many special education personnel are unaccustomed to working with nonschool agencies. For example, the relationship between vocational and special education has traditionally been ambiguous. Federal regulations, however, now require that special education work with vocational education as well as with other agencies in the community.

Special educators at the secondary level have been moving toward more involvement in the community, but the federal transition mandate has hastened the need for these outreach efforts. Approaches such as supported employment, for example, require that special educators work with local employers in establishing training and working environments for students with disabilities. Not all special educators have been trained for this expanded role, however. We're still in the infancy stage of knowing how best to accomplish this interface between the school and community environments. Experimentation is needed with approaches to educating special educators for this broader role.

STUDENTS WITH HIGH-INCIDENCE DISABILITIES For students with milder or high-incidence disabilities, much of the concern centers on attempting to meet their academic as well as their vocational needs (Stichter et al., 2008). Teachers of secondary students are constantly faced with the decision of how much to stress academics versus vocational preparation. Because their disabilities are milder, many children with learning disabilities, for example, may be able to go on to postsecondary educational institutions, such as community colleges or universities. It's often difficult to tell as early as tenth grade (when such decisions need to be made) whether to steer students with learning disabilities toward college preparatory or more vocationally oriented curricula.

It might seem intuitive that successful transition for young people with severe disabilities is harder to achieve than for young people with relatively mild disabilities. However, this isn't necessarily the case. Finding employment at which people with relatively mild intellectual disability can be successful is not as easy as it might seem (see Leahy, 2004). People with relatively mild disabilities may have multiple problems that make their successful employment more challenging than one might assume.

Some authorities believe that too many students with learning disabilities have been sold short on how much they can achieve academically. These authorities believe that such students are written off as academic failures who can never achieve at the college level. This diminished expectation for academic success translates into a curriculum that makes few academic demands on students.

Other authorities maintain that an overemphasis on academics leaves many students with learning disabilities unprepared to enter the world of work on leaving school. They

believe that the learning problems of students with learning disabilities tend to be minimized. They assert that just because students with learning disabilities are characterized as having mild disabilities, they do not necessarily have insignificant learning impairments.

Along these same lines, some professionals think that far too few support services are available to students with high-incidence disabilities. Whereas transition services such as supported employment are available to people with severe disabilities, individuals with milder disabilities are often left to fend for themselves once they graduate from secondary school.

What Should Be Taught When?

It's still too early to tell how much effect the emphasis on standards-based reform and the inclusion of students with disabilities in general education curriculum and assessment procedures (as mandated by NCLB and IDEA) will have on students with disabilities. However, despite some of the unresolved issues, we can be encouraged by all the attention that special educators have given to the area of transition. A variety of transition opportunities are available now that were unavailable just a few years ago. It is increasingly clear that successful transition takes early and sustained effort, but it is not clear just how such support can best be provided (see Moon & Inge, 2000; Peck, 2004; Stittington, Clark, & Kolstoe, 2000; Stittington & Clark, 2006). Figure 2.2 shows the overarching concern for transition, even in an era emphasizing academic standards. Standards of academic learning are important, as are outcomes of other types, and students must have opportunities for both. Transition is the key element in bringing standards, alternative outcomes, and opportunities together.

In considering transition issues, it's helpful to keep in mind that a smooth and successful transition to adult life is difficult for any adolescent. Individuals find many different routes to adulthood, and we would be foolish to prescribe a single pattern of transition. Our goal must be to provide the special assistance needed by adolescents and young adults with disabilities that will help them to achieve the most rewarding, productive, independent, and integrated adult lives possible. This goal cannot be achieved by assuming that all adolescents and young adults with disabilities, or even all individuals who fall into a given special education category, will need the same special transition services or that all will achieve the same level of independence and productivity. One of education's great challenges is to devise an effective array of programs that will meet the individual needs of students on their paths to adulthood.

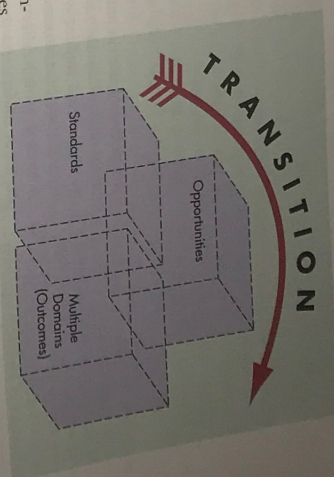


FIGURE 2.2 Transition in relation to standards, opportunities, and multiple domains (outcomes).

