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SPECIAL EDUCATION IN CONTEXT

People, Concepts, and Perspectives

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 13 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 **Describe** common instructional models of cooperative teaching.
- 1.7 **Identify** key dimensions of universal design for learning.
- 1.8 **Describe how** the typical services provided to children and individuals with disabilities change as they develop.

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 student 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.

DEFINITIONS AND TERMINOLOGY

Teachers work with many different types of students. 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 educationally typical, yet five students 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 students 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 "stupid" 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 students 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 students?

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

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 young child 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 student is identified as exceptional does not automatically mean that they 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 4 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.



Children with disabilities are first and foremost children.

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Disability Versus Handicap

On many occasions, 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 their educational, social, or vocational potential.

The term **handicap** historically referred 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 they attempt 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. This term may feel familiar from such historical usage as "handicapped parking" or "handicapped bathroom." However, increasingly, we are using such terms as *accessible parking* or *accessible bathrooms*. As such, the term *handicap* is increasingly out of favor, and in society, we use terms in a more strengths-based manner. The accompanying First Person feature provides an example of this thinking. Also see Strategies for Effective Teaching and Learning 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 young children.

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 young child's performance on standardized developmental assessments. In one state, a child might be described as being delayed if their performance on a standardized test is at least 25% 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 young children of the same chronological age. Each approach has its advantages and disadvantages. What is really important, however, is that the student be identified and receive the appropriate services (Gargiulo & Kilgo, 2024).

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 having an intellectual disability, 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 30 years! Furthermore, my former roommate had lived with an oxygen tank for 3 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.

—E. Ray, personal communication



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

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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.

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 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).

Special Education

When a student is identified as being exceptional, special education is sometimes necessary. Recall that just because the student has a disability does *not* mean that a special education is automatically required. Special education is appropriate only when a student’s needs are such that they cannot be accommodated in a general education program. Simply stated, **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 student with a physical disability may need specially designed chairs and worktables; a student with a learning disability may need extra time to complete an exam. In yet another instance, a young adult with intellectual disability 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 their full potential.

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, special education can be delivered in a general education classroom.

Finally, if 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 benefits from their 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 young person with autism spectrum disorder," "the teenager who is deaf," or "people with disabilities." This puts the focus on the individual, not their particular functional limitation.
- **Emphasize abilities,** not limitations. For example, say "uses a wheelchair" 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 upfront.
- **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 special education and/or related services. Many of these students 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 13 categories of disability:

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

Further, states can add a 14th—developmental delay—if they wish under IDEA.

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 well as category label, 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 viewed as exceptional, although they are not considered individuals with disabilities. Nevertheless, some states recognize the unique abilities of these students and provide tailored educational opportunities.

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 Jewish, liberal or conservative? Depending on the context, some labels may



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

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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. As you think back on your earlier school days, maybe you—or someone else—called classmates names, such as “stupid,” “four eyes,” “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, 2019; Ysseldyke et al., 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 young children is a demeaning process frequently contributing to stigmatization and leading to social and educational isolation; on the other hand, a label may result in students receiving services and support.

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.

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

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

Advantages	Disadvantages
<ul style="list-style-type: none"> • 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 students 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. 	<ul style="list-style-type: none"> • 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.

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 students 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.

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, 2024, 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%. **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 students with learning disabilities enrolled in special education programs during the current school year. If the prevalence of learning disabilities is estimated to be 5% 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 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 6.47 million U.S. students (6,472,061) between the ages of 6 and 21 were receiving a special education during the 2019–2020 school year (U.S. Department of Education, 2023). The number of students in each of the 13 disability categories recognized by the federal government is recorded in Table 1.2. Learning disabilities account for about 4 of every 10 students with disabilities (37.1%); 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.

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 relevant services (Office for Civil Rights, 2023). If these students were included in the overall federal calculation of students with exceptionalities, this group of learners would rank as the largest.

TABLE 1.2 ■ Number of Students Ages 5–21 Receiving a Special Education During Fall 2021

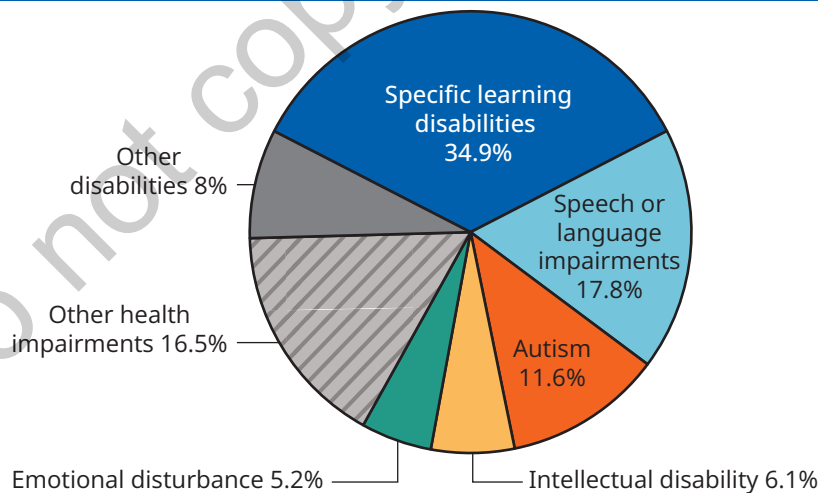
Disability	Number	Percent of Total
Specific learning disabilities	2,351,863	34.5%
Other health impairments	1,233,598	18.1%
Speech or language impairments	1,131,366	16.6%
Autism	831,486	12.2%
Intellectual disability	415,743	6.1%
Emotional disturbance	327,142	4.8%
Developmental delay	265,803	3.9%
Multiple disabilities	122,678	1.8%
Hearing impairments	68,155	1.0%
Orthopedic impairments	27,262	0.4%
Traumatic brain injury	27,262	0.4%
Visual impairments	27,262	0.4%
Deaf-blindness	3,408	<.05%
Total*	6,815,457	100%

Source: U.S. Department of Education. (2024). *Forty-fifth annual report to Congress on the implementation of the Individuals with Disabilities Education Act, 2023*. Government Printing Office.

Note: Table based on data from 50 states (from which data are available), Puerto Rico, the District of Columbia, Bureau of Indian Education schools, four outlying areas, and three freely associated states.

*Due to rounding, the total number of students varies from the federal total child count.

FIGURE 1.1 ■ Distribution of Students Ages 5–21 Receiving a Special Education During School Year 2020–2021



Source: U.S. Department of Education. (2022). *Forty-third annual report to Congress on the implementation of the Individuals with Disabilities Education Act, 2021*. Government Printing Office.

Notes: Percentages based on data from 49 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.

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 individuals 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 18th and early 19th 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 young children 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 5 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 learning was possible even for an individual described by his contemporaries as “a hopeless and incurable idiot” (note, these terms and phrases would not be used today and would be considered very offensive). 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 young children 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 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 student 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 particularly young children 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 the lifelong study of gifted individuals. Considered the grandfather of gifted education.

The Establishment of Institutions

By the middle of the 19th century, several institutions—referred to commonly as asylums, or sometimes as “schools”—were established to benefit citizens with disabilities. These facilities provided primarily protective care and management rather than treatment and education (Gargiulo & Kilgo, 2024). 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 19th 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 19th 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 20th 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 19th century and the early years of the 20th 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.

The very first special education classrooms were **self-contained**; students were typically grouped together and segregated from the other students. 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 50 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

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



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

Johnston, F. B., photographer. (1899). Small children studying geometry in a classroom in Washington, D.C. Washington D.C., 1899. [?] [Photograph] Retrieved from the Library of Congress, <https://www.loc.gov/item/2001703721/>.

to fuel the movement. Significant benefits for children with exceptionalities resulted from these efforts. In 1948, only about 12% of children with disabilities were receiving an education appropriate to their needs (Ballard et al., 1982). From 1947 to 1972, the number of students enrolled in special education programs increased by an astonishing 716%, compared with an 82% 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 40 years can perhaps best be seen as a gradual movement from isolation to participation, one of steady and progressive inclusion. (See Insights feature.)

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 young children 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 1992–1993 school year. During the 2019–2020 school year, approximately 806,000 preschoolers with special needs were receiving services under Part B of IDEA (U.S. Department of Education, 2022). By way of comparison, approximately 455,500 young children were served during the 1992–1993 school year (U.S. Department of Education, 1995). This growth translates into a 77% increase in the number of preschoolers receiving a special education.

