1 SPECIAL EDUCATION IN CONTEXT

People, Concepts, and Perspectives

We are all different. It is what makes us unique and interesting human beings. Some differences are obvious, such as our height, the color of our hair, or the size of our nose. Other features are not so readily discernible, such as our reading ability or political affiliation. Of course, some characteristics are more important than others. Greater significance is generally attached to intellectual ability than to shoe size. Fortunately, appreciation of individual differences is one of the cornerstones of contemporary American society.

Although most people would like to be thought of as "normal" or "typical" (however defined), for millions of children and young adults, this is not possible. They have been identified and labeled by schools, social service agencies, and other organizations as exceptional, thus requiring special educational services. This textbook is about these individuals who are exceptional.

You are about to embark on the study of a vibrant and rapidly changing field. Special education is an evolving profession with a long and rich heritage. The past few decades in particular have been witness to remarkable events and changes. It is truly an exciting time to study human exceptionality. You will be challenged as you learn about laws and litigation affecting students with special needs, causes of disability, assessment techniques, and instructional strategies, to mention only a few of the topics we will present. But perhaps more important than any of these issues is our goal to help you develop an understanding and appreciation for a person with special needs. We suspect that you will discover, as we have, that individuals with disabilities are more like their typically developing peers than they are different from them. People with disabilities and those without disabilities share many similarities. In fact, we believe that special education could rightly be considered the study of similarities as well as differences.

Finally, we have adopted a people-first perspective when talking about individuals with disabilities. We have deliberately chosen to focus on the person, not the disability or specific impairment. Thus, instead of describing a child as "an autistic student," we say "a pupil with autism spectrum disorder." This style reflects more than just a change in word order; it reflects an attitude and a belief in the dignity and potential of people with disabilities. The children and adults whom you will learn about are first and foremost people.

LEARNING OBJECTIVES

After reading Chapter 1, you should be able to:

- 1.1 **Define** *exceptional children*, *disability*, *handicapped*, *developmentally delayed*, *at risk*, and *special education*.
- 1.2 **Identify** the thirteen disability categories recognized by the federal government.
- 1.3 **Compare** prevalence and incidence.
- 1.4 **Describe** the historical evolution of services for children and adults with disabilities.
- 1.5 **Summarize** the related services available to students with disabilities.
- 1.6 **Contrast** the differences between multi-, inter-, and transdisciplinary team models.
- 1.7 **Describe** common instructional models of cooperative teaching.
- 1.8 **Identify** key dimensions of universal design for learning.
- 1.9 **Summarize** the services typically available to infants/toddlers, preschoolers, adolescents, and adults with disabilities.

DEFINITIONS AND TERMINOLOGY

Teachers work with many different types of pupils. Let's take a look at some of the children in the fifth-grade class of Daniel Thompson, a first-year teacher. As in many other classrooms across the United States, most of his students are considered to be educationally typical; yet five youngsters

exhibit special learning needs. Eleven-year-old Victoria, for instance, is a delightful young girl with a bubbly personality who is popular with most of her classmates. She has been blind since birth, however, as a result of a birth defect. Miguel is shy and timid. He doesn't voluntarily interact with many of his classmates. This is his first year at Jefferson Elementary. Miguel's family only recently moved into the community from their previous home in Mexico. Mr. Thompson tells us that one boy is particularly disliked by the majority of his classmates. Jerome is verbally abusive, is prone to temper tantrums, and on several occasions has been involved in fights on the playground, in the lunchroom, and even in Mr. Thompson's classroom despite the fact that his teacher is a former college football player. Mr. Thompson suspects that Jerome, who lives with his mother in a public housing apartment, is a member of a local gang. Stephanie is teased by most of her peers. Although many of her classmates secretly admire her, Stephanie is occasionally called "a nerd," "a dork," or "Einstein." Despite this friendly teasing, Stephanie is always willing to help other students with their assignments and is sought after as a partner for group learning activities. The final student with special learning needs is Robert. Robert is also teased by his fellow pupils, but for reasons opposite to Stephanie. Robert was in a serious automobile accident when he was in kindergarten. He was identified as having cognitive delays in the second grade. Sometimes his classmates call him "a retard" or "Dumbo" because he asks silly questions, doesn't follow class rules, and on occasion makes animal noises that distract others. Yet Robert is an exceptional athlete. All his classmates want him on their team during gym class.

As future educators, you may have several questions about some of the students in Mr. Thompson's classroom:

- Why are these pupils in a general education classroom?
- Will I have students like this in my class? I'm going to be a high school biology teacher.
- Are these children called disabled, exceptional, or handicapped?
- What does *special education* mean?
- How will I know if some of my students have special learning needs?
- How can I help these pupils?

One of our goals in writing this textbook is to answer these questions as well as address other concerns you may have. Providing satisfactory answers to these queries is not an easy task. Even among special educators, confusion, controversy, and honest disagreement exist about certain issues. As you continue to read and learn, acquire knowledge and skill, and gain experience with individuals with disabilities, we hope you will develop your own personal views and meaningful answers.

Exceptional Children

exceptional children
Individuals who deviate from the norm to such an extent that special educational services are required.

Both general and special educators will frequently refer to some of their students as **exceptional children**. This inclusive term generally refers to individuals who differ from societal or community standards of normalcy. These differences may be due to significant physical, sensory, cognitive, or behavioral characteristics. Many of these children may require educational programs customized to their unique needs. For instance, a youngster with superior intellectual ability may require services for students identified as gifted; a child with a visual impairment may require textbooks in large print or Braille. However, we need to make an important point. Just because a pupil is identified as exceptional does not automatically mean that he or she will require a special education. In some instances, the student's educational needs can be met in the general education classroom by altering the curriculum and/or instructional strategies.

We must remember that exceptionality is always relative to the social or cultural context in which it exists. As an illustration, the concept of normalcy, which forms an important part of our definition of exceptionality, depends on the reference group (society, peers, family) as well as the specific

circumstances. Characteristics or behaviors that might be viewed as atypical or abnormal by a middle-aged school administrator might be considered fairly typical by a group of high school students. Normalcy is a relative concept that is interpreted or judged by others according to their values, attitudes, and perceptions. These variables, along with other factors such as the culture's interpretation of a person's actions, all help to shape our understanding of what it is to be normal. Is it normal:

- To use profanity in the classroom?
- For adolescent males to wear earrings or shave their head?
- To run a mile in less than four minutes?
- To study while listening to your smartphone?
- To always be late for a date?
- To stare at the floor when reprimanded by a teacher?
- To be disrespectful to authority figures?
- To wear overly large, yet stylish, clothes?

The answer, of course, is that it all depends.

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Children with disabilities are first and foremost children.

Disability Versus *Handicap*

On many occasions, professionals, as well as the general public, will use the terms *disability* and *handicap* interchangeably. This is incorrect. These terms, contrary to popular opinion, are not synonymous but have distinct meanings. When talking about a child with a **disability**, teachers are referring to an inability or a reduced capacity to perform a task in a specific way. A disability is a limitation imposed on an individual by a loss or reduction of functioning, such as the paralysis of leg muscles, the absence of an arm, or the loss of sight. It can also refer to problems in learning. Stated another way, a disability might be thought of as an incapacity to perform as other children do because of some impairment in sensory, physical, cognitive, or other areas of functioning. These limitations become disabilities only when they interfere with a person's attainment of his or her educational, social, or vocational potential.

disability An inability or incapacity to perform a task or activity in a normative fashion.

The term **handicap** refers to the impact or consequence of a disability, not the condition itself. In other words, when we talk about handicaps, we mean the problems or difficulties that a person with a disability encounters as he or she attempts to function and interact with the environment. We would like to extend this definition and suggest that a handicap is more than just an environmental limitation; it also can reflect attitudinal limitations imposed on the person with the disability by people without disabilities.

handicap Difficulties imposed by the environment on a person with a disability.

Individuals with disabilities often encounter various forms of discrimination in their daily lives, which frequently limits their full participation in society. As a result, some would suggest that these citizens are "marginalized and excluded from mainstream society" (Kitchin, 1998, p. 343). Sadly, in some ways, this is an accurate portrayal of contemporary life in the United States despite the ongoing efforts of activists and the disability rights movement, which seeks to end discrimination on the basis of disabilities. In fact, the term **handicapism** was coined more than four decades ago to describe the unequal and differential treatment experienced by those with a disability (Bogdan & Biklen, 1977).

handicapism The unequal and differential treatment accorded individuals with a disability.

A disability may or may not be a handicap, depending on specific circumstances and how the individual adapts and adjusts. An example should help clarify the differences between these two concepts. Laura, a ninth grader who is mathematically precocious, uses a wheelchair because of a diving accident. Her inability to walk is not a problem in her calculus class. Architectural barriers at her school, however, do pose difficulties for her. She cannot access the water fountain, visit the computer lab on the second floor, or use the bathroom independently. When describing Laura in these situations, we would be correct in saying she has a handicap. It is important that professionals separate the disability from the handicap.

Gargiulo and Kilgo (2020) remind us that an individual with a disability is first and foremost a person, a student more similar to than different from his or her typically developing classmates. The fact that a pupil has been identified as having a disability should never prevent us from realizing just how typical he or she is in many other ways. As teachers, we must focus on the child, not the impairment; separate the ability from the disability; and see the person's strengths rather than weaknesses. The accompanying First Person feature provides an example of this thinking. Also see Strategies for Effective Teaching and Learning (page 8) when writing about or discussing individuals with disabilities.

Developmentally Delayed and *At Risk*

Before we can answer the question "What is special education?" we have two more terms to consider: *developmentally delayed* and *at risk*. These labels are incorporated in federal legislation (PL 99–457 and PL 108–446, discussed in Chapter 2) and are usually used when referring to infants and preschoolers with problems in development, learning, or other areas of functioning. Although these terms are incorporated into our national laws, Congress failed to define them, leaving this responsibility to the individual states. As you can imagine, a great deal of diversity can be found in the various interpretations, and no one definition is necessarily better than another. The result is the identification of a very heterogeneous group of youngsters.

developmental delay A term defined by individual states referring to children ages 3 to 9 who perform significantly below developmental norms.

Each state has developed specific criteria and measurement procedures for ascertaining what constitutes a **developmental delay**. Many states have chosen to define a developmental delay quantitatively, using a youngster's performance on standardized developmental assessments. In one state, a child might be described as being delayed if her performance on a standardized test is at least 25 percent below the mean for children of similar chronological age in one or more developmental areas, such as motor, language, or cognitive ability. In another state, the determination is made when a preschooler's score on an assessment instrument is two or more standard deviations below the mean for youngsters of the same chronological age. Each approach has its advantages and disadvantages. What is really important, however, is that the pupil be identified and receive the appropriate services (Gargiulo & Kilgo, 2020).

FIRST PERSON: ELIZABETH

PERCEPTIONS AND IMPRESSIONS

As a woman in my early 40s with cerebral palsy, I can readily reflect on how I am perceived by those who are not disabled. I was born with cerebral palsy, which affects my motor skills. I contend that it is much easier to be born with a disability than to acquire one later in life—I don't know what it is like to be "normal."

I am very blessed in being more independent than I ever dreamed would be possible! I drive a regular car, work part-time for a law firm, and live alone with help from a wonderful outside support team. I'm active in my church and in community affairs, serving on the board of the Independent Living Center, as well as in other activities. I'm a member of a local United Cerebral Palsy sports team. As you can see, not much grass grows under my feet!

Throughout my life, I have encountered many and varied reactions to my disability. Some people see me as a person who happens to be disabled. It is wonderful to be around them. They accept me as "Elizabeth." Yes, my

speech is, at times, difficult to understand. Yes, I'm in constant motion. But these people see me first and can look beyond my disability, many times forgetting it. I am able to be myself!

When I do need assistance, all I have to do is ask. I have a strong family pushing me to be as independent as possible. I'm grateful to my stepfather, who said, "You can do it!" My mother, afraid I might fall, was hesitant but supportive. My siblings have been great encouragers. I have many friends who are able to see beyond my disability.

I have also met people who have not been around individuals with physical disabilities. I can easily spot those who are uncomfortable around me. Sometimes, after being around me for a while, they may get used to me and then feel quite comfortable. In fact, when people ask me to say something again, rather than nodding their heads pretending to understand me, it shows that they care enough about what I said to get it right.

From those who feel uncomfortable around me, I usually get one of two reactions: "Oh, you poor thing!" or "You're such an inspiration—you're a saint to have overcome cerebral palsy!" I realize people mean well, but I see right through their insecurities. Think about some of their comments. I'm not a "thing," I'm an individual. I have the same thoughts, dreams, and feelings as anyone else.