Source: Gennep, G., & Koehn-Bryant, C. A. (2003). *Pathways to successful transition for youth with disabilities* (p. 447). Upper Saddle River, NJ: Prentice Hall. Reprinted with permission.

Zero Tolerance, PBS, PBIS, and Other Issues of Discipline

Classroom management and discipline is recognized as among the most difficult problems of teachers, both general and special education (Evertson & Weinstein, 2006; Kauffman, Mostert, Trent, & Pullen, 2006). Teachers and school administrators are often unsure of just what freedom and constraints the law allows them in disciplining students with disabilities. They must struggle with balancing the rights of students with disabilities against the common good of maintaining a safe and orderly school environment (McCarthy & Soodak, 2007).

Casbook Reflections

REFER TO THE CASE *What Do We Do with Jim?* in your booklet. Jim was leaving school in handcuffs for spouting the psychologist into the door. How should the school handle Jim's inaction with the present zero-tolerance policy for school discipline? •

■ **Zero tolerance**
A school policy, supported by federal and state laws, that having possession of any weapon or drug on school property will automatically result in a given penalty (usually suspension or expulsion) regardless of the nature of the weapon or drug or any extenuating circumstances.

One of the most dramatic and controversial measures involving discipline for serious offenses is known as **zero tolerance** (Skiba & Rausch, 2006). School administrators and teachers have been assumed to abuse their discretion in determining the punishment for certain serious offenses in determining the punishment for a given offense. Such as bringing a weapon to school. Therefore, higher authorities (e.g., boards of education) and lower administrators (e.g., principals) have prescribed a particular punishment from the hands of teachers for a particular offense. A higher suspension or expulsion for a particular offense, long-term suspension to school in her lunch box might be expected surrounding the act. For example, an elementary school child who accidentally takes a pair of scissors from his pocket and brings it to school might not have it in school might be expelled. A high school student who brings a toy gun to school, even though it is in the office because he knows he should not have it in school, might be expelled. A student with intellectual disability does not allow any exceptions. The zero-tolerance rationale does not allow any exceptions. The zero-tolerance rationale does not allow any exceptions.

regardless of the circumstances surrounding the act. For example, an elementary school child who accidentally takes a pair of scissors from his pocket and brings it to school might not have it in school might be expelled. A high school student who brings a toy gun to school, even though it is in the office because he knows he should not have it in school, might be expelled. A student with intellectual disability does not allow any exceptions. The zero-tolerance rationale does not allow any exceptions. The zero-tolerance rationale does not allow any exceptions.

Supports for Desired Behavior

The discipline of students with disabilities is highly controversial, and many teachers and school administrators are confused about what is legal. Special rules apply to managing the serious misbehavior of students who are identified as having disabilities. In some cases, the typical school rules apply, but in others, they do not (see Bateman & Linden, 2006; Huebner, 2006; Yell, 2006; Yell, Rozalski, & Disagow, 2001). In any case, much of the special education advocacy regarding discipline is based on finding alternatives to suspension and expulsion for bringing weapons or drugs to school or for endangering others, as keeping students out of school is not an effective way of helping them learn to behave acceptably. Three concepts and related procedures provide the basis for much of the controversy surrounding the discipline of students with disabilities:

1. Determining whether the behavior is or is not a manifestation of the student's disability.
2. Providing an alternative placement for the student's education for an interim period if temporary removal from the student's present placement is necessary, and
3. Developing positive, proactive behavior intervention plans.

We discuss these issues further in Chapter 8, as they most frequently arise in the case of students with emotional or behavioral disorders.

Deciding whether a student's misbehavior is or is not a manifestation of disability is called a **manifestation determination**, based on the idea that it would be unfair to punish a student for engaging in a misbehavior that is part of his or her disability. However, if the misbehavior is not a manifestation of disability, then the usual punishment for students without disabilities should apply. For example, if a misbehavior is the result

of a seizure or other neurological disorder or a manifestation of intellectual incapacity or emotional disturbance, then the student should not be punished for it.