Infants and toddlers with disabilities—that is, young children 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 young children and their families. All states have met this challenge, and more than 427,000 infants and toddlers were the recipients of services as of the fall of 2019 (U.S. Department of Education, 2022).

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 students 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 statutes. Preferred language is now *intellectual disability*.
- 2015** Every Student Succeeds Act (ESSA) is passed, which is the reauthorization of the ESEA. The ESSA references Universal Design for Learning (UDL).
- 2017** The 2017 IDEA regulations incorporate Rosa's law language (i.e., use of intellectual disability).
- 2017** *Endrew F. v. Douglas County School District* case is decided by the Supreme Court. In the ruling, the Supreme Court stated, "To meet its substantive obligation under the IDEA, a school must offer an IEP reasonably calculated to enable a child to make progress appropriate in light of the child's circumstances."

Source: Adapted from the 75th Anniversary Issue, *Teaching Exceptional Children*, 29(5), 1997, pp. 5-49. U.S. Department of Education IDEA—History of IDEA. Retrieved from <https://sites.ed.gov/idea/IDEA-History#2000s-10s>.

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 the following:

- 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 students 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).

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 almost 50 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 et al. (2004) identify several reasons why collaboration is beneficial:

- 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.



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

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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, 2021). 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, 2021). A good example of the beneficial outcomes of these collaborative efforts can be found in the development of a student’s **individualized education program (IEP)**, which necessitates a collaborative team process involving parents, teachers, and professionals.

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.

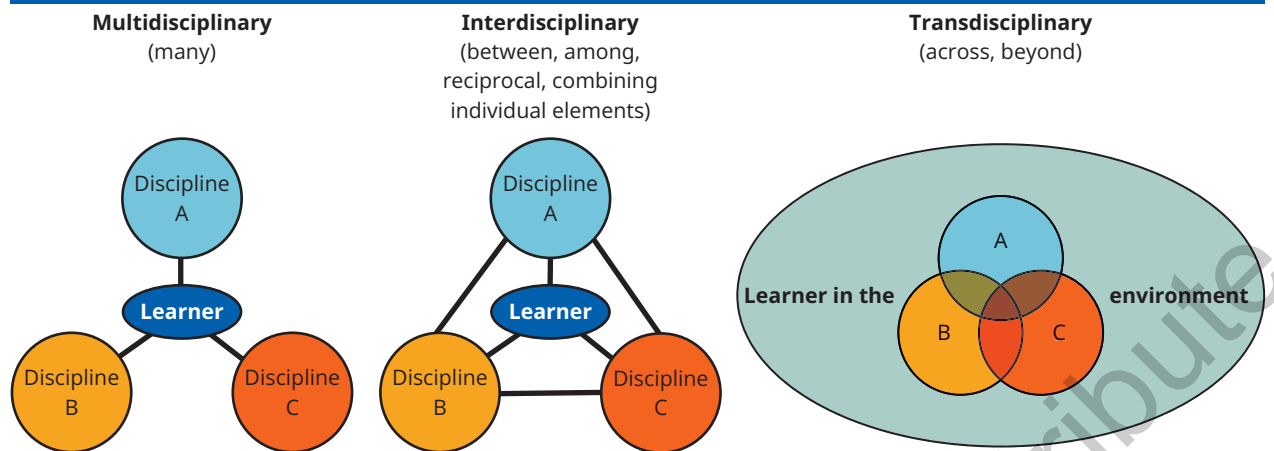
We should also point out that consultative services are equally valuable for special educators. The diverse needs of students with disabilities frequently require that special education teachers seek instructional suggestions and other types of assistance from various related services personnel. It should 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 themselves 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, 2023).

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 et al., 2003) are multidisciplinary, interdisciplinary, and transdisciplinary teams. These approaches are interrelated and, according to Giangreco et al. (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.

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.

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 their assessments, interventions, and other tasks independently 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 (2021) characterizes this model as a patchwork quilt whereby different, and sometimes contrasting, information is integrated but not necessarily with a unified outcome. An example of a multidisciplinary team is when evaluations occur for special education, which are often referred to as multidisciplinary evaluation teams or MDT or MET. These teams often include school psychologists, special education teacher, parent, and other relevant individuals who may work for the school (e.g., speech–language pathologist, school social worker).

Interdisciplinary Teams

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.

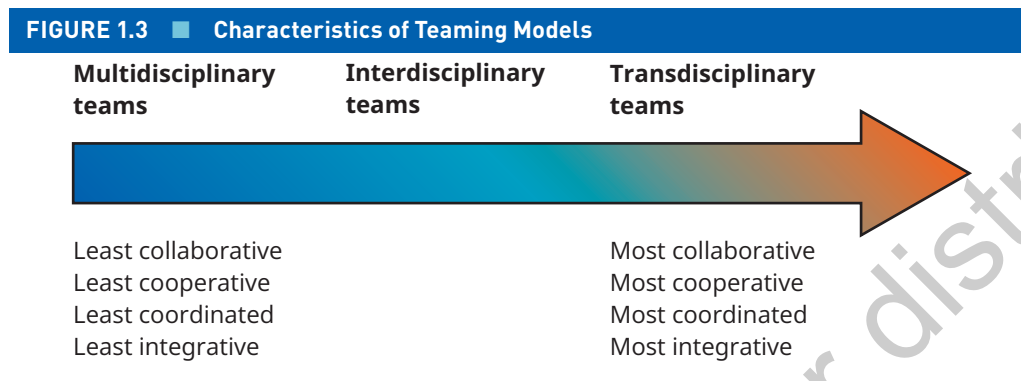
Transdisciplinary Teams

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 their professional peers. Discipline-specific interventions are still available, although they occur less frequently.

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, 2024).

Figure 1.3 illustrates some of the characteristics of each team model as viewed by Gargiulo and Kilgo (2024).



Source: R. Gargiulo and J. Kilgo, *An Introduction to Young Children With Delays and Disabilities*, 6th ed. (Sage, 2024).