Many times I am perceived as being intellectually disabled, even though I have a college degree. When I'm in a restaurant, my friend may be asked, "What does she want?" One day I was getting into the driver's seat of my car, and a lady inquired, "Are you going to drive that car?" I kept quiet, but I thought, "No, it will drive itself!" Recently, while flying home from Salt Lake City, the flight attendant asked my friend if I understood how the oxygen worked. I chuckled to myself. I have been flying for over thirty years! Furthermore, my former roommate had lived with an oxygen tank for three years, and we were constantly checking the flow level. (In defense of airlines, I must say that I have been treated with great respect.)

For those who say I am an inspiration, I can respond in one of two ways. I can take the comment as a sincere compliment and genuinely say, "Thank you." On the other hand, I can see it as an off-the-cuff remark. Those who say that I inspire them may be thinking, "I'm glad I'm not like her" or "Boy, she goes through so much to be here." As I stated earlier, I do things differently, and it takes me longer. But I have learned to be patient and the importance of a sense of humor. I am very grateful to have accomplished as much as I have.

Source: E. Ray, personal communication.

The use of the broad term *developmentally delayed* is also in keeping with contemporary thinking regarding the identification of young children with disabilities. Because of the detrimental effects of early labeling, the Individuals with Disabilities Education Act (PL 101–476), commonly referred to as IDEA, permits states to use the term *developmentally delayed* when discussing young children with disabilities. In fact, PL 105–17, the 1997 reauthorization of this law, allows the use of this term, at the discretion of the state and local education agency, for children ages 3 through 9. We believe, as other professionals do, that the use of a specific disability label for young children is of questionable value. Many early childhood special education programs offer services without categorizing children on the basis of a disability. We believe this approach is correct.

at risk An infant or child who has a high probability of exhibiting delays in development or developing a disability.

When talking about children who are **at risk**, professionals generally mean individuals who, although not yet identified as having a disability, have a high probability of manifesting a disability because of harmful biological, environmental, or genetic conditions. Environmental and biological factors often work together to increase the likelihood of a child's exhibiting disabilities or developmental delays. Exposure to adverse circumstances *may* lead to future difficulties and delays in learning and development, but it is not guaranteed that such problems will present themselves. Many children are exposed to a wide range of risks, yet fail to evidence developmental problems. Possible risk conditions include low birth weight, exposure to toxins, child abuse or neglect, oxygen deprivation, and extreme poverty, as well as genetic disorders such as Down syndrome or PKU (phenylketonuria).

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Contemporary thinking suggests that students with disabilities should be educated in the most normalized environment.

Special Education

special education Specially designed instruction to meet the unique needs of an individual recognized as exceptional.

When a student is identified as being exceptional, a special education is sometimes necessary. Recall that just because the student has a disability does *not* mean that a special education is automatically required. A special education is appropriate only when a pupil's needs are such that he or she cannot be accommodated in a general education program. Simply stated, a **special education** is a customized instructional program designed to meet the unique needs of an individual learner. It may necessitate the use of specialized materials, equipment, services, and/or teaching strategies. For example, an adolescent with a visual impairment may require books with larger print; a pupil with a physical disability may need specially designed chairs and work tables; a student with a learning disability may need extra time to complete an exam. In yet another instance, a young adult with cognitive impairments may benefit from a cooperative teaching arrangement involving one or more general educators along with a special education teacher. Special education is but one component of a complex service delivery system crafted to assist the individual in reaching his or her full potential.

A special education is not limited to a specific location. Contemporary thinking requires that services be provided in the most natural or normalized environment appropriate for the particular student. Such settings might include the local Head Start program for preschoolers with disabilities, a self-contained classroom in the neighborhood school for children with hearing impairments, or a special high school for students who are academically gifted or talented. Many times a special education can be delivered in a general education classroom.

related services Services defined by federal law whose purpose is to assist a student with exceptionalities in deriving benefit from a special education.

Finally, if a special education is to be truly beneficial and meet the unique needs of students, teachers must collaborate with professionals from other disciplines who provide **related services**. Speech–language pathologists, social workers, and occupational therapists are only a few of the many professionals who complement the work of general and special educators. Related services are an integral part of a student's special education; they allow the learner to obtain benefit from his or her special education.

Before leaving this discussion of definitions and terminology, we believe it is important to reiterate a point we made earlier. Individuals with disabilities are more like their typical peers than they are different from them. Always remember to see the person, not the disability, and to focus on what people can do rather than what they can't do. It is our hope that as you learn about people with disabilities, you will develop a greater understanding of them, and from this understanding will come greater acceptance.

STRATEGIES FOR EFFECTIVE TEACHING AND LEARNING

SUGGESTIONS FOR COMMUNICATING ABOUT INDIVIDUALS WITH DISABILITIES

As a teacher, you are in a unique position to help shape and mold the attitudes and opinions of your students, their parents, and your colleagues about individuals with disabilities. Please consider the following points when writing about or discussing people with disabilities:

- **Do not focus on a disability** unless it is crucial to a story. Avoid tear-jerking human-interest stories about incurable diseases, congenital impairments, or severe injury. Focus instead on issues that affect the quality of life for those same individuals, such as accessible transportation, housing, affordable health care, employment opportunities, and discrimination.
- **Do not portray successful people with disabilities as superhuman**. Even though the public may admire superachievers, portraying people with disabilities as superstars raises false expectations that all people with disabilities should achieve at this level.
- **Do not sensationalize a disability** by saying "afflicted with," "crippled with," "suffers from," or "victim of." Instead, say "person who has multiple sclerosis" or "man who had polio."
- **Put people first**, not their disability. Say "a youngster with autism spectrum disorder," "the teenager who is deaf," or "people with disabilities." This puts the focus on the individual, not his or her particular functional limitation.

- **Emphasize abilities**, not limitations. For example, say "uses a wheelchair/braces" or "walks with crutches," rather than "is confined to a wheelchair," "is wheelchair bound," or "is crippled." Similarly, do not use emotional descriptors such as *unfortunate* or *pitiful*.
- **Avoid euphemisms** in describing disabilities. Some blind advocates dislike *partially sighted* because it implies avoiding acceptance of blindness. Terms such as *handicapable*, *mentally different*, *physically inconvenienced*, and *physically challenged* are considered condescending. They reinforce the idea that disabilities cannot be dealt with up front.
- **Do not equate disability with illness**. People with disabilities can be healthy, though they may have chronic diseases such as arthritis, heart disease, and diabetes. People who had polio and experienced aftereffects have postpolio syndrome; they are not currently experiencing the active phase of the virus. Also, do not imply disease if a person's disability resulted from anatomical or physiological damage (for example, a person with spina bifida). Finally, do not refer to people with disabilities as patients unless their relationship with their doctor is under discussion or they are referenced in the context of a clinical setting.
- **Show people with disabilities as active participants** in society. Portraying persons with and without disabilities interacting in social and work environments helps break down barriers and open lines of communication.

Source: Adapted from *Guidelines: How to Write and Report About People With Disabilities*, Research and Training Center on Independent Living, University of Kansas, Lawrence.

CATEGORIES AND LABELS

Earlier we defined a person with exceptionalities as someone who differs from a community's standard of normalcy. Students identified as exceptional may require a special education and/or related services. Many of these pupils are grouped or categorized according to specific disability categories. A **category** is nothing more than a label assigned to individuals who share common characteristics and features. Most states, in addition to the federal government, identify individuals receiving special education services according to discrete categories of exceptionality. Public Law (PL) 108–446 (the Individuals with Disabilities Education Improvement Act of 2004) identifies the following thirteen categories of disability:

category Label assigned to individuals who share common characteristics and features.

- Autism
- Deaf-blindness
- Developmental delay
- Emotional disturbance
- Hearing impairments including deafness
- Intellectual disability
- Multiple disabilities
- Orthopedic impairments
- Other health impairments
- Specific learning disabilities
- Speech or language impairments
- Traumatic brain injury
- Visual impairments including blindness

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A category is nothing more than a label assigned to individuals who share common characteristics and features.

The federal government's interpretation of these various disabilities is presented in Appendix A. Individual states frequently use these federal definitions to construct their own standards and policies as to who is eligible to receive a special education.

Notably absent from the preceding list are individuals described as gifted or talented. These students are correctly viewed as exceptional, although they are not considered individuals with disabilities; nevertheless, most states recognize the unique abilities of these pupils and provide a special education.

In the following chapters, we will explore and examine the many dimensions and educational significance of each of these categories. It is important to remember, however, that although students may be categorized as belonging to a particular group of individuals, each one is a unique person with varying needs and abilities.

The entire issue of categorizing, or labeling, individuals with disabilities has been the subject of controversy. Labeling, of course, is an almost inescapable fact of life. How would you label yourself? Do you consider yourself a Democrat or a Republican? Are you overweight or thin, Christian or non-Christian, liberal or conservative? Depending on the context, some labels may be considered either positive or negative. Labels may be permanent, such as *cerebral palsy*, or temporary, such as *college sophomore*. Regardless, labels are powerful, biasing, and frequently filled with expectations about how people should behave and act.

Labels, whether formally imposed by psychologists or educators or casually applied by peers, are capable of stigmatizing and, in certain instances, penalizing children. Remember your earlier school days? Did you call any of your classmates "a retard," "Four-Eyes," "Fatso," "a geek," or "a nerd"? Were these labels truly valid? Did they give a complete and accurate picture of the person, or did the teasing and taunting focus only on a single characteristic? The labels we attach to people and the names we call them can significantly influence how individuals view themselves and how others in the environment relate to them.

Special educators have been examining the impact of labels on children for many years; unfortunately, the research evidence is not clear-cut, and it is difficult to draw consistent conclusions (Bicard & Heward, 2016; Ysseldyke, Algozzine, & Thurlow, 1992). The information gleaned from a variety of studies is frequently inconclusive, contradictory, and often subject to methodological flaws. Kliewer and Biklen (1996) perhaps best capture this state of affairs when they note that labeling or categorizing certain youngsters is a demeaning process frequently contributing to stigmatization and leading to social and educational isolation; on the other hand, a label may result in pupils receiving extraordinary services and support (Woolfolk, 2019).

Despite the advantages of labeling children (see Table 1.1), we, like many of our colleagues in the field of special education, are not ardent supporters of the labeling process. We find that labeling too often promotes stereotyping and discrimination and may be a contributing factor to exclusionary practices in the educational and social arenas. Nicholas Hobbs (1975) commented, many years ago, that labeling erects artificial boundaries between children while masking their individual differences. Reynolds and his colleagues (Reynolds, Wang, & Walberg, 1987), who strongly oppose labeling pupils with special needs, astutely observe that "the boundaries of the categories [*intellectual disability* is a good illustration] have shifted so markedly in response to legal, economic, and political forces as to make diagnosis largely meaningless" (p. 396). Some professionals (Cook, 2001; Harry & Klingner, 2007) are of the opinion that labeling actually perpetuates a flawed system of identifying and classifying students in need of special educational services.

One of our biggest concerns is that the labels applied to children often lack educational relevance. Affixing a label to a child, even if accurate, is not a guarantee of better services. Rarely does a label provide instructional guidance or suggest effective management tactics. We are of the opinion that the delivery of instruction and services should be matched to the needs of the child rather than provided on the basis of the student's label. This thinking has led to calls for **noncategorical** programs constructed around student needs and common instructional requirements instead of categories of exceptionality. These programs focus on the similar instructional needs of the pupils rather than the etiology of the disability. Although noncategorical programs are gaining in popularity, it is still frequently necessary to classify students on the basis of the severity of their impairment—for example, mild/moderate or severe/profound.

noncategorical Programs developed based on student needs and common instructional requirements rather than on disability.