The manifestation determination is a highly controversial issue, and some writers believe that it is more political than educational in purpose (Dupre, 2000; Katsiyannis & Maag, 2001). Some people argue that the process actually undermines fairness because the rules or procedures for the manifestation determination are not entirely objective, requiring subjective judgment about the causes of misbehavior.

Perhaps the most critical part of the discipline provisions of IDEA is the requirement that schools must devise **positive behavioral intervention plans** for students with disabilities who have behavior problems. The emphasis of this requirement is on creating proactive and positive interventions and avoiding punishment. When discipline is involved, the school must reevaluate the student's IEP and make efforts to address the misconduct that led to the problem, using positive (nonpunitive) means to the greatest extent possible. Also required is a **functional behavioral assessment (FBA)**, in which educators attempt to determine and alter the factors that account for the student's misconduct. The intent of the legal requirement is to encourage proactive problem solving rather than reactive punishment of misconduct.

Positive behavioral supports (PBS) are procedures required under IDEA to help students behave as desired (Bradley, 2001). It suggests exclusive use of positive (rewarding) consequences for appropriate behavior rather than punishment for misbehavior. Supposedly, PBS uses systemic and individualized positive-only strategies to prevent problem behavior and achieve positive social and learning outcomes. Positive-only behavior management practices have high emotional appeal, but reliable evidence does not support them (Kauffman et al., 2006; Lloyd & Hallahan, 2007).

An approach with more support from research is **PBIS (positive behavioral intervention and support)**. It integrates valued outcomes, the science of human behavior, validated procedures, and systems change to enhance quality of life and reduce problem behavior. Its primary goal is to improve the link between research-validated practices and the environments in which teaching and learning occur. This behaviorally based systems approach enhances the capacity of schools, families, and communities to design effective teaching and learning environments that improve lifestyle results (personal, health, social, family, work, recreation, etc.) for all children and youth. These environments apply contextually and culturally appropriate interventions to make problem behavior less effective, efficient, and relevant and to make desired behavior more functional (Sugai, Sprague, Horner, & Walker, 2000). However, it does recognize the value of nonviolent negative consequences (punishment) in managing behavior.

IDEA includes allowances for schools to use an **interim alternative educational setting (IAES)** in the discipline of a student with disabilities who can not be managed satisfactorily in the general education classroom or regular school. For example, an IAES might be a separate special school serving students with behavior problems; a separate arrangement within the public school similar to in-school suspension, or a self-contained classroom. IAES is intended to encourage schools to use such alternatives rather than suspension or expulsion. The law doesn't define what an IAES must be, but only what it must provide: a continuation of education and modifications spelled out in the IEP. The IAES must also include specific programming to address and prevent the recurrence of the behavior that prompted the placement in the first place. Such settings might be used for students with serious behavior problems as a way of preserving order and manageability of the typical classroom and school.

How Functional Are Supports?

The struggle to resolve discipline issues involving students with disabilities is ongoing. On the one hand, school administrators want the highest possible degree of uniformity of expectations (i.e., the same high expectations for all students). On the other hand,

UNDERSTANDING THE STANDARDS AND PRINCIPLES What does the law say with respect to discipline of students with disabilities? (OEC Knowledge and Skill Standard CCHK2)



Positive behavioral intervention plans

A plan for changing behavior with an emphasis on positive reinforcement (rewarding procedures).

Functional behavior assessment (FBA)

Assessment that consists of finding out the consequences (what follows the behavior), antecedents (what triggers the behavior), and setting events (contextual factors) that maintain inappropriate behaviors.

Positive behavioral support (PBS)

Positive reinforcement (rewarding) procedures intended to support a student's appropriate or desirable behavior.

Positive behavior intervention and support (PBIS)

Systematic use of the science of behavior to find ways of supporting desirable behavior rather than punishing undesirable behavior, including the undesirable behavior (positive reinforcement (rewarding) procedures that are intended to support a student's appropriate or desirable behavior.

Interim alternative educational setting (IAES)

A temporary placement outside general education for students whose behavior is extremely problematic, but in which their education is continued.

INTERNET
RESOURCES

For updates on legal issues in special education, see the Website maintained by legal expert Dixie Snow Huefner and click on "Chapter Updates": www.ed.utah.edu/~huefner/sped-law/spdlawbk.htm or www.wrightslaw.com

special educators and other advocates for students with disabilities see the uniformity of disciplinary rules as failure to accommodate students' individual abilities and needs. The legal requirements regarding discipline, including suspension and expulsion, will continue to evolve as educators find more productive ways of dealing with serious misconduct. It is difficult to determine whether misbehavior is a function of a child's disability and manifestation determinations will continue to be a matter of controversy for as long as the law requires them.