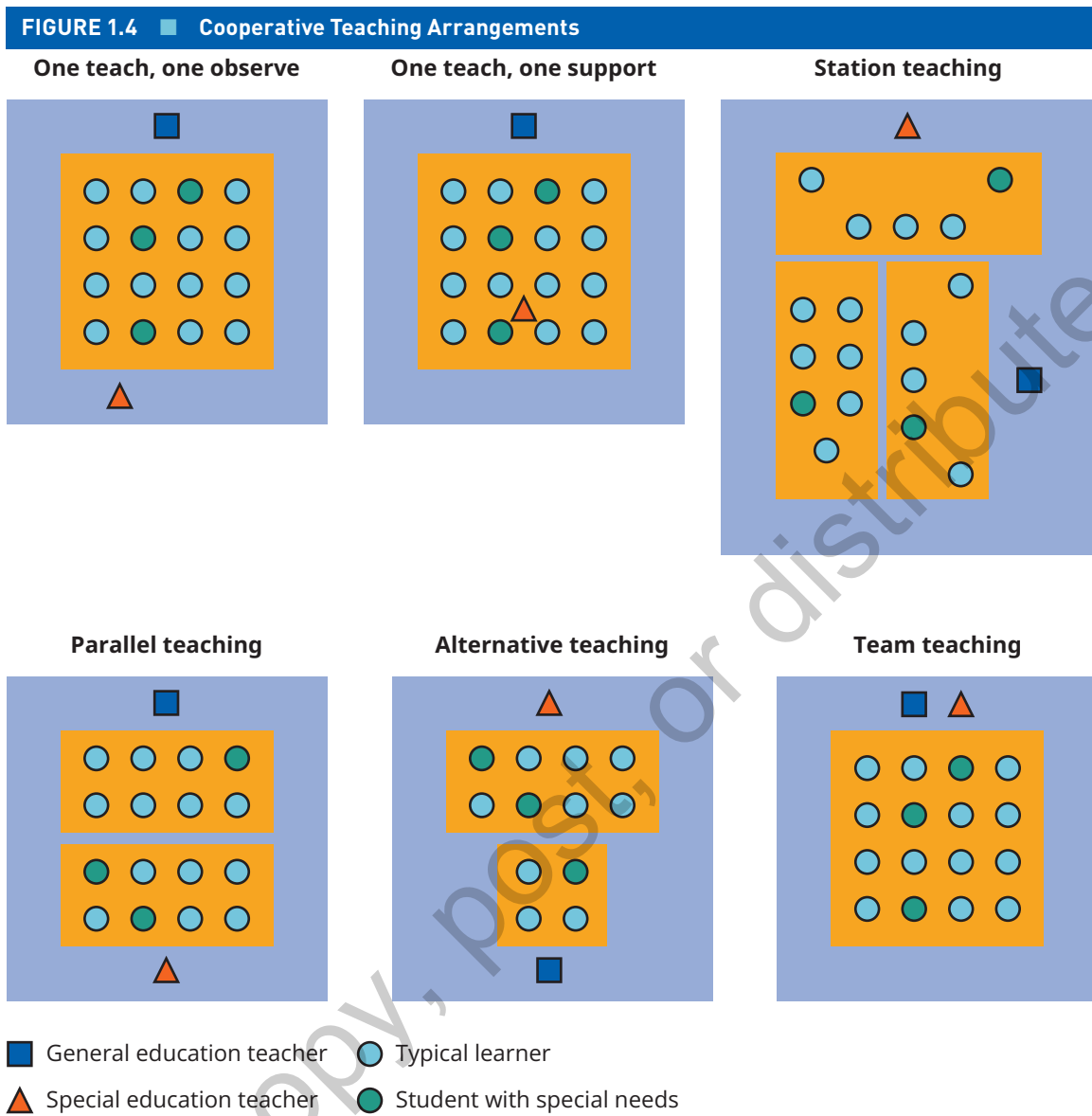
COOPERATIVE TEACHING

Cooperative teaching, or co-teaching as it is sometimes called, is an increasingly popular approach for achieving inclusion (Gargiulo & Metcalf, 2023; 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. Friend (2021) characterizes co-teaching as a service delivery model in which two educators—one typically a general education teacher and one special education teacher or other specialist such as an English language (EL) teacher—combine their expertise to jointly teach a heterogeneous group of students, some of whom have disabilities or other exceptionalities, in a single classroom for part or all of the school day. (p. 112)

The aim of cooperative teaching 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 et al., 2017; Cook et al., 2021). 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 (2021), 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 students, 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 student, 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.”



Source: Adapted from M. Friend, *Interactions: Collaboration Skills for School Professionals*, 9th ed. (Pearson Education, 2017). p. 172. Adapted from W. Murawski, "Creative Co-teaching" in W. Murawski and K. Scott (Eds.), *What Really Works in Secondary Education* (Corwin, 2015). p. 209.

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 students. 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.

Parallel Teaching

This instructional arrangement lowers the teacher–student 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 students. 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.

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 et al., 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). 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?



Today's classrooms serve all children.

iStockPhoto/bonniej

- 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 et al. (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 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
<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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 them 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

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 for learning (UDL). Originally an idea found in the field of architectural studies and referred to as universal design, **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). UDL allows education professionals the flexibility necessary to design curriculum, instruction, and evaluation procedures capable of meeting the needs of *all* students (Meyer et al., 2014). UDL is accomplished by means of flexible curricular materials and activities that offer alternatives to students with widely varying abilities and backgrounds. As such, multiple means of representation, multiple means of engagement, and multiple means of expression are built into the instructional design rather than added on later as an afterthought, which runs a counter to accommodations. 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 et al., 2003). Of note, UDL was specifically referenced in the ESSA in 2015, which is the reauthorization of the Elementary and Secondary Education Act (ESEA, or most recently what was known as No Child Left Behind). UDL is envisioned as an instructional resource, a vehicle for diversifying instruction in order to deliver the general education curriculum to each student. UDL does not remove academic challenges; it removes barriers to access. Simply stated, UDL is just good teaching (Ohio State University Partnership Grant, 2023). 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.

According to Wehmeyer et al. (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. UDL 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, 2023). Some of the beneficiaries of this strategy include, for example, individuals who speak English as a second language, students with disabilities, and students whose preferred learning style is inconsistent with the teacher’s teaching style (Ohio State University Partnership Grant, 2023). Three essential elements of UDL are often considered when developing curriculum for learners with diverse abilities. These components (see Table 1.6) are multiple means of representation, engagement, and expression.

TABLE 1.6 ■ Three Essential Qualities of Universal Design for Learning

Essential Questions: What do curriculum, instruction, environment, and assessment provide?		
Multiple Means of Representation Recognition Networks The “What” of Learning	Multiple Means of Action and Expression Strategic Networks The “How” of Learning	Multiple Means of Engagement Affective Networks The “Why” of Learning
<i>Offers flexibility in ways of . . .</i>	<i>Offers flexibility in ways of . . .</i>	<i>Offers flexibility in ways of . . .</i>
<ul style="list-style-type: none"> Presenting, receiving, and interpreting content (customizing display of information) 	<ul style="list-style-type: none"> Providing physical action options to accommodate preferred means of control (tools, assistive technologies) 	<ul style="list-style-type: none"> Adjusting for student interests, cultural backgrounds, relevance, and providing student choice
<ul style="list-style-type: none"> Adapting for different languages, symbols, and mathematical expressions 	<ul style="list-style-type: none"> Providing choices in how students communicate and respond to information 	<ul style="list-style-type: none"> Sustaining effort and persistence (highlighting goals, varying demands/resources, mastery-oriented feedback)

(Continued)

TABLE 1.6 ■ Three Essential Qualities of Universal Design for Learning (Continued)**Essential Questions: What do curriculum, instruction, environment, and assessment provide?**

<ul style="list-style-type: none"> Adjusting the complexity of material presented (customizing content) 	<ul style="list-style-type: none"> Using different cognitive strategic systems that promote executive functioning (goal-setting, planning, strategy development, managing/processing information) 	<ul style="list-style-type: none"> Creating a safe, collaborative environment using resources in the school community
<ul style="list-style-type: none"> Providing options for comprehension (background knowledge, building connections, guiding information processing) 	<ul style="list-style-type: none"> Monitoring progress of students, identifying areas of strengths and needs 	<ul style="list-style-type: none"> Developing self-regulation skills to increase motivation, personal coping skills/strategies, self-assessment, and reflection

Source: R. Gargiulo and D. Metcalf, *Teaching in Today's Inclusive Classrooms*, 4th ed. (Cengage Learning, 2023), p. 45. Reproduced by permission.

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, as well as students with disabilities at the secondary level who are about to embark on adulthood. Meeting the needs of students 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.

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, passed in 1975, 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 et al., 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, 2019, p. 232). Providing services to our youngest citizens with disabilities or delays has become a national priority. Presently, well over 1.23 million children from birth to age 5 receive some form of intervention or special education (U.S. Department of Education, 2022).

The Education of the Handicapped Act Amendments of 1986 (PL 99–457) are largely responsible for the rapid development of services for young children with disabilities or delays and those children who are at



Young children with special needs greatly benefit from early intervention.

FatCamera/E+/Getty Images

risk for future problems in learning and development. PL 99–457 is concerned with the family of the young children 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 (IFSP)**. 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.)

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 (2024), 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 to their families. **Early childhood special education** is often used to describe the provision of customized services uniquely crafted to meet the individual needs of young children with disabilities between 3 and 5 years of age.

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—their 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:

- Only 21% of adults with disabilities were employed in 2022 compared to 65% of individuals without a disability (Bureau of Labor Statistics, 2023).
- Nationally, approximately 71% of students with disabilities graduate high school—almost 16 points lower than their typical classmates (National Center for Education Statistics, 2023).
- Seventy-six percent of youth with disabilities report expecting to obtain postsecondary education, in contrast to 94% of youth who do not have an IEP (Lipscomb et al., 2017).
- Seventy-eight percent of parents of youth with disabilities report that they expect their child to live independently by age 30, as compared to 96% of youth without IEP (Lipscomb et al., 2017).

The picture that the preceding data paint is 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).