TABLE 1.1 ■ The Advantages and Disadvantages of Labeling Individuals With Special Needs

Advantages	Disadvantages
• Labels serve as a means for funding and administering education programs. • Teacher certification programs and the credentialing process are frequently developed around specific disability categories (e.g., intellectual disabilities, hearing impairment). • Labels allow professionals to communicate efficiently in a meaningful fashion. • Research efforts frequently focus on specific diagnostic categories. • Labels establish an individual's eligibility for services. • Treatments, instruction, and support services are differentially provided on the basis of a label (e.g., sign language for a student who is deaf, an accelerated or enriched curriculum for pupils who are gifted and talented). • Labels heighten the visibility of the unique needs of persons with disabilities. • Labels serve as a basis for counting the number of individuals with disabilities and thus assist governments, schools, agencies, and other organizations in planning for the delivery of needed services. • Advocacy and special interest groups, such as the Autism Society of America or the National Federation of the Blind, typically have an interest in assisting particular groups of citizens with disabling conditions.	• Labels can be stigmatizing and may lead to stereotyping. • Labeling has the potential of focusing attention on limitations and what a person cannot do instead of on the individual's capabilities and strengths. • Labels can sometimes be used as an excuse or a reason for delivering ineffective instruction (e.g., "Marvin can't learn his multiplication facts because he is intellectually disabled"). • Labels can contribute to a diminished self-concept, lower expectations, and poor self-esteem. • Labels are typically inadequate for instructional purposes; they do not accurately reflect the educational or therapeutic needs of the individual student. • Labeling can lead to reduced opportunities for normalized experiences in school and community life. • A label can give the false impression of the permanence of a disability; some labels evaporate upon leaving the school environment.

PREVALENCE OF CHILDREN AND YOUNG ADULTS WITH DISABILITIES

How many children and adolescents are identified as exceptional and have special needs? Before answering this question, we must clarify two key terms frequently encountered when describing the number of individuals with disabilities.

Statisticians and researchers often talk about *incidence* and *prevalence*. Technically speaking, **incidence** refers to a rate of inception, or the number of *new* instances of a disability occurring within a given time frame, usually a year. As an illustration, it would be possible to calculate the number of infants born with Down syndrome between January 1 and December 31, 2019, in a particular state. This figure would typically be expressed as a percentage of the total number of babies born within the prescribed period of time; for example, 20 infants with Down syndrome out of 15,000 births would yield an incidence rate of .133 percent. **Prevalence** refers to the *total* number of individuals with a particular disability existing in the population at a given time. Prevalence is expressed as a percentage of the population exhibiting this specific exceptionality—for instance, the percentage of pupils with learning disabilities enrolled in special education programs during the current school year. If the prevalence of learning disabilities is estimated to be 5 percent of the school-age population, then we can reasonably expect about 50 out of every 1,000 students to evidence a learning disability. Throughout this text, we will report prevalence figures for each area of exceptionality that we study. Of course, establishing accurate estimates of prevalence is based on our ability to gather specific information about the number of individuals with disabilities across the United States. Obviously, this is not an easy job. Fortunately, the federal government has assumed this responsibility. Each year the Department of Education issues a report (*Annual Report to Congress*

incidence A rate of inception; number of new cases appearing in the population within a specific time period.

prevalence The total number of individuals in a given category during a particular period of time.

on the Implementation of the Individuals with Disabilities Education Act) on the number of children receiving a special education. These data are based on information supplied by the individual states.

Number of Children and Young Adults Served

Approximately 6.05 million U.S. students (6,048,882) between the ages of 6 and 21 were receiving a special education during the 2016–2017 school year (U.S. Department of Education, 2018). The number of students in each of the thirteen disability categories recognized by the federal government is recorded in Table 1.2. Learning disabilities account for about four out of every ten pupils with disabilities (38.6%); students with dual sensory impairments (deaf-blindness) represent the smallest category of exceptionality (less than 0.05%). Figure 1.1 visually presents the percentages of students with various disabilities receiving a special education.

With the passage of PL 99–457 (the Education of the Handicapped Act Amendments of 1986, currently referred to as IDEA), services for infants, toddlers, and preschoolers with special needs have significantly increased. This first major amendment to PL 94–142 (the Education for All Handicapped Children Act) was enacted because more than half the states did not require special education services for preschoolers with disabilities (Koppelman, 1986). PL 99–457 remedied this situation by mandating that youngsters between 3 and 5 years of age receive the same educational services and legal protections as their school-age counterparts, or else states would risk the loss of significant federal financial support. Full compliance with this mandate was finally achieved during the

TABLE 1.2 ■ Number of Students Ages 6–21 Receiving a Special Education During School Year 2016–2017

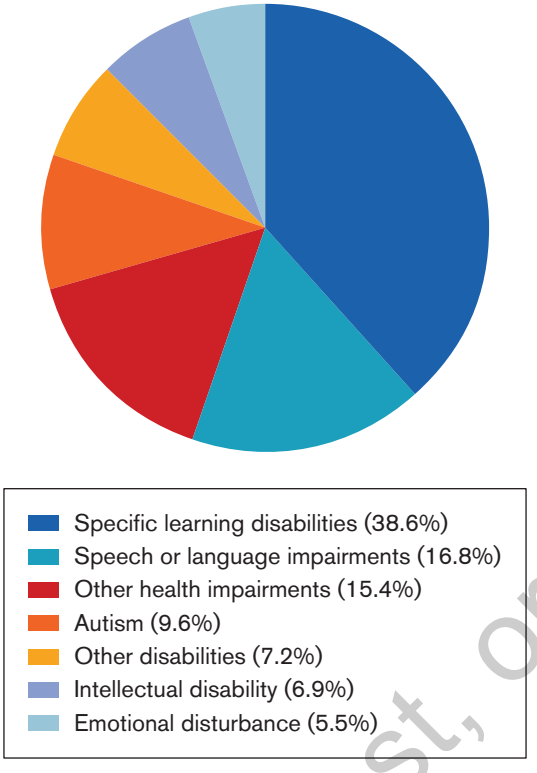
Disability	Number	Percent of Total
Specific learning disabilities	2,334,868	38.6%
Speech or language impairments	1,016,212	16.8%
Other health impairments	931,527	15.4%
Autism	580,692	9.6%
Intellectual disability	417,372	6.9%
Emotional disturbance	332,688	5.5%
Developmental delay	151,222	2.5%
Multiple disabilities	127,026	2.1%
Hearing impairments	66,537	1.1%
Orthopedic impairments	36,293	0.6%
Traumatic brain injury	24,195	0.4%
Visual impairments	24,195	0.4%
Deaf-blindness	3,024	0.05%
Total*	6,045,851	99.95%

Note: Table based on data from forty-nine states, Puerto Rico, the District of Columbia, Bureau of Indian Education schools, and outlying areas. Data for Wisconsin not included.

*Due to rounding, percentages do not add to 100; subsequently, the total number of students varies from the federal total child count.

Source: U.S. Department of Education. (2018). *Fortieth annual report to Congress on the implementation of the Individuals with Disabilities Education Act, 2018*. Washington, DC: U.S. Government Printing Office.

FIGURE 1.1 ■ Distribution of Students Ages 6–21 Receiving a Special Education During School Year 2016–2017



Note: Percentages based on data from forty-nine states, Puerto Rico, the District of Columbia, Bureau of Indian Education schools, and outlying areas. Data for Wisconsin not included. Other disabilities include multiple disabilities, hearing impairments, orthopedic impairments, visual impairments, deaf-blindness, traumatic brain injury, and developmental delay.

Source: U.S. Department of Education. (2018). *Fortieth annual report to Congress on the implementation of the Individuals with Disabilities Education Act, 2018*. Washington, DC: U.S. Government Printing Office.

1992–1993 school year. During the 2016–2017 school year, approximately 760,000 preschoolers with special needs were receiving services under Part B of IDEA (U.S. Department of Education, 2018). By way of comparison, approximately 455,500 youngsters were served during the 1992–1993 school year (U.S. Department of Education, 1995). This growth translates into a 67 percent increase in the number of preschoolers receiving a special education.

Infants and toddlers with disabilities—that is, youngsters from birth through age 2—also benefited from PL 99–457. Part C of IDEA, which addresses this population, does *not* require that early intervention services be provided. Instead, states were encouraged, via financial incentives, to develop comprehensive and coordinated programs for these youngsters and their families. All states have met this challenge, and almost 373,000 infants and toddlers were the recipients of services as of the fall of 2016 (U.S. Department of Education, 2018).

You may have noticed that, throughout this discussion, we have failed to present any data concerning individuals who are gifted and talented. This was not an oversight. Federal legislation does *not* require that the states provide a special education for these students. Unfortunately, not all states mandate a special education for children identified as gifted and talented. Recent data suggest that approximately 3.32 million children and young adults are identified as gifted and talented and receiving a special education (Office for Civil Rights, 2019). If these students were included in the overall federal calculation of pupils with exceptionalities, this group of learners would rank as the largest.

A BRIEF HISTORY OF THE DEVELOPMENT OF SPECIAL EDUCATION

The history of special education can perhaps best be characterized as one of evolving or changing perceptions and attitudes about individuals with disabilities. Generally speaking, at any given time, the programs, resources, and practices that affect citizens with disabilities are a reflection of the current social climate. As people's ideas and beliefs about exceptionality change, so do services and opportunities. A transformation in attitude is frequently a prerequisite to a change in the delivery of services.

Pioneers of Special Education

The foundation of contemporary U.S. societal attitudes toward individuals with disabilities can be traced to the efforts of various European philosophers, advocates, and humanitarians. These dedicated reformers and pioneering thinkers were catalysts for change. Educational historians typically trace the beginnings of special education to the late eighteenth and early nineteenth centuries.

One of the earliest documented attempts at providing a special education were the efforts of the French physician Jean-Marc Gaspard Itard (1774–1838) at educating 12-year-old Victor, the so-called wild boy of Aveyron. According to folklore, Victor was discovered by a group of hunters in a forest near the town of Aveyron. When found, he was unclothed, was without language, ran but did not walk, and exhibited animal-like behavior (Lane, 1979). Itard, an authority on diseases of the ear and teaching youngsters with hearing impairments, endeavored in 1799 to "civilize" Victor. He attempted to teach Victor through a sensory training program and what today would be called behavior modification. Because this adolescent failed to fully develop language after five years of dedicated and painstaking instruction, and only mastered basic social and self-help skills, Itard considered his efforts a failure. Yet he successfully demonstrated that learning was possible even for an individual described by his contemporaries as a hopeless and incurable idiot. The title *Father of Special Education* is rightly bestowed on Itard because of his groundbreaking work over 200 years ago.

Another influential pioneer was Itard's student Edouard Seguin (1812–1880). He developed instructional programs for youngsters whom many of his fellow professionals believed to be incapable of learning. Like his mentor Itard, Seguin was convinced of the importance of sensorimotor activities as an aid to learning. His methodology was based on a comprehensive assessment of the student's strengths and weaknesses coupled with a carefully constructed plan of sensorimotor exercises designed to remediate specific disabilities. Seguin also realized the value of early education; he is considered one of the first early interventionists. Seguin's ideas and theories, which he described in his book *Idiocy: And Its Treatment by the Physiological Method*, provided a basis for Maria Montessori's later work with the urban poor and children with intellectual disability.

The work of Itard, Seguin, and other innovators of their time helped to establish a foundation for many contemporary practices in special education. Examples of these contributions include individualized instruction, the use of positive reinforcement techniques, and a belief in the capability of all children to learn.

The Europe of the 1800s was a vibrant and exciting place, filled with idealism and fresh ideas about equality and freedom. It also gave birth to new concepts and approaches to educating individuals with disabilities, which eventually found their way to North America (Winzer, 2014). In 1848, for example, Seguin immigrated to the United States, where in later years he helped establish an organization that was the forerunner of the American Association on Intellectual and Developmental Disabilities. American reverend Thomas Hopkins Gallaudet (1787–1851) traveled to Europe, where he studied the latest techniques and innovations for teaching children who were deaf. Upon his return, he was instrumental in helping establish the Connecticut Asylum (at Hartford) for the Education and Instruction of Deaf and Dumb Persons. This facility, founded in 1817, was the first residential school in the United States and is currently known as the American School for the Deaf. Gallaudet University, a liberal arts college devoted to the education of students with hearing impairments, is named in honor of his contributions.

Table 1.3 summarizes the work of some of the progressive European and American thinkers and activists whose ideas and convictions have significantly influenced the development of special education in the United States.