What are the components of a useful functional analysis of behavior? Can classroom teachers conduct such analyses without help from others? Some suggest that the law (IDEA) may have gotten considerably ahead of teachers' ability to do the necessary analyses. Although the idea is good and a few educators may be able to perform a useful FBA, many functional analyses are poorly done (see Fox & Gable, 2004; Landrum & Kauffman, 2006; Sasso, Conroy, Stichter, & Fox, 2001).

PBS is also a controversial issue. Many special educators recommended it as an approach, and it has the backing of federal law. Although PBS appeals to instincts to respond humanely to problem behavior, it has its critics. For example, Mulick and Butter (2005) state that "PBS fails as a science because it does not indicate how to differentiate reality from desire" (p. 400). They argue that PBS is not actually a new science and that it unrealistically assumes that positive supports alone can be effective in correcting misbehavior. Evidence supporting the idea of discipline that is "all positive all the time" is lacking, but evidence does support the judicious use of punishing consequences in the context of predominantly positive support (Kauffman & Landrum, 2006; Lloyd & Hallahan, 2007).

The use of any interim alternative setting, meaning that the student is placed outside the general education classroom, is also a controversial issue. IAES involves separation of the student from the mainstream, which is objectionable to those who see inclusion in general education as more important than anything else.

Concluding Thoughts Regarding Trends and Issues

It is understandable to feel overwhelmed by the controversial nature of special education; there are a number of unanswered questions facing our field. It seems that just as we find what we think are the right answers to a certain set of questions about how to educate students with disabilities, more challenging questions emerge.

It would be easy to view this inability to reach definitive conclusions as indicative of a field in chaos. We disagree. This constant state of questioning is a sign of health and vigor, an indication that special education is based on scientific understanding, not on philosophy or mere speculation. Far from seeking and providing final answers, science thrives on the unknown and on controversy. True, there are rules for how to figure things out: science is all about examining the most reliable information (see Kauffman & Sasso, 2006a, 2006b; Mostert, Kavale, & Kauffman, 2008b; Sasso, 2001, 2007).

The controversial nature of special education makes it exciting and challenging. We would be worried (and we believe people with disabilities and their families would be worried, too) if there were suddenly complete agreement on all important issues in the field. We should constantly be striving to find better ways to provide education and related services for people with disabilities based on the best evidence we can obtain (Lloyd & Hallahan, 2007). In doing this, it's inevitable that there will be differences of opinion.

Summary

What are the trends and issues in integrating people with disabilities into the larger society?

- ▶ The major trends and issues involve normalization, deinstitutionalization, self-determination, universal design, and the use of new technologies.

What are the trends and issues in normalization?

- ▶ *Normalization* dictates that both the means and the ends of education for people with disabilities should be as normal as possible.
- ▶ Normalization is difficult to define precisely in practice, and some people with disabilities do not wish to be "normalized."

What are the trends and issues in deinstitutionalization?

- ▶ *Deinstitutionalization* refers to placing people with disabilities in smaller community settings rather than in large, centralized institutions; it is a continuing trend.
- ▶ Some researchers question the wisdom of complete deinstitutionalization, as some people who return to community placements do not fare well.

What are the trends and issues in self-determination?

- ▶ Self-determination is based on the philosophy that people with disabilities should make decisions about their own lives.
- ▶ Some see certain aspects of self-determination, such as person-centered planning, as lacking research support.

What are the trends and issues in universal design?

- ▶ Universal design refers to the principle that a device or program should be workable for as many potential users as possible.
- ▶ Although devices and programs may be designed for a wide variety of users, few can be made useable by literally all, and custom designs are probably always going to be necessary for some users.

What are the trends and issues in the use of technologies?

- ▶ The major technologies that are controversial for people with disabilities involve medical advances, human reproduction, and communications.
- ▶ There is controversy about whether we *should* do something just because we *can*.

What are the trends and issues in integrating students with exceptionalities into schools?

- ▶ The major issues involve full inclusion, collaboration with general education, response to intervention, participation in assessments of educational progress, early intervention, transition, and discipline.