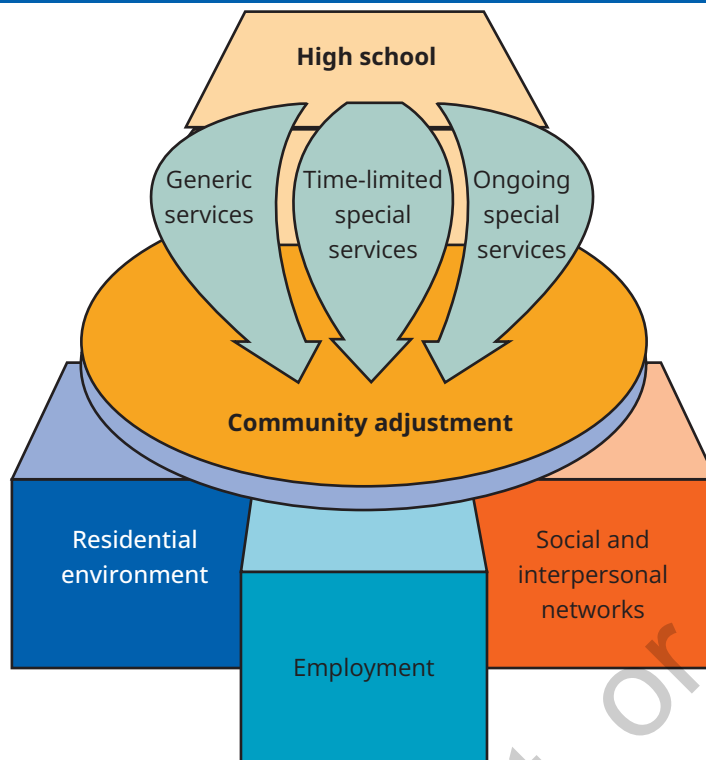
Commonly referred to as the “bridges model,” Will’s (1984) proposal sparked almost immediate debate and controversy from professionals who considered the OSERS interpretation of transition too restrictive or narrow (Brown et al., 1988; Clark & Knowlton, 1988; Halpern, 1985). Adult adjustment, they argued, 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 their 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 1.5.

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.

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)]

FIGURE 1.5 ■ 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.

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), has a statement of transition services incorporated into their 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.



Adult with disability in the workforce.

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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). Researchers support the value and benefit of teaching skills in the actual environment in which they are to be performed, referred to as *in vivo* (Test et al., 2009).

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. 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 students.

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 student. 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 13 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, almost 6.5 million students between the ages of 6 and 21 are receiving a special education. Of this total, approximately 40% are individuals with learning disabilities.
- Collectively, states are providing a special education to over 7.7 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 18th- and 19th-century European educators, philosophers, and humanitarians.
- By the middle of the 19th century, several specialized institutions were established in the United States.
- It was not until the latter part of the 19th century and early years of the 20th century that special education classes began to appear in public schools.

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

- 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 1.6)

- 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 1.7)

- 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 1.8)

- Five decades ago, services for children with disabilities younger than age 6 were virtually unheard of. Today, however, well over 1.2 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 their 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 13 categories of exceptionality presently recognized by the federal government.
5. Compare and contrast arguments for and against the practice of labeling students 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
 disability
 handicap
 developmental delay
 at risk
 special education
 related services
 category
 noncategorical
 incidence
 prevalence
 self-contained
 collaboration

individualized education program (IEP)
 consultation
 multidisciplinary team
 interdisciplinary team
 transdisciplinary team
 cooperative teaching
 universal design for learning (UDL)
 individualized family service plan (IFSP)
 early intervention
 early childhood special education
 transition
 transition services
 individualized transition plan (ITP)

LEARNING ACTIVITIES

1. Keep a journal for at least 4 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 students 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 their 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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2

POLICIES, PRACTICES, AND PROGRAMS

LEARNING OBJECTIVES

After reading Chapter 2, you should be able to:

- 2.1 **Identify** the court cases that led to the enactment of Public Law 94–142.
- 2.2 **Summarize** the key components of the Individuals with Disabilities Education Act (IDEA) from 1975 to 2004.
- 2.3 **Explain** the legislative intent of Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act.
- 2.4 **Compare** inter- and intraindividual differences.
- 2.5 **Identify** the steps in the referral process for the delivery of special education services.
- 2.6 **List** the key components of an individualized education program (IEP) and an individualized family service plan (IFSP).
- 2.7 **Define** *mainstreaming*, *least restrictive environment*, *regular education initiative*, and *full inclusion*.

Many of the policies, procedures, and practices that are common in special education today have resulted from the interaction of a variety of forces, situations, and events. One example is the role that litigation and legislation have played in the development of the field. Coupled with this activity was the gradual realization by professionals that many of our earlier educational customs and methods were ineffective in meeting the needs of individuals with disabilities and their families. Several currently accepted practices, such as nondiscriminatory assessment, placement in a least restrictive environment, and meaningful parent involvement, reflect this correction in thinking.

The purpose of this chapter is to review a variety of contributions that have helped to shape contemporary special education. Besides the impact of national legislation and the courts, we will examine the identification and assessment of individual differences, instructional programming, and models of service delivery.

LITIGATION AND LEGISLATION AFFECTING SPECIAL EDUCATION

Over the past several decades, the field of special education has been gradually transformed and restructured, largely as a result of judicial action and legislative enactments. These two forces have been powerful tools in securing many of the benefits and rights presently enjoyed by more than 7.7 million school-age and younger children with disabilities.

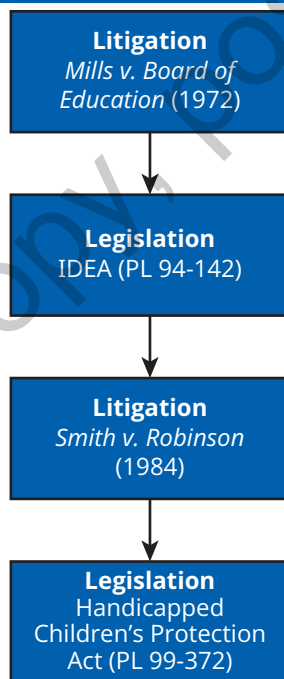
Securing the opportunity for an education has been a slowly evolving process for students with disabilities. What is today seen as a fundamental right for these children was, at one time, viewed strictly as a privilege. Excluding students with disabilities from attending school was a routine practice of local boards of education in the 1890s and early 1900s. In 1893, local school officials in Cambridge, Massachusetts, denied an education to one individual because this student was thought to be too “weak minded” to profit from instruction. In 1919, in Antigo, Wisconsin, a student of normal intelligence but with a type of paralysis attended school through the fifth grade but was subsequently suspended because “his physical appearance nauseated teachers and other students, his disability required an undue amount of his teacher’s time, and he had a negative impact on the discipline and progress of the school” (Osborne, 1996, p. 4). In both instances, state supreme courts upheld the decisions of the school boards. Today, these actions would be seen as clear violations of the students’ rights and a flagrant disregard for the equal protection clause of the Fourteenth Amendment to the U.S. Constitution. Still, almost four decades passed before students with disabilities had a legal means for acquiring educational rights.

In the 1954 landmark school desegregation case, *Brown v. Board of Education of Topeka, Kansas* (347 U.S. 483), the U.S. Supreme Court reasoned that it was unlawful to discriminate against a group of individuals for arbitrary reasons. The Court specifically ruled that separate schools for Black and white students were inherently unequal, contrary to the Fourteenth Amendment, and thus unconstitutional. Furthermore, education was characterized as a fundamental function of government that should be afforded to all citizens on an equal basis. Though primarily recognized as striking down racial segregation, the thinking articulated in *Brown* had major implications for children with disabilities. Much of contemporary litigation and legislation affecting special education is legally, as well as morally, grounded in the precedents established by *Brown*.

The movement to secure equal educational opportunity for children with disabilities was also aided by the U.S. civil rights movements of the 1960s. As Americans attempted to deal with issues of discrimination, inequality, and other social ills, advocates for individuals with disabilities also pushed for equal rights. Parental activism was ignited. Lawsuits were filed, and legislation was enacted primarily as a result of the untiring, vocal, collaborative efforts of parents and politically powerful advocacy groups. The success of these tactics was felt at the local, state, and eventually national level.

It is exceedingly difficult to say which came first, litigation or legislation. Both of these forces have played major roles in the development of state and federal policy concerning special education. They enjoy a unique and almost symbiotic relationship—one of mutual interdependence. Litigation frequently leads to legislation, which in turn spawns additional judicial action as the courts interpret and clarify the law, which often leads to further legislation (see Figure 2.1). Regardless of the progression, much of special education today has a legal foundation.

FIGURE 2.1 ■ An Example of the Interrelationship Between Litigation and Legislation



Source: Adapted from M. Yell, *The Law and Special Education*, 5th ed. (Pearson Education, 2019), p. 11.

Key Judicial Decisions

Since the 1960s and early 1970s, a plethora of state and federal court decisions have helped shape and define a wide range of issues affecting contemporary special education policies and procedures.