The Establishment of Institutions

By the middle of the nineteenth century, several institutions—referred to commonly as asylums, or sometimes as "schools"—were established to benefit citizens with disabilities. These facilities provided

TABLE 1.3 ■ Pioneering Contributors to the Development of Special Education

The Individuals	Their Ideas
Jacob Rodrigues Pereire (1715–1780)	Introduced the idea that persons who were deaf could be taught to communicate. Developed an early form of sign language. Provided inspiration and encouragement for the work of Itard and Seguin.
Philippe Pinel (1745–1826)	A reform-minded French physician who was concerned with the humanitarian treatment of individuals with mental illness. Advocated releasing institutionalized patients from their chains. Pioneered the field of occupational therapy. Served as Itard's mentor.
Jean-Marc Gaspard Itard (1774–1838)	A French doctor who secured lasting fame because of his systematic efforts to educate an adolescent thought to have a severe intellectual disability. Recognized the importance of sensory stimulation.
Thomas Hopkins Gallaudet (1787–1851)	Taught children with hearing impairments to communicate through a system of manual signs and symbols. Established the first institution for individuals with hearing impairments in the United States.
Samuel Gridley Howe (1801–1876)	An American physician and educator accorded international fame because of his success in teaching individuals with visual and hearing impairments. Founded the first residential facility for individuals who are blind and was instrumental in inaugurating institutional care for children with intellectual disability.
Dorothea Lynde Dix (1802–1887)	A contemporary of Howe, Dix was one of the first Americans to champion better and more humane treatment of individuals who are mentally ill. Instigated the establishment of several institutions for individuals with mental disorders.
Louis Braille (1809–1852)	A French educator, himself blind, who developed a tactile system of reading and writing for people who were blind. His system, based on a cell of six embossed dots, is still used today. This standardized code is known as Standard English Braille.
Edouard Seguin (1812–1880)	A pupil of Itard, Seguin was a French physician responsible for developing teaching methods for children with intellectual disability. His training emphasized sensorimotor activities. After immigrating to the United States, he helped to found an organization that was the forerunner of the American Association on Intellectual and Developmental Disabilities.
Francis Galton (1822–1911)	A scientist concerned with individual differences. As a result of studying eminent persons, he believed that genius is solely the result of heredity. Those with superior abilities are born, not made.
Alexander Graham Bell (1847–1922)	A pioneering advocate of educating children with disabilities in public schools. As a teacher of students with hearing impairments, Bell promoted the use of residual hearing and developing the speaking skills of students who are deaf.
Alfred Binet (1857–1911)	A French psychologist who constructed the first standardized developmental assessment scale capable of quantifying intelligence. The original purpose of this test was to identify students who might profit from a special education and not to classify individuals on the basis of ability. Binet also originated the concept of mental age with his student Theodore Simon.
Maria Montessori (1870–1952)	Achieved worldwide recognition for her pioneering work with young children and youngsters with intellectual disability. First female to earn a medical degree in Italy. Expert in early childhood education. Demonstrated that children are capable of learning at a very early age when surrounded with manipulative materials in a rich and stimulating environment. Believed that children learn best by direct sensory experience.
Lewis Terman (1877–1956)	An American educator and psychologist who revised Binet's original assessment instrument. The result was the publication of the Stanford-Binet Intelligence Scales in 1916. Terman developed the notion of intelligence quotient, or IQ. Also famous for lifelong study of gifted individuals. Considered the grandfather of gifted education.

primarily protective care and management rather than treatment and education (Gargiulo & Kilgo, 2020). Typically, these early efforts were established by enlightened individuals working in concert with concerned professionals. They were frequently supported financially by wealthy benefactors and philanthropists rather than state governments. Some states, however, mainly in the Northeast, began to support the development of institutions by the middle of the nineteenth century. Such efforts were seen as an indication of the state's progressive stature. At this time, there was no federal aid for individuals with disabilities.

By the end of the nineteenth century, residential institutions for persons with disabilities were a well-established part of the American social fabric. Initially established to provide training and some form of education in a protective and lifelong environment, they gradually deteriorated in the early decades of the twentieth century for a variety of reasons, including overcrowding and a lack of fiscal resources. The mission of institutions also changed from training to custodial care and isolation. The early optimism that had initially characterized the emerging field of special education was replaced by prejudice, unwarranted scientific views, and fears, slowly eroding these institutions into gloomy warehouses for the forgotten and neglected (Meisels & Shonkoff, 2000; Winzer, 2014).

Special Education in the Public Schools

It was not until the second half of the nineteenth century and the early years of the twentieth century that special education classes began to appear in public schools. Services for children with exceptionalities began sporadically and slowly, serving only a very small number of individuals who needed services. Of course, during this era, even children without disabilities did not routinely attend school. An education at this time was a luxury; it was one of the benefits of being born into an affluent family. Many children, some as young as 5 or 6, were expected to contribute to their family's financial security by laboring in factories or working on farms. Being able to attend school was truly a privilege. It is against this backdrop that the first special education classes in public schools were established. Examples of these efforts are listed in Table 1.4.

self-contained A separate classroom for children with disabilities, usually found in a public school.

The very first special education classrooms were **self-contained**; students were typically grouped together and segregated from the other pupils. The majority of their school day was spent with their teacher in a classroom isolated from the daily activities of the school. In some instances, even lunch and recess provided no opportunity for interacting with typical classmates. This type of arrangement characterized many special education classrooms for the next fifty years or so.

After World War II, the stage was set for the rapid expansion of special education. Litigation, legislation, and leadership at the federal level, coupled with political activism and parental advocacy, helped to fuel the movement. Significant benefits for children with exceptionalities resulted from these efforts.

TABLE 1.4 ■ The Development of Public School Classes for Children With Disabilities

Year	City	Disability Served
1869	Boston, MA	Deafness
1878	Cleveland, OH	Behavioral disorders
1896	Providence, RI	Intellectual disability
1898	New York, NY	Slow learners
1899	Chicago, IL	Physical impairments
1900	Chicago, IL	Blindness
1901	Worcester, MA	Giftedness
1910	Chicago, IL	Speech impairment

Frances Benjamin Johnston, Library of Congress Prints and Photographs Division

At one time education was a privilege, not a right.

In 1948, only about 12 percent of children with disabilities were receiving an education appropriate to their needs (Ballard, Ramirez, & Weintraub, 1982). From 1947 to 1972, the number of pupils enrolled in special education programs increased by an astonishing 716 percent, compared with an 82 percent increase in total public school enrollment (Dunn, 1973).

Beginning in the mid-1970s and continuing to the present time, children with disabilities have secured the right to receive a free appropriate public education (FAPE) provided in the most normalized setting. An education for these students is no longer a privilege; it is a right guaranteed by both federal and state laws and reinforced by judicial interpretation. We will talk about some of these laws and court cases in the next chapter. Special education over the past forty years can perhaps best be seen as a gradual movement from isolation to participation, one of steady and progressive inclusion. (See the accompanying Insights feature on page 18.)

Professionals Who Work With Individuals With Exceptionalities

It is very common for teachers to work with professionals from other disciplines. A special education may require the expertise of other individuals outside the field of education. Recall our earlier definition of a special education, which incorporates this idea and the concept of related services. IDEA, in fact, mandates that educational assessments of a student's strengths and needs be multidisciplinary and that related services be provided to meet the unique requirements of each learner. Examples of related services include:

- Audiology
- Interpreting services
- Medical services
- Nutrition

- Occupational therapy
- Orientation and mobility
- Parent counseling
- Physical therapy
- Psychology
- Recreational therapy
- Music therapy
- Rehabilitation counseling
- School nurse services
- Speech and language
- Social work
- Transportation
- Vocational education

Related services are neither complete nor exhaustive, and additional services—such as assistive technology devices or interpreters for pupils with hearing impairments—may be required if a student is to benefit from a special education. The issue of what constitutes a related service, however, has generated some controversy among educators and school administrators. Disagreements are also common as to what kinds of services should be provided by the public schools and which services are rightfully the responsibilities of the child's parent(s).

INSIGHTS

A TIMELINE OF KEY DATES IN THE HISTORY OF SPECIAL EDUCATION IN THE UNITED STATES

1817 Rev. Thomas Hopkins Gallaudet becomes principal of the Connecticut Asylum for the Education and Instruction of Deaf and Dumb Persons, the first residential school in the United States.

1829 Samuel Gridley Howe establishes the New England Asylum for the Blind.

1834 Louis Braille publishes the Braille code.

1839 First teacher training program opens in Massachusetts.

1848 Howe establishes the Massachusetts School for Idiotic and Feeble-Minded Youth.

1848 Dorothea Lynde Dix calls attention to the shocking conditions of American asylums and prisons.

1869 First public school class for children with hearing impairments opens in Boston.

1876 Edouard Seguin helps organize the first professional association concerned with intellectual disability, a predecessor of today's American Association on Intellectual and Developmental Disabilities.

1897 National Education Association establishes a section for teachers of children with disabilities.

1898 Elizabeth Farrell, later to become the first president of the Council for Exceptional Children (CEC), begins a program for "backwards" or "slow learning" children in New York City.

1904 Vineland Training School in New Jersey inaugurates training programs for teachers of students with intellectual disability.

1916 Lewis Terman publishes the Stanford-Binet Intelligence Scales.

1920 Teachers College, Columbia University, begins a training program for teachers of pupils who are gifted.

1922 Organization that later would become the CEC is founded in New York City.

1928 Seeing Eye dogs for individuals with blindness are introduced in the United States.

1936 First compulsory law for testing the hearing of school-age children is enacted in New York.

1949 United Cerebral Palsy association is founded.

1950 National Association for Retarded Children is founded (known today as The Arc of the United States or simply The Arc).

1953 National Association for Gifted Children is founded.

1963 Association for Children with Learning Disabilities (forerunner to Learning Disabilities Association of America) is organized.

1972 Wolf Wolfensberger introduces the concept of normalization, initially coined by Bengt Nirje of Sweden, to the United States.

1973 PL 93–112, the Rehabilitation Act, is enacted; Section 504 prohibits discrimination against individuals with disabilities.

1975 Education for All Handicapped Children Act (PL 94–142) is passed; landmark legislation ensures, among other provisions, a free appropriate public education for all children with disabilities.

1986 Education of the Handicapped Act Amendments (PL 99–457) are enacted; mandate a special education for preschoolers with disabilities and incentives for providing early intervention services to infants and toddlers.

1990 Americans with Disabilities Act (PL 101–336) becomes law; prohibits discrimination on the basis of disability.

1990 PL 101–476, the Individuals with Disabilities Education Act (commonly known as IDEA), is passed; among other provisions, emphasizes transition planning for adolescents with disabilities.

1997 Individuals with Disabilities Education Act (PL 105–17) is reauthorized, providing a major retooling and expansion of services for students with disabilities and their families.

2001 No Child Left Behind Act (PL 107–110) is enacted; a major educational reform effort focusing on academic achievement of students and qualifications of teachers.

2004 Individuals with Disabilities Education Improvement Act (PL 108–446) is passed; aligns IDEA legislation with provisions of No Child Left Behind; modifies the individualized education program process in addition to changes affecting school discipline, due process, and evaluation of students with disabilities.

2008 Americans with Disabilities Act Amendments (PL 110–325) are enacted; expand statutory interpretation of a disability while affording individuals with disabilities greater protections.

2010 Rosa's law (PL 111–256) is enacted; removes the terms *mental retardation* and *mentally retarded* from federal health, education, and labor statues. Preferred language is now *intellectual disability*.

Source: Adapted from the 75th Anniversary Issue, *Teaching Exceptional Children*, *29*(5), 1997, pp. 5–49.

There is a growing recognition of the importance of professionals working together regardless of the different disciplines they may represent. No one discipline or profession possesses all of the resources or clinical skills needed to construct the appropriate interventions and educational programs for children and young adults with disabilities, a large number of whom have complex needs. Although the idea of professionals working together in a cooperative fashion has been part of special education since the enactment of PL 94–142 over forty years ago, we have not always been successful in implementing this idea. Obstacles range from poor interpersonal dynamics, to concerns about professional turf, to the lack of planning time, to the absence of administrative support for this concept. However, we find that professionals are increasingly working together. Professional cooperation and partnership are the key to delivering services in an efficient and integrated manner. "Serving students with disabilities in inclusive settings depends greatly on effective collaboration among professionals" (Hobbs & Westling, 1998, p. 14). McLean, Wolery, and Bailey (2004) identify several reasons why collaboration is beneficial:

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Effective programming for students with disabilities requires meaningful involvement of teachers, parents, and related service providers.

- Incorrect placement recommendations are likely to be reduced.
- There is a greater likelihood that assessments will be nondiscriminatory.
- More appropriate educational plans and goals are likely to result from professional teaming.

collaboration How individuals work together; a style of interaction among professionals.

Collaboration is *how* people work together; it is a style of interaction that professionals choose to use in order to accomplish a shared goal (Friend & Cook, 2017). For collaboration to be effective, however, service providers must exhibit a high degree of cooperation, trust, and mutual respect and must share the decision-making process. Additional key attributes necessary for meaningful collaboration include voluntary participation and parity in the relationship, along with shared goals, accountability, and resources (Friend & Cook, 2017). A good example of the beneficial outcomes of these collaborative efforts can be found in the development of a student's **individualized education program**, or **IEP**, which necessitates a collaborative team process involving parents, teachers, and professionals.

individualized education program (IEP) A written detailed plan developed by a team for each pupil aged 3–21 who receives a special education; a management tool.