What are the trends and issues in full inclusion?

- ▶ Full inclusion is very controversial; it is based on four assumptions:
 - Labeling of people is harmful.
 - Special education pull-out programs have been ineffective.
 - People with disabilities should be viewed as a minority group.
 - Ethics should take precedence over empiricism.
- ▶ Opponents of full inclusion put forth the following arguments:
 - Professionals and parents are largely satisfied with the current level of integration.
 - General educators are unwilling and/or unable to cope with all students with disabilities.
 - Although equating disabilities with minority group status is in many ways legitimate, there are limitations in translating it into educational programming recommendations.
 - An unwillingness to consider empirical evidence is professionally irresponsible.
 - Available empirical evidence does not support full inclusion.
 - In the absence of data to support one service delivery model, special educators must preserve the continuum of placements.

What are the trends and issues in collaboration with general education?

- ▶ *Collaboration* with general education means that special educators and general educators work together in arrangements such as prereferral teams, consultation, and co-teaching.
- ▶ Some question the effectiveness of popular forms of collaboration such as co-teaching and recommend that special education teachers be involved either in training general education teachers to accommodate a wider range of students or in actually teaching students with disabilities.

What are the trends and issues in response to intervention?

- ▶ *Response to intervention* refers to students' response to scientific, research-based instruction.

- ▶ Although response to intervention has been suggested as a means of identifying students with learning disabilities, some question its usefulness as an identification tool.

What are the trends and issues in participation in assessments of educational progress?

- ▶ Both IDEA and NCLB require the participation of most students with disabilities in general assessments of educational progress.
- ▶ Proponents of participation suggest that special education has not been held accountable for students' progress.
- ▶ Some educators point out that the average achievement of students with disabilities will always be—even with good instruction—lower than the average for students without disabilities.

What are the trends and issues in early intervention?

- ▶ Early intervention is now mandated by law; a cornerstone of early intervention is the individualized family service plan (IFSP).
- ▶ There are three issues pertaining to early childhood intervention:
 - The appropriate role of the family
 - Whether the curriculum should be teacher centered or child centered
 - Whether full inclusion is best for all young children

What are the trends and issues in transitions to adulthood and employment?

- ▶ Issues focus largely on coordinating and linking the many agencies outside the school setting.

- ▶ Transition is defined as including a variety of postsecondary activities, including postsecondary education, vocational training, integrated employment, continuing and adult education, adult services, independent living, or community participation.

- ▶ The IEPs of students with disabilities must, by law, incorporate transition plans.
- ▶ Interventions often involve supported employment or job coaches.

What are the trends and issues in the discipline of students with disabilities?

- ▶ Concern for safe and orderly schools resulted in controversial policies related to the discipline of students with disabilities.
- ▶ Much of the controversy regarding discipline has to do with zero tolerance for certain behaviors, such as bringing a weapon or drugs to school.
- ▶ Disciplinary action the school may take might depend on determining whether the student's misbehavior was or was not a manifestation of his or her disability.
- ▶ In most cases, the same rules of discipline apply to students with disabilities as apply to all other students.

What are our concluding thoughts about trends and issues?

- ▶ We believe controversy indicates that the field of special education is alive and well.
- ▶ We should be constantly striving to make special education better.

STANDARDS and PRINCIPLES in this Chapter

SPECIAL EDUCATORS . . .

- understand the field as an evolving and changing discipline based on philosophies, evidence-based principles and theories, relevant laws and policies, diverse and historical points of view, and human issues that have historically influenced and continue to influence the field of special education and the education and treatment of individuals with exceptional needs both in school and society (from CEC Content Standard #1).
- possess a repertoire of evidence-based instructional strategies to individualize instruction (from CEC Content Standard #4).
- use collaboration to facilitate the successful transitions of individuals with exceptional learning needs across settings and services (from CEC Content Standard #10).

ALL TEACHERS . . .

- understand the central concepts, tools of inquiry, structures of the discipline(s) he or she teaches and can create learning experiences that make these aspects of subject matter meaningful for students (INTASC Principle #1).
- understand and use a variety of instructional strategies to encourage students' development of critical thinking, problem solving, and performance skills (INTASC Principle #4).
- foster relationships with school colleagues, families, and agencies in the larger community to support students' learning and well being (INTASC Principle #10).