Although a thorough review of this litigation is beyond the scope of this chapter, Table 2.1 summarizes, in chronological order, some of the landmark cases affecting the field of special education. Several of the judicial remedies emanating from these lawsuits serve as cornerstones for both federal and state legislative enactments focusing on students with disabilities. Furthermore, many of today's accepted practices in special education, such as nondiscriminatory assessments and due process procedures, can trace their roots to various court decisions.

TABLE 2.1 ■ A Synopsis of Selected Court Cases Influencing Special Education Practice

Case	Year	Issue	Judicial Decision
<i>Brown v. Board of Education of Topeka, Kansas</i>	1954	Educational segregation	Segregation of students by race ruled unconstitutional; children deprived of equal educational opportunity. Ended "separate but equal" schools for white and Black students. Used as a precedent for arguing that children with disabilities cannot be excluded from a public education.
<i>Diana v. State Board of Education</i>	1970	Class placement	Linguistically different students must be tested in their primary language as well as English. Students cannot be placed in special education classes on the basis of IQ tests that are culturally biased. Verbal test items to be revised so as to reflect students' cultural heritage. Group-administered IQ tests cannot be used to place children in programs for individuals with intellectual disability.
<i>Pennsylvania Association for Retarded Children v. Commonwealth of Pennsylvania</i>	1972	Right to education	State must guarantee a free public education to all children with intellectual disability ages 6–21 regardless of degree of impairment or associated disabilities. Students to be placed in the most integrated environment. Established the right of parents to participate in educational decisions affecting their children. State to engage in extensive efforts to locate and serve ("child-find") all students with intellectual disability. Preschool services to be provided to young person with intellectual disability if local school district serves preschoolers who do not have intellectual disability.
<i>Mills v. Board of Education of the District of Columbia</i>	1972	Right to education	Extended the Pennsylvania decision to include <i>all</i> children with disabilities. Established the constitutional right of children with exceptionalities to a public education, matched to their needs, including specialized instruction, regardless of their functional level. Presumed absence of fiscal resources is not a valid reason for failing to provide appropriate educational services to students with disabilities. Elaborate due process safeguards established to protect the rights of the child, including parental notification of pending initial evaluation, reassignment, or planned termination of special services.
<i>Larry P. v. Riles</i>	1972, 1979	Class placement	African American students could not be placed in classes for children with mild intellectual disability solely on the basis of intellectual assessments found to be culturally and racially biased. School officials directed to develop an assessment process that would not discriminate against minority children. Failure to comply with this order resulted in a 1979 ruling that completely prohibited the use of IQ tests for placing African American students in classes for children with mild intellectual disability. Ruling applies only to the state of California.
<i>Lau v. Nichols</i>	1974	Equal educational opportunity	A milestone case in the field of bilingual education. U.S. Supreme Court ruling noted that "there is not equality in treatment merely by providing students with the same facilities, textbooks, teachers, and curriculum; for students who do not understand English are effectively foreclosed from a meaningful education." Required schools to offer special language programs to English learners in order to confer equal educational opportunity.
<i>Armstrong v. Kline</i>	1979	Extended school year	State's refusal to pay for schooling in excess of 180 days for students with extensive support needs is a violation of their rights to an appropriate education. The court found that some children with disabilities will regress significantly during summer recess and have longer recoupment periods; thus, they are denied an appropriate education if not provided with a year-round education.

Case	Year	Issue	Judicial Decision
<i>Tatro v. State of Texas</i>	1980	Related services	U.S. Supreme Court held that catheterization qualified as a related service under PL 94-142. Catheterization was not considered an exempted medical procedure, as it could be performed by a health care aide or school nurse. Court further stipulated that only those services that allow a student to benefit from a special education qualify as related services.
<i>Board of Education of the Hendrick Hudson Central School District v. Rowley</i>	1982	Appropriate education	First U.S. Supreme Court interpretation of PL 94-142. Court addressed the issue of what constitutes an "appropriate" education for a student with a hearing impairment making satisfactory educational progress. Ruled that an appropriate education does not necessarily mean an education that will allow for the maximum possible achievement; rather, students must be given a reasonable opportunity to learn. Parents' request for a sign language interpreter, therefore, was denied. An appropriate education is not synonymous with an optimal educational experience.
<i>Daniel R.R. v. State Board of Education</i>	1989	Class placement	Fifth Circuit Court of Appeals held that a segregated class was an appropriate placement for a student with Down syndrome. Preference for integrated placement viewed as secondary to the need for an appropriate education. Established a two-prong test for determining compliance with the least restrictive environment mandate for students with extensive support needs. First, it must be determined if a student can make satisfactory progress and achieve educational benefit in the general education classroom through curriculum modification and the use of supplementary aids and services. Second, it must be determined whether the student has been integrated to the maximum extent appropriate. Successful compliance with both parts fulfills a school's obligation under federal law. Ruling affects least restrictive environment cases in Louisiana, Texas, and Mississippi but has become a benchmark decision for other jurisdictions as well.
<i>Oberti v. Board of Education of the Borough of Clementon School District</i>	1992	Least restrictive environment	Placement in a general education classroom with supplementary aids and services must be offered to a student with disabilities prior to considering more segregated placements. A student cannot be excluded from a general education classroom solely because curriculum, services, or other practices would require modification. Excluding a learner from the general education classroom necessitates justification and documentation. Clear judicial preference for educational integration established.
<i>Agostini v. Felton</i>	1997	Provision of services	U.S. Supreme Court reversed a longstanding ruling banning the delivery of publicly funded educational services to students enrolled in private schools. Interpreted to mean that special educators can now provide services to children in parochial schools.
<i>Cedar Rapids Community School District v. Garret F.</i>	1999	Related services	U.S. Supreme Court expanded and clarified the concept of related services. Affirmed that intensive and continuous school health care services necessary for a student to attend school, if not performed by a physician, qualify as related services.
<i>Schaffer v. Weast</i>	2005	Burden of proof	A U.S. Supreme Court ruling addressing the issue of whether the parent(s) or school district bears the burden of proof in a due process hearing. Determined whether the parent(s), acting on behalf of their child, must prove that their child's individualized education program (IEP) is inappropriate or whether the school district must prove that the IEP is appropriate. Court ruled that the burden of proof is placed upon the party seeking relief.
<i>Arlington Central School District Board of Education v. Murphy</i>	2006	Recovery of fees	U.S. Supreme Court addressed whether or not parents are able to recover the professional fees of an educational consultant (lay advocate) who provided services during legal proceedings. Court ruled that parents are not entitled to reimbursement for the cost of experts because only attorney's fees are addressed in IDEA.
<i>Winkelman v. Parma City School District</i>	2007	Parental rights	The Supreme Court, by unanimous vote, affirmed the rights of parents to represent their children in IDEA-related court cases. Seen as an expansion of parental involvement and the definition of a free appropriate public education. Interpreted to mean that IDEA conveys enforceable rights to parents as well as their children.

(Continued)

TABLE 2.1 ■ A Synopsis of Selected Court Cases Influencing Special Education Practice (Continued)

Case	Year	Issue	Judicial Decision
<i>Forest Grove School District v. T.A.</i>	2009	Tuition reimbursement	Parents sought tuition reimbursement from the school district after removing their child who had learning disabilities, attention-deficit/hyperactivity disorder, and depression. The child was never declared eligible for a special education and never received services. Parents unilaterally enrolled the child in a private school. The Supreme Court found that IDEA authorizes reimbursement for private special education services when a public school fails to provide a free appropriate education and the private school placement is appropriate, regardless of whether the student previously received special education services from the public school.
<i>Fry v. Napoleon Community Schools</i>	2017	IDEA exhaustion doctrine	A suit filed on behalf of a young girl with a severe form of cerebral palsy who used a service animal. Because the school provided the student with a personal aide in accordance with her individualized education program, the school district refused to allow her the use of her service dog. The girl's parents sought relief under the Americans with Disabilities Act Amendments (ADAA) and Section 504 of the Rehabilitation Act rather than the Individuals with Disabilities Education Improvement Act (IDEA), which required the parents to exhaust all administrative remedies (e.g., due process hearing) prior to suing under the ADAA and 504. As this was a disability discrimination issue and the adequacy of the student's educational services were not in question, the Supreme Court, in a unanimous decision, found that because the parents were not seeking relief under the free appropriate public education clause of IDEA, the exhaustion requirement of IDEA was not applicable.
<i>Perez v. Sturgis Public Schools</i>	2023	Judicial remedies	A unanimous Supreme Court decision was rendered involving an adolescent who was deaf and sought relief, in the form of monetary damages for loss of income and emotional distress, under the Americans with Disabilities Act (ADA) after successfully previously obtaining relief under the Individuals with Disabilities Education Improvement Act. In terms of the IDEA complaint settlement, the school district agreed to pay for the student to attend the Michigan School for the Deaf in part due to providing the student with unqualified interpreters and misrepresenting his educational progress during his 12 years of school attendance. The high court ruled that the student's parents did not need to exhaust all of the administrative requirements required by IDEA prior to seeking relief under the ADA because (a) IDEA remedies do not restrict remedies sought under different federal laws and (b) IDEA does not provide for financial relief (compensation) for violations.