Several models are available for building partnerships among related services personnel, general education teachers, and special educators. We have chosen to examine two different approaches: consultative services and service delivery teams.

Consultative Services

A growing number of school districts are developing strategies for assisting general educators in serving children with disabilities. This effort is part of a larger movement aimed at making the neighborhood school and general education classroom more inclusive. One effective support technique is to provide assistance to general educators through consultative services. **Consultation** is a focused, problem-solving process in which one individual offers expertise and assistance to another. The intent of this activity is to modify teaching tactics and/or the learning environment in order to accommodate the needs of the individual student with disabilities. Instructional planning and responsibility thus become a shared duty among various professionals. Assistance to the general education teacher may come from a special educator, the school psychologist, a physical therapist, or any other related services provider. A vision specialist, for example, may provide suggestions on how to use various pieces of mobility equipment needed by a student who is visually impaired; a school psychologist or behavior management specialist may offer suggestions for dealing with the aggressive, acting-out behaviors of a middle school student with emotional problems. Hourcade and Bauwens (2003) refer to this type of aid as indirect consultation. In other instances, services are rendered directly to the student by professionals other than the classroom teacher. In this situation, specific areas of weakness or deficit are the target of remediation. Interventions are increasingly being provided by related services personnel in the general education classroom. The general educator also typically receives instructional tips on how to carry out the remediation efforts in the absence of the service provider.

consultation A focused problem-solving process in which one individual offers support and expertise to another person.

We should also point out that consultative services are equally valuable for special educators. The diverse needs of pupils with disabilities frequently require that special education teachers seek instructional suggestions and other types of assistance from various related services personnel. It should be obvious that no one discipline or professional possesses all of the answers. The complex demands of today's classrooms dictate that professionals work together in a cooperative fashion.

According to Pugach and Johnson (2002), consultative services are an appropriate and beneficial strategy, a means whereby all school personnel can collaboratively interact as part of their commitment to serving *all* children. Meaningful collaborative consultation requires mutual support, respect, flexibility, and a sharing of expertise. No one professional should consider himself or herself more of an expert than others. Each of the parties involved can learn and benefit from the others' expertise; of course, the ultimate beneficiary is the student. We believe that the keys to developing effective collaborative practices are good interpersonal skills coupled with professional competency and a willingness to assist in meeting the needs of all children.

Service Delivery Teams

Another way that professionals can work together is to construct a team. Special education teachers seldom work completely alone. Even those who teach in a self-contained classroom function, in some way,

as part of a team (Crutchfield, 1997). Simply stated, a team consists of a group of individuals whose purpose and function are derived from a common philosophy and shared goals. Obviously, educational teams will differ in their membership; yet individual professionals, who typically represent various disciplines, appreciate their interdependence and sense of common ownership of their objective (Gargiulo & Metcalf, 2017).

Besides having members from different fields, teams will also differ according to their structure and function. Such teams are often used in evaluating, planning, and delivering services to individuals with disabilities, especially infants and toddlers. The three most common approaches identified in the professional literature (McDonnell, Hardman, & McDonnell, 2003) are multidisciplinary, interdisciplinary, and transdisciplinary teams. These approaches are interrelated and, according to Giangreco, York, and Rainforth (1989), represent a historical evolution of teamwork. This evolutionary process can be portrayed as concentric circles, with each model retaining some of the attributes of its predecessor. Figure 1.2 illustrates these various configurations.

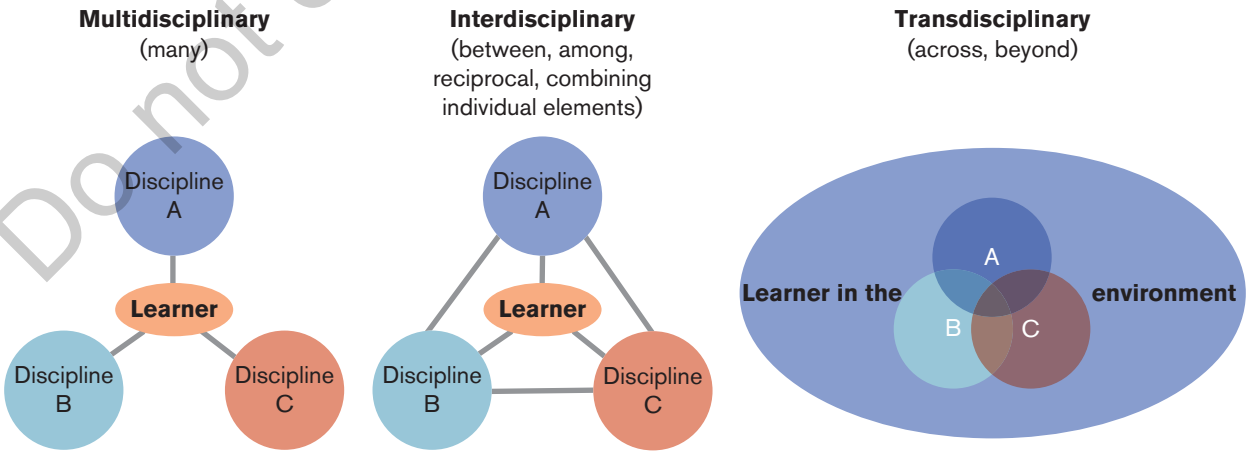
Multidisciplinary Teams

The concept of a **multidisciplinary team** was originally mandated in PL 94–142 and was reiterated in the 2004 reauthorization of IDEA (PL 108–446). This approach utilizes the expertise of professionals from several disciplines, each of whom usually performs his or her assessments, interventions, and other tasks independent of the others. Individuals contribute according to their own specialty area with little regard for the actions of other professionals. There is a high degree of professional autonomy and minimal integration. A team exists only in the sense that each person shares a common goal. There is very little coordination or collaboration across discipline areas. Friend and Cook (2017) characterize this model as a patchwork quilt whereby different, and sometimes contrasting, information is integrated but not necessarily with a unified outcome.

multidisciplinary team A group of professionals from different disciplines who function as a team but perform their roles independent of one another.

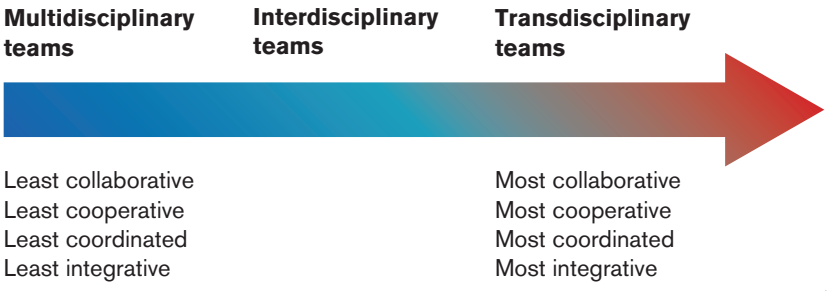
Parents of children with disabilities typically meet with each team member individually. They are generally passive recipients of information about their son or daughter. Because information flows to them from several sources, some parents may have difficulty synthesizing all of the data and recommendations from the various experts. Gargiulo and Kilgo (2020) do not consider the multidisciplinary model to be especially "family friendly."

FIGURE 1.2 ■ Multidisciplinary, Interdisciplinary, and Transdisciplinary Team Models



Source: M. Giangreco, J. York, and B. Rainforth, "Providing Related Services to Learners With Severe Handicaps in Educational Settings: Pursuing the Least Restrictive Option," *Pediatric Physical Therapy*, *1*(2), 1989, p. 57.

FIGURE 1.3 ■ Characteristics of Teaming Models



Source: R. Gargiulo and J. Kilgo, *An Introduction to Young Children With Special Needs*, 5th ed. (Thousand Oaks, CA: Sage, 2020), p. 99.

Interdisciplinary Teams

interdisciplinary team A group of professionals from different disciplines who function as a team but work independently; recommendations, however, are the result of sharing information and joint planning.

The **interdisciplinary team** model evolved from dissatisfaction with the fragmented services and lack of communication typically associated with the multidisciplinary team model (McCormick, 2003). In this model of teaming, team members perform their evaluations independently, but program development and instructional recommendations are the result of information sharing and joint planning. Significant cooperation among the team members leads to an integrated plan of services and a holistic view of the student's strengths and needs. Greater communication, coordination, and collaboration are the distinctive trademarks of this model. Direct services such as physical therapy, however, are usually provided in isolation from one another. Families typically meet with the entire team or its representative; in many cases, a special educator performs this role.

Transdisciplinary Teams

transdisciplinary team A group of professionals from different disciplines who function as a team but work independently; however, they share roles, and a peer is identified as the primary interventionist.

The **transdisciplinary team** approach to providing services builds on the strengths of the interdisciplinary model. In this model, team members are committed to working collaboratively across individual discipline lines. The transdisciplinary model is distinguished by two additional and related features: role sharing and a primary therapist. Professionals from various disciplines conduct their initial evaluations and assessments, but they relinquish their role (role release) as service providers by teaching their skills to other team members, one of whom will serve as the primary interventionist. This person is regarded as the team leader. For many children and adolescents with special needs, this role is usually filled by an educator. This individual relies heavily on the support and consultation provided by his or her professional peers. Discipline-specific interventions are still available, although they occur less frequently.

"The primary purpose of this approach," according to Bruder (1994), "is to pool and integrate the expertise of team members so that more efficient and comprehensive assessment and intervention services may be provided" (p. 61). The aim of the transdisciplinary model is to avoid compartmentalization and fragmentation of services. It attempts to provide a more coordinated and unified approach to assessment and service delivery. Members of a transdisciplinary team see parents as full-fledged members of the group with a strong voice in the team's recommendations and decisions (Gargiulo & Kilgo, 2020).

Figure 1.3 illustrates some of the characteristics of each team model as viewed by Gargiulo and Kilgo (2020).

COOPERATIVE TEACHING

Cooperative teaching, or co-teaching as it is sometimes called, is an increasingly popular approach for achieving inclusion (Gargiulo & Metcalf, 2017; Kramer & Murawski, 2017; Murawski, 2015). With this strategy, general education teachers and special educators work together in a cooperative manner;

each professional shares in the planning and delivery of instruction to a heterogeneous group of students. Sileo (2011) defines **cooperative teaching** as

cooperative teaching An instructional approach in which a special education teacher and a general educator teach together in a general education classroom to a heterogeneous group of students.

> an instructional delivery model used to teach students with disabilities and those at risk for educational failure in the least restrictive, most productive, integrated classroom setting where both general and special educators share responsibility for planning, delivering, and evaluating instruction for all students. (p. 33)

More recently, Friend and Cook (2017) characterize co-teaching as

> a service delivery option for providing specialized services to students with disabilities or other special needs while they remain in their general education classes. Co-teaching occurs when two or more professionals with distinctly different areas of expertise jointly deliver core or supplemental instruction to a diverse, blended group of students, primarily in a single physical space. (p. 159)

The aim of cooperative teaching, which is analogous to a marriage (Murawski, 2012) or a dance (Murawski & Dieker, 2013), is to create options for learning and to provide support to *all* students in the general education classroom by combining the content expertise of the general educator with the pedagogical skills of the special educator (Cook, McDuffie-Landrum, Oshita, & Cook, 2017; Smith, Polloway, Taber-Doughty, Patton, & Dowdy, 2016). General education teachers can be viewed as "masters of content" while their special education colleagues are considered "masters of access" (Sileo, 2011). Cooperative teaching can be implemented in several different ways. These approaches, as identified by Friend and Cook (2017), Murawski (2012), and Salend (2016), typically occur for set periods of time each day or on certain days of the week. Some of the more common instructional models for co-teaching are depicted in Figure 1.4. The particular strategy chosen often depends on the needs and characteristics of the pupils, curricular demands, amount of professional experience, and teacher preference, as well as such practical matters as the amount of space available. Many experienced educators use a variety of arrangements depending on their specific circumstances.

One Teach, One Observe

In this version of cooperative teaching, one teacher presents the instruction to the entire class while the second educator circulates, gathering information (data) on a specific pupil, a small group of students, or targeted behaviors across the whole class such as productive use of free time. Although this model requires a minimal amount of joint planning, it is very important that teachers periodically exchange roles to avoid one professional being perceived as the "assistant teacher."