Source: R. Gargiulo and J. Kilgo, *An Introduction to Young Children with Delays and Disabilities*, 6th ed. (Sage, 2024).

Individuals with Disabilities Education Act: 1975–1997

Federal legislative intervention in the lives of people with disabilities is of relatively recent origin. Before the late 1950s and early 1960s, little federal attention was paid to citizens with special needs. When legislation was enacted, it primarily assisted specific groups of individuals, such as those who were deaf or people with intellectual disability. The past 50 years or so, however, have witnessed a flurry of legislative activity that has aided the growth of special education and provided educational benefits and other opportunities and rights to children and adults with disabilities.

Given the multitude of public laws¹ affecting special education, we will focus our attention only on landmark legislation. Our initial review will examine PL 94–142, the Education for All Handicapped Children Act, or, as it came to be known, the Individuals with Disabilities Education Act (IDEA). This change in legislative titles resulted from the enactment on October 30, 1990, of PL 101–476, which will be addressed later in this chapter.

Public Law 94–142

IDEA is viewed as a “Bill of Rights” for children with exceptionalities and their families; it is the culmination of many years of dedicated effort by both parents and professionals. Like many other special

educators, we consider this law one of the most important pieces, if not the most important piece, of federal legislation ever enacted on behalf of children with special needs. PL 94–142 may rightfully be thought of as the legislative heart of special education.

The purpose of this bill, which was signed into law by President Gerald Ford on November 29, 1975, is

to assure that all handicapped children have available to them . . . a free appropriate public education which emphasizes special education and related services designed to meet their unique needs, to assure that the rights of handicapped children and their parents or guardians are protected, to assist States and localities to provide for the education of all handicapped children, and to assess and assure the effectiveness of efforts to educate handicapped children. (Section 601(c))

In pursuing these four purposes, this legislation incorporates six major components and guarantees that have forever changed the landscape of education across the United States. Despite legislative and court challenges over the past five decades, the following principles have endured to the present day:

- **A free appropriate public education (FAPE).** All children, regardless of the severity of their disability (a “zero-reject” philosophy), must be provided with an education appropriate to their unique needs at no cost to the parent(s)/guardian(s). Included in this principle is the concept of related services, which requires that children receive, for example, occupational therapy as well as other services as necessary in order to benefit from special education.
- **The least restrictive environment (LRE).** Children with disabilities are to be educated, to the maximum extent appropriate, with students without disabilities. Placements must be consistent with the student’s educational needs.
- **An individualized education program (IEP).** This document, developed in conjunction with the parent(s)/guardian(s), is an individually tailored statement describing an educational plan for each learner with exceptionalities. The IEP, which will be fully discussed later in this chapter, is required to address (1) the present levels of academic achievement and functional performance (commonly referred to by school personnel as present levels of performance or PLOP), (2) annual goals and accompanying instructional objectives, (3) educational services to be provided, (4) the degree to which the student will be able to participate in general education programs, (5) plans for initiating services and length of service delivery, and (6) an annual evaluation procedure specifying objective criteria to determine if instructional objectives are being met. Many teachers and school administrators refer to this as progress monitoring.
- **Procedural due process.** The act affords parent(s)/guardian(s) several safeguards as it pertains to their child’s education. Briefly, parent(s)/guardian(s) have the right to confidentiality of records, to examine all records, to obtain an independent evaluation, to receive written notification (in parents’ native language) of proposed changes to their child’s educational classification or placement, and to have an impartial hearing whenever disagreements arise regarding educational plans for their son/daughter. Furthermore, the student’s parent(s)/guardian(s) have the right to representation by legal counsel.
- **Nondiscriminatory assessment.** Prior to placement, a child must be evaluated by a multidisciplinary team in all areas of suspected disability by tests that are not racially, culturally, or linguistically biased. Students are to receive several types of assessments, administered by trained personnel; a single evaluation procedure is not permitted for either planning or placement purposes.
- **Parental participation.** PL 94–142 mandates meaningful parent involvement. Sometimes referred to as the “Parents’ Law,” this legislation requires that parents participate fully in the decision-making process that affects their child’s education.

Congress indicated its desire by September 1, 1980, to provide a free appropriate public education for all eligible children ages 3 through 21. The law, however, did not require services to be provided to preschool children with disabilities. Because many states were not providing preschool services to typical children, an education for young children with special needs, in most instances, was not mandated. Although this legislation failed to require an education for younger children, it clearly focused attention on the preschool population and recognized the value of early education.



People with and without disabilities protesting accessibility.
Erik McGregor/LightRocket via Getty Images

PL 94–142 did contain some benefits for children under school age. It offered small financial grants (Preschool Incentive Grants) to the individual states as an incentive to serve young children with disabilities. It also carried a mandate for schools to identify and evaluate children from birth through age 21 suspected of evidencing a disability. Finally, PL 94–142 moved from a census count to a child count of the actual number of individuals with disabilities being served. The intent was to encourage the states to locate and serve children with disabilities.

In the 1980s and 1990s, Congress reauthorized the Individuals with Disabilities Education Act. As a result of this legislative activity, services for individuals with disabilities have been expanded, student and parental rights clarified, and discipline procedures articulated along with several other key provisions. Table 2.2 presents a brief overview of some of these revisions to IDEA.

TABLE 2.2 ■ Highlights of IDEA Reauthorizations: 1986–1997

Year	Public Law	Key Components
1986	PL 99–457	<ul style="list-style-type: none"> • Legislation viewed as a downward extension of PL 94–142 • Mandated services for preschoolers with disabilities, ages 3–5 • Permitted early intervention services for infants and toddlers, from birth through age 2, with developmental delays or disabilities • Individualized family service plan (IFSP) established for infants and toddlers • “Developmentally delayed” label created

Year	Public Law	Key Components
1990	PL 101-476	<ul style="list-style-type: none"> • Name of legislation changed to Individuals with Disabilities Education Act (IDEA) • Autism and traumatic brain injury identified as discrete disability categories • Rehabilitation counseling and social work considered related services • Established the requirement of an individualized transition plan (ITP) by age 16 • States' immunity from lawsuits for violating IDEA repealed
1997	PL 105-17	<ul style="list-style-type: none"> • Students with disabilities required to participate in state- and districtwide assessments • Transition planning commences at age 14 • Orientation and mobility included as a related service • Discretionary use of "developmentally delayed" label for students ages 3-9 • General educators required to participate on the individualized education program (IEP) team • Students with disabilities are to be involved in and have access to general education curriculum • Mediation offered as a means of resolving disputes • Benchmarks and measurable annual goals emphasized • Students who violate student code of conduct may be removed from their current educational placement only after a due process hearing • Assistive technology needs of each learner must be assessed • Students expelled or suspended from school are still entitled to receive services in accordance with their IEP • Greater variety of assessment tools and strategies are permissible for initial evaluations and reevaluations

Source: U.S. Department of Education.



Many young children with developmental delays or disabilities have benefited from early intervention.

iStockPhoto/FatCamera

EDUCATIONAL REFORM: STANDARDS-BASED EDUCATION

In the 1990s, a growing movement toward greater educational accountability called for education reform or restructuring to improve academic performance. As a result of this trend, many states initiated challenging academic standards (i.e., what students should know or be learning) and more stringent graduation requirements for their students, while several professional organizations published

performance indicators in various content areas, such as mathematics, language arts, and science. Likewise, many state departments of education moved toward performance-based standards when establishing teacher licensure/certification requirements, thus linking student success with teacher qualifications. The overall focus of this movement, fueled by various political, social, and economic forces, was a concern over the learning outcomes of our students. It is equally concerned with establishing educational equity among all learners.