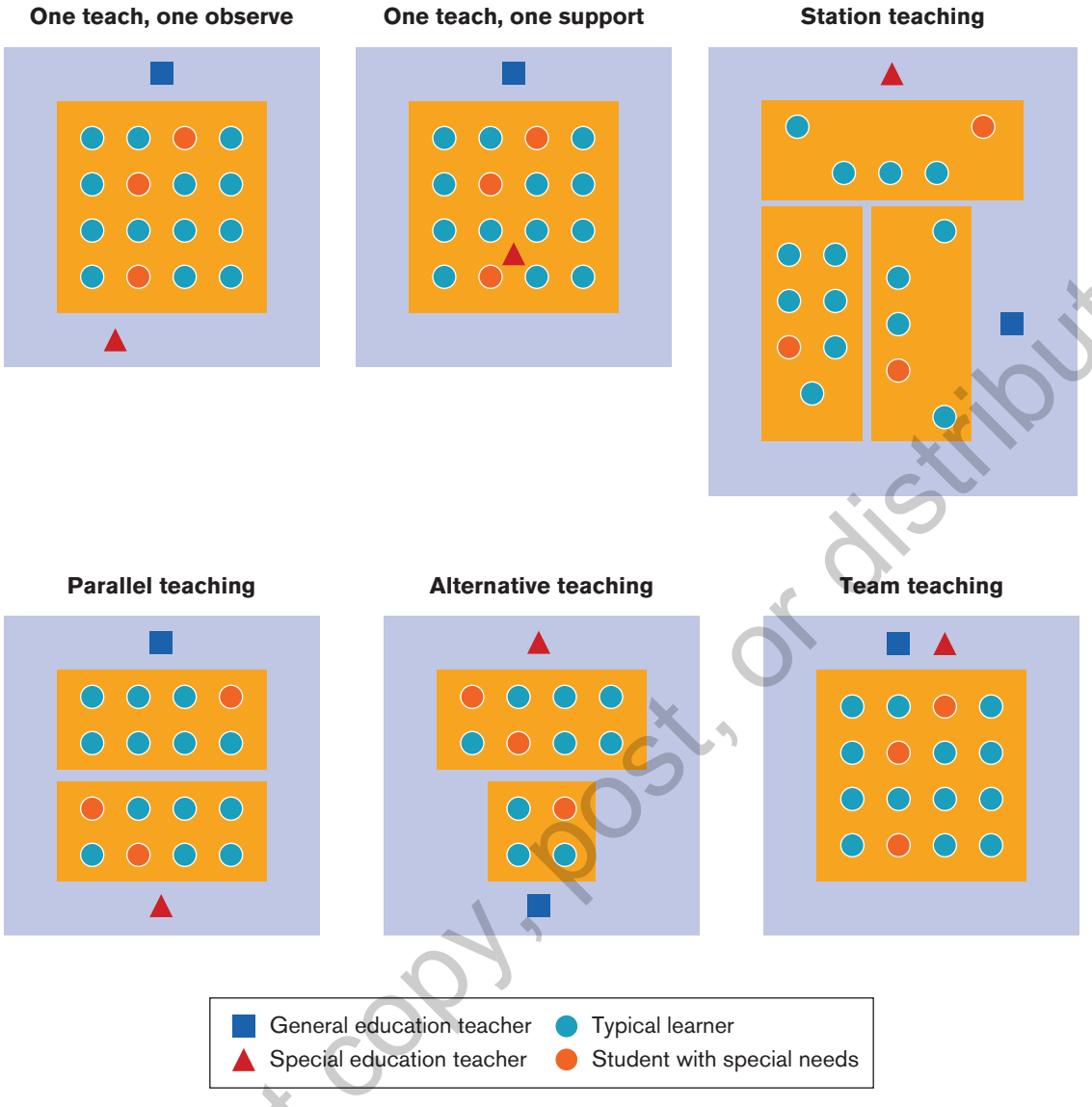
One Teach, One Support

Both individuals are present, but one teacher takes the instructional lead while the other provides support and assistance to the students. It is important that one professional (usually the special educator) is not always expected to function as the assistant; rotating roles can help alleviate this potential problem.

Station Teaching

In this type of cooperative teaching, the lesson is divided into two or more segments and presented in different locations in the classroom. One teacher presents one portion of the lesson while the other teacher provides a different portion. Then the groups rotate, and the teachers repeat their information to new groups of pupils. Depending on the class, a third station can be established where students work independently or with a "learning buddy" to review material. Station teaching is effective at all grade levels.

FIGURE 1.4 ■ Cooperative Teaching Arrangements



Source: Adapted from M. Friend and L. Cook, *Interactions: Collaboration Skills for School Professionals*, 8th ed. (Upper Saddle River, NJ: Pearson Education, 2017), p. 166.

Adapted from W. Murawski, "Creative Co-teaching" in W. Murawski and K. Scott (Eds.), *What Really Works in Secondary Education* (Thousand Oaks, CA: Corwin, 2015), p. 209.

Parallel Teaching

This instructional arrangement lowers the teacher–pupil ratio. Instruction is planned jointly but is delivered by each teacher to half of a heterogeneous group of learners. Coordination of efforts is crucial. This format lends itself to drill-and-practice activities or projects that require close teacher supervision. As with station teaching, noise and activity levels may pose problems.

Alternative Teaching

Some students benefit from small-group instruction; alternative teaching meets that need. With this model, one teacher provides instruction to the larger group while the other teacher interacts with a small group of pupils. Although commonly used for remediation purposes, alternative teaching is

equally appropriate for enrichment activities and in-depth study. Teachers need to be cautious, however, that children with disabilities are not exclusively and routinely assigned to the small group; all members of the class should participate periodically in the functions of the smaller group.

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Today's classrooms serve all children.

Team Teaching

In this type of cooperative teaching, both teachers share the instructional activities equally. Each teacher, for example, may take turns leading a discussion about the causes of World War II, or one teacher may talk about multiplication of fractions while the co-teacher gives several examples illustrating this concept. This form of cooperative teaching, sometimes called interactive teaching (Walther-Thomas, Korinek, McLaughlin, & Williams, 2000), requires a significant amount of professional trust and a high level of commitment.

Cooperative teaching should not be viewed as a panacea for meeting the multiple challenges frequently encountered when serving students with disabilities in general education classrooms; it is, however, one mechanism for facilitating successful inclusion. It is important to note that co-teaching per se is a service delivery model, not an intervention tactic (Scruggs & Mastropieri, 2017). According to researchers (Kramer & Murawski, 2017; Potts & Howard, 2011; Sileo, 2011), some of the key ingredients required for successful cooperative teaching include the following:

- Adequate planning time
- Administrative support
- Communication skills
- Flexibility and creativity
- Mutual respect
- Personal and professional compatibility
- Shared instructional philosophy
- Content knowledge
- Voluntary participation

Teachers also need to openly address potential obstacles, such as workload issues, classroom noise, daily chores, and time management, if co-teaching is to be successful (Sileo, 2011; Smith et al., 2016).

To ensure that co-teaching is efficient and effective, Reinhiller (1996) recommends that teachers address the following five questions:

- Why do we want to co-teach?
- How will we know whether our goals are being met?
- How will we communicate and document the collaboration?
- How will we share responsibility for the instruction of all students?
- How will we gain support from others? (p. 46)

Keefe, Moore, and Duff (2004) offer the following guidelines for creating and maintaining a successful co-teaching experience:

- *Know yourself*—recognize your strengths and weaknesses; acknowledge preconceived notions about teaching in an inclusive setting.
- *Know your partner*—foster a friendship; accept each other's idiosyncrasies; appreciate differences in teaching styles.
- *Know your students*—discover the students' interests; listen to their dreams; embrace acceptance.
- *Know your "stuff"*—share information and responsibility; jointly create IEPs; be knowledgeable about classroom routines.

Like Murawski and Dieker (2004), we believe that in the final analysis the key question that must be answered is, "Is what we are doing good for the both of us and good for our students?" See Table 1.5 for an award-winning teacher's recommendations for facilitating successful co-teaching experiences.

TABLE 1.5 ■ Recommendations for Successful Co-teaching

For Working With Children With Disabilities	For Working With General Education Teachers
• When you construct your plan, think about how you can make it visual, auditory, tactile, and kinesthetic. You'll have a better chance of meeting different learning styles. • Think about the most important thing all students need to learn, and then think about how you can break the task into smaller parts for some students and make it more challenging for students who are ready to move ahead. • Be keenly aware of student strengths, and plan to find a way for each student to be successful academically every day. • Working with a peer/buddy is often a helpful strategy. • Mix up your groups now and then. A student may need a different group for reading than for math. Try not to "label" anyone. • Children with disabilities (many children actually) need very clear, precise directions. Pair auditory with visual directions if possible. Students with more severe impairments may need to see objects. • It may be helpful to give only one direction at a time. This doesn't mean the pace has to be slow. In fact, a fast pace is often quite effective. Using signals (e.g., for getting attention, transitions) can also be very helpful. • Be consistent. • Notice students being "good"—offer verbal praise or perhaps a small positive note. • Have high expectations for all children.	• Find teachers who welcome your students and whom you enjoy working with if possible. It is helpful to find co-teachers who have different strengths so you can complement each other. • Faithfully plan ahead with these teachers—at least a week ahead. • Be willing to do more than your share at first if necessary to get a solid footing for the year. It will pay off. • Keep communication open and frequent. Use positive language with each other as much as possible. Brainstorm solutions to challenges together, and try different solutions. • Document the work you do with students. Help with assessment as much as possible. • Attend open houses, parent conferences, and other similar meetings so the parents view you as part of the classroom community. • Look for the good in the teacher(s) and students, and tell them when you see a "best practice." • If you don't know the answer to something, ask. If you don't know some of the content very well, study. Find out who does something well, and observe him or her if it is a skill you need to work on. • When you say you will do something, be sure you follow through.

Source: D. Metcalf, East Carolina University and Pitt Co. Schools. The Council for Exceptional Children (CEC) 2004 Clarissa Hug Teacher of the Year.

UNIVERSAL DESIGN FOR LEARNING

In today's climate of high-stakes testing and calls for greater student and teacher accountability, full access to the general education curriculum for students with disabilities is receiving growing attention. One way of ensuring access to, along with participation and progress in, the general education curriculum, as required by PL 108–446, is via the concept of universal design. Originally an idea found in the field of architectural studies, **universal design for learning (UDL)** can be simply stated as "the design of instructional materials and activities that allows the learning goals to be achievable by individuals with wide differences in their abilities to see, hear, speak, move, read, write, understand English, attend, organize, engage, and remember" (Orkwis & McLane, 1998, p. 9). Universal design allows education professionals the flexibility necessary to design curriculum, instruction, and evaluation procedures capable of meeting the needs of *all* students (Meyer, Rose, & Gordon, 2014). UDL is accomplished by means of flexible curricular materials and activities that offer alternatives to pupils with widely varying abilities and backgrounds. These adaptations are built into the instructional design rather than added on later as an afterthought. UDL provides equal access to learning, not simply equal access to information. It assumes that there is no one method of presentation or expression, which provides equal access for *all* learners. Learning activities and materials are purposely designed to allow for flexibility and offer various ways to learn (Florian, 2014; Scott, McGuire, & Shaw, 2003). Table 1.6 presents some of the many different ways in which a teacher could present a lesson.

universal design for learning (UDL) The design of curriculum materials, instructional activities, and evaluation procedures that can meet the needs of learners with widely varying abilities and backgrounds.

UDL is envisioned as an instructional resource, a vehicle for diversifying instruction in order to deliver the general education curriculum to each pupil. UDL does not remove academic challenges; it removes barriers to access. Simply stated, UDL is just good teaching (Ohio State University Partnership Grant, 2019). UDL encourages teachers to design curriculum, learning environments, and assessment procedures that are "smart from the start" (Pisha & Coyne, 2001). By doing so, educators are able to significantly impact student learning.

TABLE 1.6 ■ Multiple Methods of Presenting Instructional Content

Auditory	Visual	Tactile/ Kinesthetic	Affective	Technology
Lecture	Video clips	Field trip	Small-group work	iPad Videoconferencing
Discussion	Sign language Speech reading	Sign language Gestures	Cross-age tutoring Peer-mediated instruction	Electronic discussion boards Online chat rooms
Song	Watching a play	Drawing	Role-play	Smartphone
Read-aloud	Books	Braille books		eBooks eText Tablet
Questioning	Graph, table, chart Slide show Transparency Whiteboard	Demonstration Role-play Dance Games Manipulatives Building an object		Spreadsheet PowerPoint Overhead projector Smartboard

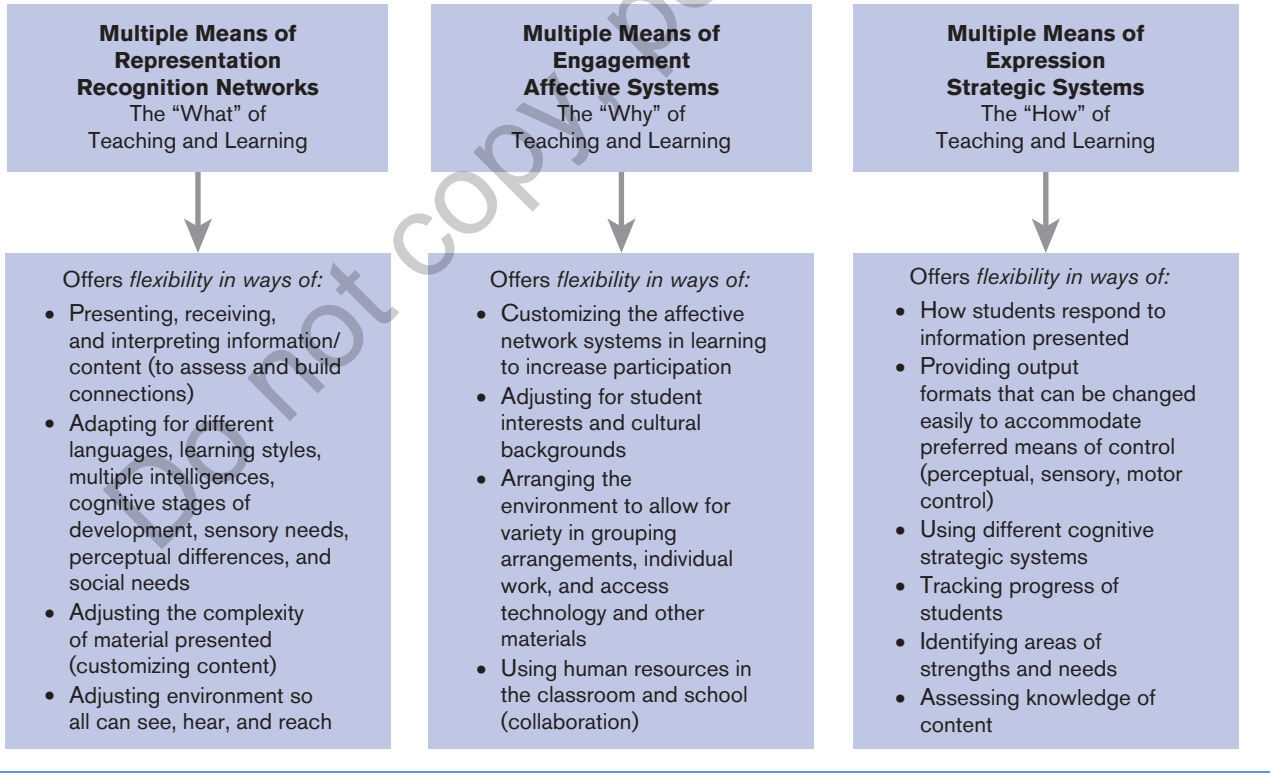
Note: Not an exhaustive list; some methods may fit more than one category.

According to Wehmeyer, Lance, and Bashinski (2002), "universally designed curriculum takes into account individual student interests and preferences and individualizes representation, presentation, and response aspects of the curriculum delivery accordingly" (p. 230). It offers the opportunity for creating a curriculum that is sufficiently flexible or tailored to meet the needs of the individual learner. Universal design provides a range of options for accessing, using, and engaging learning materials—explicitly acknowledging that no one option will work for all students (Gargiulo & Metcalf, 2017). Some of the beneficiaries of this strategy include, for example, individuals who speak English as a second language, pupils with disabilities, and students whose preferred learning style is inconsistent with the teacher's teaching style (Ohio State University Partnership Grant, 2019). Three essential elements of UDL are often considered when developing curriculum for learners with diverse abilities. These components (see Figure 1.5) are multiple means of representation, engagement, and expression.

EXCEPTIONALITY ACROSS THE LIFE SPAN

When we talk about special education, most people envision services for children of school age, yet the field embraces a wider range of individuals than students between the ages of 6 and 18. In recent years, professionals have begun to focus their attention on two distinct populations: infants/toddlers and preschoolers with special needs, and students with disabilities at the secondary level who are about to embark on adulthood. Meeting the needs of pupils at both ends of the spectrum presents myriad challenges for educators as well as related services personnel; however, professionals have a mandate to serve individuals across the life span.

FIGURE 1.5 ■ Three Essential Qualities of Universal Design for Learning



Source: R. Gargiulo and D. Metcalf, *Teaching in Today's Inclusive Classrooms*, 3rd ed. (Boston, MA: Cengage Learning, 2017), p. 44. Reproduced by permission.

Our purpose at this point is only to introduce some of the concepts and thinking about these two age groups. In later chapters, we will explore more fully many of the issues specific to young children with special needs as well as services for adults with disabilities.

Infants/Toddlers and Preschoolers With Special Needs

Prior to PL 94–142, services for infants, toddlers, and preschoolers with disabilities or delays were virtually unheard of. In many instances, parents had to seek out assistance on their own; public schools did not routinely offer early intervention or other supports. As we noted earlier in this chapter, even with the enactment of the Education for All Handicapped Children Act, more than half the states did not provide a special education for preschoolers with special needs. Today, professionals realize the importance and value of intervening in the lives of young children. In fact, the earlier that intervention is begun, the better the outcomes (Bruder, 2010; Sandall, Hemmeter, McLean, & Smith, 2005). "Without early intervention many [young] children with disabilities fall further and further behind their nondisabled peers, and minor delays in development often become major delays by the time the child reaches school age" (Bicard & Heward, 2016, p. 227). Providing services to our youngest citizens with disabilities or delays has become a national priority. Presently, well over 1.1 million children from birth to age 5 receive some form of intervention or special education (U.S. Department of Education, 2018).

FatCamera/E+/Getty Images

Young children with special needs greatly benefit from early intervention.

The Education of the Handicapped Act Amendments of 1986 (PL 99–457) are largely responsible for the rapid development of services for youngsters with disabilities or delays and those children who are at risk for future problems in learning and development. PL 99–457 is concerned with the family of the youngster with special needs as well as the child. This law clearly promotes parent–professional collaboration and partnerships. Parents are empowered to become decision makers with regard to programs and services for their son or daughter. We can see this emphasis in the **individualized family service plan**, or **IFSP** as it is commonly known. Similar to an IEP for older students with disabilities, the IFSP is much more family focused and reflective of the family's resources, priorities, and concerns. (Both of these documents will be fully discussed in Chapter 2.)

individualized family service plan (IFSP) A written plan developed by a team that coordinates services for infants and toddlers and their families.

When professionals talk about providing services to very young children with disabilities or special needs, a distinction is generally made between two frequently used terms: *early intervention* and *early childhood special education*. **Early intervention** is typically used, according to Gargiulo and Kilgo (2020), to refer to the delivery of a coordinated and comprehensive package of specialized services to infants and toddlers (birth through age 2) with developmental delays or at-risk conditions and their families. **Early childhood special education** is often used to describe the provision of customized services uniquely crafted to meet the individual needs of youngsters with disabilities between 3 and 5 years of age.

early intervention The delivery of a coordinated and comprehensive package of specialized services to infants and toddlers with developmental delays or at-risk conditions and their families.

early childhood special education Provision of customized services uniquely crafted to meet the individual needs of youngsters with disabilities ages 3 to 5.

Early intervention represents a consortium of services, not just educational assistance but also health care, social services, family supports, and other benefits. The aim of early intervention is to affect positively the overall development of the child—his or her social, emotional, physical, and

intellectual well-being. We believe that incorporating a "whole child" approach is necessary because all of these elements are interrelated and dependent on one another (Zigler, 2000).

Adolescents and Young Adults With Disabilities

Preparing our nation's young people for lives as independent adults has long been a goal of American secondary education. This objective typically includes the skills necessary for securing employment, pursuing postsecondary educational opportunities, participating in the community, living independently, and engaging in social/recreational activities, to mention only a few of the many facets of this multidimensional concept. Most young adults make this passage, or **transition**, from one phase of their life to the next without significant difficulty. Unfortunately, this statement is not necessarily true for many secondary students with disabilities. Full participation in adult life is a goal that is unattainable for a large number of citizens with disabilities. Consider the implications of the following representative facts gathered from various national surveys:

transition A broad term used to describe the movement of an individual from one educational environment to another, from one class to another, or from one phase of life (high school) to another (independent adulthood).

- Only 27 percent of adults with disabilities were employed in 2015 compared to 77 percent of individuals without a disability (National Center for Education Statistics, 2017).
- Only 60 percent of youths with disabilities are competitively employed after secondary school (National Longitudinal Transition Study 2, 2011).
- Nationally, approximately 65 percent of students with disabilities graduate high school—almost 21 points lower than their typical classmates (Civic Enterprises/Johns Hopkins University, 2018).
- Only 39 percent of young adults with disabilities were enrolled in a postsecondary institution two years after high school graduation compared to 60 percent of their same-age peers (Sanford et al., 2011).

The picture that the preceding data paint is rather bleak. For many special educators, this profile is totally unacceptable and unconscionable. What do these statistics say about the job professionals are doing in preparing adolescents with disabilities for the adult world? Can we do better? Obviously, we need to. It is abundantly clear that a large percentage of young people with disabilities have difficulty in making a smooth transition from adolescence to adulthood and from high school to adult life in their community. What happens to these individuals after they leave school is a crucial question confronting professionals and parents alike. This issue of transition has become one of the dominant themes in contemporary special education. Rarely has one topic captured the attention of the field for such a sustained period of time. Transitioning from high school to the many dimensions of independent adulthood has become a national educational priority.

Transition Defined

Several different definitions or interpretations of transition can be found in the professional literature. One of the earliest definitions was offered by Madeleine Will (1984), assistant secretary of education in the Office of Special Education and Rehabilitative Services (OSERS). Will viewed transition as

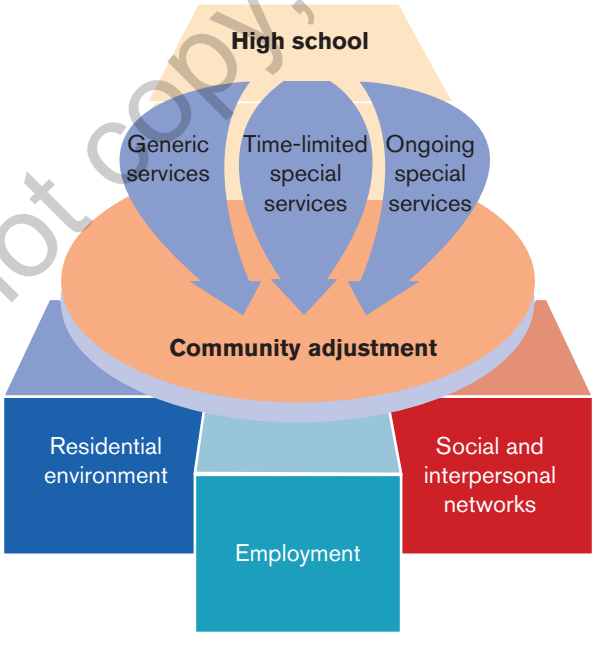
> a period that includes high school, the point of graduation, additional postsecondary education or adult services, and the initial years in employment. Transition is a bridge between the security and structure offered by the school and the opportunities and risks of adult life. . . . The transition from school to work and adult life requires sound preparation in the secondary school, adequate support at the point of school leaving, and secure opportunities and services, if needed, in adult situations. (p. 3)

According to Will (1984), three levels of services are involved in providing for an individual to move successfully from school to adult employment. The top level, "no special services," refers to those generic services available to any citizen within the community, even if special accommodations may be necessary. An example of this form of support might be educational opportunities at a local community college or accessing state employment services. The middle rung of this model, "time-limited services," involves specialized, short-term services that are typically necessary because of a disability. Vocational rehabilitation services best illustrate this level of the model. "Ongoing services" constitute the third level of this early model. This type of ongoing employment support system was not widely available in the early 1980s. However, it represented an integral component of Will's paradigm, and these services were promoted through federally funded demonstration projects (Halpern, 1992).