The National Governors Association and the Council of Chief State School Officers put forth the Common Core State Standards (CCSS) (Common Core State Standards Initiative, 2019). The CCSS redefined the general education curriculum while outlining a set of grade-level expectations that describe what students should know in mathematics and English language arts in order to succeed in college and later careers. Presently, 41 states and the District of Columbia have fully or partially adopted these standards (Common Core States, 2023). These standards apply to all students, including students receiving a special education.

FIRST PERSON: LISA

TEACHING IN THE AGE OF ACCOUNTABILITY

Having taught for almost 10 years, I can safely say there is a definite need for accountability in education, but teaching in the 21st century presents some unique challenges. Everyone is accountable to someone for something. Teachers, for example, are accountable for teaching curriculum in preparation for high-stakes assessments, delivering data-driven instruction, using research-based strategies, and meeting the demands and deadlines imposed by administrators, while also communicating with parents. Students, on the other hand, are accountable for passing the high-stakes assessments and responding to the data-based instruction and research-based instructional strategies, while making adequate progress at increasingly higher levels of performance. Each year, it almost seems as though we have to surpass what was accomplished the previous year. The accompanying paperwork to prove this accountability doesn't get any less cumbersome either.

All this accountability comes from increasing concerns about the quality of our education. Yet, even with all this accountability, we see many students transfer with gaps in learning from not having been taught to the same high expectations. There are disparities from school system to school system that make it difficult to reach these ever-increasing levels of accountability. This "achievement gap" affects what we have to work with, yet we are still accountable for getting these students to the academic level they need to be at. If there is one thing you can count on in teaching, it is that change is constant.

Teaching is a balancing act, and educators have to be sure that they do not get lost in the "accountability jungle" or forget that one of the reasons we teach is to help our students become discoverers of their own learning, not simply pass a high-stakes assessment. As educators, our accountability goal should be how well our students apply and generalize the knowledge and information that we share with them, not how well they can regurgitate facts in order to pass an isolated test that represents only a small sample of what they have learned.

The school days are getting longer, lunchtimes are shorter, and weekends are often spent in a quiet classroom in preparation for teaching in the coming week. It seems as though we are overly accountable to the point that we are losing valuable instructional time and focus. With all that said, accountability is important as long as we view it wisely.

General education teachers are required to prove that their students are being taught with research-based tools and that student performance is documented. No longer are student performance, methods of instruction, and teaching practices at the teacher's discretion. This new level of accountability for general education teachers requires them to rely more and more on the expertise of special education teachers not only for the students who have IEPs but also for all struggling learners. At the same time, special educators are held accountable for ensuring compliance with regulations, timelines, and mounting paperwork with increasingly larger caseloads. It is a constant battle to find the proper balance—the demands of paperwork, the needs of individual students, and communication with families and general education teachers are all under

the accountability microscope. This balance is more difficult to find with each new law, mandate, and policy. Although I feel it is a privilege to work as a teacher, and more particularly as a special education teacher, working as an inclusive teacher in the age of accountability becomes increasingly difficult each year.

—Lisa Cranford

Instructional Support Teacher

Rocky Ridge Elementary, Hoover, Alabama

No Child Left Behind Act of 2001

In 2001, Congress reauthorized the Elementary and Secondary Education Act, which became popularly known as No Child Left Behind (NCLB; PL 107–110). This legislation reflected President George W. Bush’s commitment to educational reform and accountability. This law intended to reform education so all students, including those in special education, would demonstrate proficiency in mathematics, reading, and science. The law required annual testing of children in Grades 3 through 8, with students in Grades 10 through 12 assessed at least once. Schools were expected to show adequate yearly progress toward the goal of 100% proficiency by 2014. (A small percentage of students may be excused from participating in state- and districtwide achievement tests if their IEP provides for their exemption.)

Because NCLB was concerned with the achievement of *all* students, test scores were required to be disaggregated according to the student’s disability, socioeconomic status, race, ethnicity, and English language ability. Schools that experienced difficulty attaining the goal of adequate yearly progress were to be provided with technical and financial assistance. If a school failed to demonstrate adequate yearly progress for 3 consecutive years, the local school district was required to offer supplemental instructional services, such as tutoring, after-school classes, and summer programs (Council for Exceptional Children, 2003). Parents of children in “failing” schools were to be given the opportunity to transfer their children to other schools, including private and parochial schools. Another important element of NCLB was that all elementary and secondary school teachers were expected to be “highly qualified” by the end of the 2005–2006 school year according to state criteria.

The enactment of NCLB ushered in an era of what was commonly referred to as “high-stakes testing” or “high-stakes assessment.” Special educators saw greater emphasis on exposing students with disabilities to the general education curriculum as well as aligning IEP goals with the content standards of the general education curriculum (Council for Exceptional Children, 2003). Finally, special educators needed to be highly qualified, which included being highly qualified general education teachers. NCLB, however, wound up punishing struggling schools when improvements were not met as well as precipitating the greatest involvement in education by the federal government (Saultz et al., 2019).

Individuals with Disabilities Education Improvement Act of 2004

On November 19, 2004, Congress passed legislation reauthorizing the Individuals with Disabilities Education Act. The version of this law is called the Individuals with Disabilities Education Improvement Act of 2004, commonly referred to as IDEA 2004. President George W. Bush signed this bill (PL 108–446) into law on December 3, 2004. Note, IDEA has not been reauthorized since 2004, although revisions to the regulations have been made.

Some of the significant issues addressed in the most recent reauthorization of IDEA—IDEA 2004—are portrayed in Table 2.3.

TABLE 2.3 ■ A Snapshot of IDEA 2004 Highlights

- Modified criteria for identifying students with specific learning disabilities. Schools can now elect to use a process that determines whether the student responds to empirically validated, scientifically based interventions—called response to intervention (RTI)
- Eliminates use of short-term objectives in individualized education programs (IEPs) except for students evaluated via alternate assessments that are aligned with alternate achievement standards
- IEPs must include a statement of the student's present level of academic achievement and functional performance; annual goals must be written in measurable terms
- Relaxes requirements for participation in IEP meetings
- Multiyear IEPs are permissible
- IEPs to incorporate research-based interventions
- Transition planning to begin with first IEP in effect once student reaches age 16
- Students with disabilities may be removed to an interim alternative educational setting for up to 45 school days for offenses involving weapons, drugs, or inflicting serious bodily injury
- All students are required to participate in all state- and districtwide assessments with accommodations or alternate assessments as stipulated in their IEP
- Special educators must be "highly qualified" according to individual state standards
- Resolution session required prior to a due process hearing
- Statute of limitations imposed on parents for filing due process complaints
- Modifies provision of student's native language and preferred mode of communication

Source: U.S. Department of Education.



The Every Student Succeeds Act maintains a focus on accountability, high standards, and student achievement.

Tom Williams/CQ-Roll Call, Inc./Getty Images

Every Student Succeeds Act

NCLB, which was the reauthorization of the ESEA, was again reauthorized. On December 10, 2015, President Barack Obama signed the Every Student Succeeds Act (ESSA; PL 114–95) into law. This legislation was the seventh reauthorization of the historic Elementary and Secondary Education Act (PL 89–10) initially passed in 1965. The aim of the ESSA was to preserve the spirit and intent of No Child Left Behind while remediating some of the perceived flaws and deficiencies voiced by legislators, educators, policymakers, school administrators, and parents. These issues included too much focus on adequate yearly progress, punishing schools when improvements were not made; too much emphasis on testing in education; and too much involvement by the federal government in education (Saultz et al., 2019). Although this

new legislation retained an emphasis on accountability, high standards, and student achievement, the mechanisms for accomplishing these aims changed. Some of the provisions of this act include the following:

- Requires the annual testing of students in third through eighth grades in math and reading and once in high school in addition to a science test across elementary, middle, and high school; however, the adequate yearly progress provision has been repealed and replaced by a statewide accountability system.
- Allows states to adopt the Common Core State Standards but does not require their adoption.
- Eliminates “highly qualified” teacher status.
- Maintains the requirement that achievement data be disaggregated according to the student’s disability, socioeconomic status, race, ethnicity, and English language ability.
- Identifies low-performing schools as those whose assessment scores are in the bottom 5%, schools that have a high school graduation rate of less than 67%, or schools where subgroups of students consistently underperform. In these situations, state intervention is possible, although specific remedies are not defined.
- For individuals with disabilities, the legislation ensures access to the general education curriculum, accommodations on assessments, and the use of universal design for learning principles, in addition to evidence-based interventions in schools where subgroups consistently underperform (Council for Exceptional Children, 2019).