Commonly referred to as the "bridges model," Will's (1984) proposal sparked almost immediate debate and controversy from professionals who considered the OSERS interpretation of transition too restrictive or narrow (Brown et al., 1988; Clark & Knowlton, 1988; Halpern, 1985). Adult adjustment, they argued, must be viewed as more than just employment. We agree with this point of view. Halpern (1985), for example, believes it is wrong to focus exclusively on employment. Instead, he proposes that the primary goal of transition be community adjustment, which includes "a person's residential environment and the adequacy of his or her social and interpersonal network. These two dimensions are viewed as being no less important than employment" (p. 480). Thus, living successfully in the community should be the ultimate goal of transition. Halpern's reconfiguration of the OSERS model is portrayed in Figure 1.6.

Today, transition is viewed in much broader terms than Will (1984) originally proposed. This concept presently includes many different aspects of adult adjustment and participation in community life. Employment, personal competence, independent living, social interaction, and community adjustment are just some of the factors associated with the successful passage from school to adult life for secondary students receiving a special education.

FIGURE 1.6 ■ Halpern's Model of Transition Goals



Source: A. Halpern, "Transition: A Look at the Foundations," *Exceptional Children*, *51*(6), 1985, p. 481. Copyright © 1985 by the Council for Exceptional Children. Reprinted with permission.

Mikael Vaisanen/Corbis/Getty Images Plus/Getty Images

Preparing young adults with disabilities to enter the workforce is an important role for schools.

Federal Definition of Transition Services

PL 108–446 (IDEA 2004) stipulates that each student with a disability is to receive **transition services**, which are defined as a coordinated set of activities for a student with a disability that

A. is designed within a results-oriented process, focused on improving the academic and functional achievement of the child with a disability to facilitate the child's movement from school to postschool activities, including postsecondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation;

B. is based on the child's needs, taking into account the child's strengths, preferences, and interests; and

C. includes instruction, related services, community experiences, the development of employment and other postschool adult living objectives, and, when appropriate, acquisition of daily living skills and functional vocational evaluation. [20 U.S.C. § 1401 (34)]

transition services Individualized and coordinated services that assist the adolescent with a disability to successfully move from school to postschool activities.

individualized transition plan (ITP) An individualized plan with identified goals and objectives used to prepare the student in making the transition from high school to work (or college).

Individualized Transition Plan

To ensure that the mandate for transition services is met, IDEA 2004 requires that each student, beginning no later than age 16 (and annually thereafter), have a statement of transition services incorporated into his or her IEP. Commonly referred to in education circles as an **individualized transition plan (ITP)**, this document must include postsecondary goals as well as a statement of the linkages and/or responsibilities that various agencies such as employment services, vocational rehabilitation, and the school system will assume in order to move the individual smoothly from school to living and working in the community. The ITP must also include a statement of transition service needs and courses of study that are intended to enhance the student's postschool success. Simply stated, an ITP is an annually updated instrument of coordination and cooperation. It is a working document that identifies the range of services, resources, supports, and activities that each student may require during the transition process.

Transition Challenges

We conclude this introduction to transitioning adolescents from school to adult life by briefly examining two related areas of concern for professionals. The first issue is how to create a curriculum that prepares students to participate fully in all aspects of community life. Such a curriculum would need to address not only educational needs but also work behaviors, independent living skills, and recreational and leisure time activities. For some secondary students, the traditional high school curriculum is often inadequate for equipping them for life after school. As educators, we must increase the relevance of the curriculum. If we are to prepare students for successful postschool adjustment, then secondary programming for students with disabilities should reflect the basic functions of adult life—work, personal management, and leisure. The goal, according to McDonnell et al. (2003), is to link curricular content

to the demands of living and working in the community as an independent adult. If we are to meet this challenge, our instructional strategies must change. Accompanying this shift from remedial academics to functional skills is the requirement that instruction occur in community-based settings—that is, in the natural environment where the skills are to be exhibited (Halpern, 1992). Research evidence (Hartman, 2009) supports the value and benefit of teaching skills in the actual environment in which they are to be performed.

The issue of curricular redesign must be balanced, however, by the increasing number of calls for greater emphasis on academic excellence. Thus, the second challenge for professionals is how to respond to the demands for higher standards while still preparing students for life after high school.

Beginning in the mid-1980s, various national reports strongly criticized the American educational system (Goodlad, 1984; National Commission on Excellence in Education, 1983). Major areas of concern included the declining academic achievement of U.S. students in comparison to youths from other industrialized nations, adult illiteracy, dropout rates, and readiness for school. These concerns were initially addressed in 1989 by the nation's governors, meeting at the first-ever Education Summit. Several broad national goals emerged from this historic conference, establishing a blueprint for educational progress. In March 1994, Congress enacted the Goals 2000: Educate America Act (PL 103–227), which translated these reform efforts into law. Similarly, in 2001, Congress reauthorized the Elementary and Secondary Education Act, popularly known as No Child Left Behind (PL 107–110). This legislation (to be discussed in Chapter 2) reflects President George W. Bush's commitment to educational reform and greater accountability. This ambitious law requires that all pupils, including those in special education, eventually demonstrate proficiency in reading and mathematics, with science eventually being included.

Consequently, one question now confronting educators, parents, and even students is "What is an appropriate curriculum for students with disabilities at the secondary level, given this climate of tougher academic standards and greater educational accountability?" Should the curriculum reflect an academic emphasis, should it focus on preparation for adult life, or is it possible to merge these two potentially conflicting points of view? Obviously, these are difficult questions, with no easy solution. What is best for one student may not be appropriate for another. Transition programs must be customized to the individual needs and desired outcomes of each young adult.

We believe an argument can be made that transitioning is for *all* students, not just those with disabilities. Transitioning can play a role in the overall educational reform movement. Many students, with and without disabilities, will require support and assistance as they cross the bridge from school to adult life in the community. Our job as educators is to make this journey as successful as possible for each and every one of our pupils.

CHAPTER IN REVIEW

Definitions and Terminology (Learning Objective 1.1)

- Exceptional children are individuals who resemble other children in many ways but differ from societal standards of normalcy. These differences may be due to physical, sensory, cognitive, or behavioral characteristics.
- When educators talk about a student with a disability, they are referring to an inability or incapacity to perform a particular task or activity in a specific way because of sensory, physical, cognitive, or other forms of impairment.
- The term *handicap* should be restricted to describing the consequence or impact of the disability on the person, not the condition itself.
- A special education can be defined as a customized instructional program designed to meet the unique needs of the pupil. A special education may include the use of specialized materials, equipment, services, or instructional strategies.

Categories and Labels (Learning Objective 1.2)

- The Individuals with Disabilities Education Improvement Act of 2004 (PL 108–446) identifies thirteen disability categories.
- Empirical investigations fail to provide clear-cut answers to questions about the effects of labels on children and young adults with disabilities.

Prevalence of Children and Adults With Disabilities (Learning Objective 1.3)

- At the present time, over 6.0 million students between the ages of 6 and 21 are receiving a special education. Of this total, approximately 40 percent are individuals with learning disabilities.
- Collectively, states are providing a special education to over 7.1 million individuals from birth through age 21.

A Brief History of the Development of Special Education (Learning Objective 1.4)

- Historically speaking, the foundation of contemporary societal attitudes can be traced to the contributions of various reform-minded eighteenth- and nineteenth-century European educators, philosophers, and humanitarians.
- By the middle of the nineteenth century, several specialized institutions were established in the United States.
- It was not until the latter part of the nineteenth century and early years of the twentieth century that special education classes began to appear in public schools.

Professionals Who Work With Individuals With Exceptionalities (Learning Objectives 1.5 and 1.6)

- Educators frequently work with a variety of other professionals representing several distinct disciplines. These individuals provide a wide variety of related services, ranging from occupational therapy to therapeutic recreation to psychological services and even transportation to and from school.
- Providing consultative services to both general and special educators is one way that school districts are attempting to meet the increasingly complex demands of serving students with disabilities.
- The three teaming models most frequently mentioned in the professional literature are multidisciplinary, interdisciplinary, and transdisciplinary teams.

Cooperative Teaching (Learning Objective 1.7)

- Cooperative teaching, or co-teaching as it is sometimes called, is an increasingly popular approach for facilitating successful inclusion.
- Cooperative teaching is an instructional strategy designed to provide support to all students in the general education classroom.
- Teachers can choose from multiple models of cooperative teaching depending on their specific circumstances.

Universal Design for Learning (Learning Objective 1.8)

- Universal design for learning is an instructional resource designed to meet the needs of all students; it provides equal access to learning.
- Universal design for learning allows for multiple means of representation, engagement, and expression.

Exceptionality Across the Life Span (Learning Objective 1.9)

- Forty years ago, services for children with disabilities younger than age 6 were virtually unheard of. Today, however, well over 1 million children younger than 6 receive some type of intervention or special education.
- The issue of transition has become one of the dominant themes in contemporary special education.
- Every high school student who is enrolled in a special education program is to have an individualized transition plan as part of his or her individualized education program.

STUDY QUESTIONS

1. How is the concept of normalcy related to the definition of children identified as exceptional?
2. Differentiate between the terms *disability* and *handicap*. Provide specific examples for each term.
3. What is a special education?
4. Name the thirteen categories of exceptionality presently recognized by the federal government.
5. Compare and contrast arguments for and against the practice of labeling pupils according to their disability.
6. How are the terms *prevalence* and *incidence* used when discussing individuals with disabilities?
7. Identify contributing factors to the growth of the field of special education.
8. Why do you think the federal government has not mandated special education for students who are gifted and talented?
9. What role did Europeans play in the development of special education in the United States?

10. What are related services, and why are they important for the delivery of a special education?
11. List the characteristics that distinguish multidisciplinary, interdisciplinary, and transdisciplinary educational teams. What are the advantages and disadvantages of each teaming model?
12. How can cooperative teaching benefit students with and without disabilities?
13. Explain how universal design for learning benefits all students.
14. Why is transitioning important for students with disabilities at the secondary level?
15. What challenges do professionals face as they prepare adolescents to move from school to adult life in the community?

KEY TERMS

exceptional children, 4
disability, 5
handicap, 5
handicapism, 5
developmental delay, 6
at risk, 7
special education, 8
related services, 8
category, 9
noncategorical, 10
incidence, 11
prevalence, 11
self-contained, 16
collaboration, 20
individualized education program (IEP), 20
consultation, 20
multidisciplinary team, 21
interdisciplinary team, 22
transdisciplinary team, 22
cooperative teaching, 23
universal design for learning (UDL), 27
individualized family service plan (IFSP), 29
early intervention, 29
early childhood special education, 29
transition, 30
transition services, 32
individualized transition plan (ITP), 32

LEARNING ACTIVITIES

1. Keep a journal for at least four weeks in which you record how individuals with disabilities are represented in newspapers, magazines, television commercials, and other media outlets. Are they portrayed as people to be pitied, or as superheroes? Is "people first" language used? Do your examples perpetuate stereotyping, or are they realistic representations of persons with disabilities? In what context was each individual shown? What conclusions might a layperson draw about people with disabilities?
2. Visit an elementary school and a high school in your community. Talk to several special educators at each location. Find out how students with disabilities are served. What related services do these pupils receive? Ask each teacher to define the term *special education*. How are regular and special educators collaborating to provide an appropriate education for each learner? What strategies and activities are secondary teachers incorporating to prepare their students for life after graduation?
3. Obtain prevalence figures for students enrolled in special education programs in your state. How do these data compare to national figures? Identify possible reasons for any discrepancies. Do the figures suggest any trends in enrollment? Which category of exceptionality is growing the fastest?
4. Interview a veteran special educator (someone who has been teaching since the early 1990s). Ask this person how the field of special education has changed over the past decades. In what ways are things still the same? What issues and challenges does this teacher confront in his or her career? What is this person's vision of the future of special education?
5. Contact the office of disability support at your college or university. What types of services does it provide to students with disabilities? Volunteer to serve in this program.

REFLECTING ON STANDARDS

The following exercises are designed to help you learn to apply the Council for Exceptional Children (CEC) standards to your teaching practice. Each of the reflection exercises that follow correlates with knowledge or a skill within the CEC standards. For the full text of each of the related CEC standards, please refer to the standards integration grid located in Appendix B.

Focus on Learning Environments (CEC Initial Preparation Standard 2.1)

Reflect on what you have learned about co-teaching in this chapter. If you were to have a student with special needs in your class, which of these models (team teaching, station teaching, parallel teaching, or alternative teaching) would you want to integrate into your teaching? What would be the advantages and disadvantages to you and your class in incorporating these strategies?

Focus on Collaboration (CEC Initial Preparation Standard 7.1)

Reflect on what you have learned in this chapter about the importance of building partnerships to create students' individualized education programs. What collaborative skills do you have that will benefit you in this type of teamwork? What skills do you need to improve upon?

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