Charter Schools and Students With Disabilities

We need to briefly mention an educational phenomenon that is growing in popularity in some communities across the United States—charter schools. According to the National Center for Special Education in Charter Schools (2019), “The charter school concept emerged from a deep commitment to quality and equity; schools of choice operating autonomously from traditional districts would serve as incubators of innovation” (para. 1). These schools are one example of school choice initiatives. In the 2020–2021 school year, charter schools numbered over 7,800, serving nearly 3.7 million students across 45 states, Guam, and the District of Columbia, representing 7.5% of all public school students (Charter School Data Dashboard, 2023). Because charter schools are public schools, they are required to follow the mandates found in the IDEA legislation and Section 504 of the Rehabilitation Act of 1973, as well as the requirements of the Americans with Disabilities Act (see the following discussion on these laws). Despite their autonomy and the use, in some settings, of successful instructional models, charter schools have failed to benefit individuals with exceptional learning needs. Charter schools enroll fewer students with disabilities than typical public schools (Rhim, 2016), and it is believed by some that charter schools do not offer quality educational experiences to students with special needs or access to innovative educational experiences. The challenge confronting educators and other stakeholders is “to increase access and develop exemplary programs for students with disabilities” (National Center for Special Education in Charter Schools, 2019, para. 3). Hopefully, these efforts will be fruitful, and *all* students will benefit from creative thinking and powerful instructional programs.

CIVIL RIGHTS LEGISLATION

The pieces of legislation that we just examined are representative special education laws (the exception being PL 107–110). In this section, we will explore civil rights legislation that has impacted special education.

Section 504 of the Rehabilitation Act of 1973

PL 93–112, the Rehabilitation Act of 1973, however, is a *civil rights* law. Section 504 of this enactment was the first public law specifically aimed at protecting children and adults against discrimination due to a disability. It said that no individual can be excluded, solely because of their disability, from

participating in or benefiting from any program or activity receiving federal financial assistance, which includes schools (Council for Exceptional Children, 1997).

Unlike IDEA, this act employs a functional rather than categorical model for determining a disability. According to this law, individuals are eligible for services if they

1. have a physical or mental impairment that substantially limits one or more major life activities,
2. have a record of such an impairment, or
3. are regarded as having such an impairment by others.

“Major life activities” are broadly defined and include, for example, walking, seeing, hearing, working, and learning.

To fulfill the requirements of Section 504, schools must make “reasonable accommodations” for students with disabilities so that they can participate in educational programs provided to other students. Reasonable accommodations might include modifications of the general education program, the assignment of a paraprofessional, a behavior management plan, or the provision of special study areas (Smith & Patton, 2007). Students may also receive related services such as occupational or physical therapy even if they are not receiving a special education through IDEA.

Because the protections afforded by this law are so broad, an individual who is ineligible for a special education under IDEA may qualify for special assistance or accommodations under Section 504. Students with severe allergies, for example, are eligible for services via Section 504, although it is unlikely that they would be eligible to receive services under IDEA. All students who are eligible for a special education and related services under IDEA are also eligible for accommodations under Section 504; the converse, however, is *not* true.

As with IDEA, there is a mandate contained within Section 504 to educate students with special needs with their typical peers to the maximum extent possible. In addition, schools are required to develop an accommodation plan (commonly called a “504 plan”) customized to meet the unique needs of the individual. This document should include a statement of the student’s strengths and needs, a list of necessary accommodations, and the individual(s) responsible for ensuring implementation. The purpose of this plan is to enable the student to receive a free appropriate public education (Gargiulo & Metcalf, 2023).

Finally, unlike IDEA, which offers protections for students only between the ages of 3 and 21, Section 504 covers the individual’s life span. See Table 2.4 for a comparison of some of the key provisions of IDEA and Section 504.

TABLE 2.4 ■ A Comparison of Key Features of IDEA and Section 504

Provision	IDEA	Section 504
Purpose	Provides a free appropriate public education to children and youth with specific disabilities.	Prohibits discrimination on the basis of a person’s disability in all programs receiving federal funds.
Ages covered	Individuals 3–21 years old.	No age restriction.
Definition of disability	Twelve disabilities defined according to federal regulations plus state/local definition of <i>developmentally delayed</i> .	Broader interpretation of a disability than found in IDEA—a person with a physical or mental impairment that substantially limits a major life activity, who has a record of such impairment, or who is regarded as having such impairment.
Funding	States receive some federal dollars for excess cost of educating students with disabilities.	Because this is a civil rights law, no additional funding is provided.
Planning documents	Individualized education program (IEP).	Accommodation plan (commonly referred to as a “504 plan”).

Provision	IDEA	Section 504
Assessment provisions	A comprehensive, nondiscriminatory eligibility evaluation in all areas of suspected disability conducted by a multidisciplinary team; reevaluations every 3 years unless waived.	Eligibility determination requires nondiscriminatory assessment procedures; requires reevaluation prior to a “significant change” in placement.
Due process	Extensive rights and protections afforded to student and parents.	Affords parents impartial hearing, right to inspect records, and representation by counsel. Additional protections at discretion of local school district.
Coordination	No provision.	School district required to identify a 504 coordinator.
Enforcement	U.S. Department of Education, Office of Special Education Programs.	Office for Civil Rights, U.S. Department of Education.

Public Law 101–336 (Americans with Disabilities Act)

Probably the most significant civil rights legislation affecting individuals with disabilities, the Americans with Disabilities Act (ADA), was signed into law on July 26, 1990, by President George H. W. Bush, who stated, “Today, America welcomes into the mainstream of life all people with disabilities. Let the shameful wall of exclusion finally come tumbling down.” This far-reaching enactment, which parallels Section 504 of PL 93–112, forbids discrimination against person with disabilities in both the public and private sectors. Its purpose, according to Turnbull (1993), is to “provide clear, strong, consistent, and enforceable standards prohibiting discrimination against individuals with disabilities without respect for their age, nature or extent of disability” (p. 23).

The ADA goes far beyond traditional thinking of who is disabled and embraces, for instance, people with AIDS, individuals who have successfully completed a substance abuse program, and a person with cosmetic disfigurements. In fact, any person with an impairment that substantially limits a major life activity is covered by this legislation. It extends protections and guarantees of civil rights in such diverse arenas as private sector employment, transportation, telecommunications, public and privately owned accommodations, and the services of local and state government.

Examples of the impact of this landmark legislation include the following:

- Employers of 15 or more workers must make “reasonable accommodations” so that an otherwise qualified individual with a disability is not discriminated against. Accommodations might include a Braille computer keyboard for a worker who is visually impaired or wider doorways to allow easy access for an employee who uses a wheelchair. Furthermore, hiring, termination, and promotion practices may not discriminate against an applicant or employee who has a disability.
- Mass transit systems, such as buses, trains, and subways, must be accessible to citizens with disabilities.
- Hotels, fast-food restaurants, theaters, hospitals, early childhood centers, banks, dentists’ offices, retail stores, and the like may not discriminate against individuals with disabilities. These facilities must be accessible, or alternative means for providing services must be available.
- Companies that provide telephone service must offer relay services to individuals with hearing or speech impairments.



The Americans with Disabilities Act requires that mass transit systems be accessible to citizens with disabilities.

Jeffrey Greenberg/Universal Images Group via Getty Images

This legislation means a more secure and equitable future for adolescents with disabilities as they prepare to leave high school and transition to the world of adulthood as independent citizens able to participate fully in all aspects of community life.

Public Law 110–325 (Americans with Disabilities Act Amendments of 2008)

On September 25, 2008, President George W. Bush signed into law the Americans with Disabilities Act Amendments. PL 110–325 became effective on January 1, 2009. Commonly called ADAA, this legislation revises the definition of a disability in favor of a broader interpretation, thereby extending protections to greater numbers of individuals. In fact, this law expressly overturned two Supreme Court decisions that had previously limited the meaning of the term *disability*. Additionally, ADAA expands the definition of “major life activities” by including two noninclusive lists, the first of which includes activities not expressly stipulated, such as reading, concentrating, and thinking. The second list includes major bodily functions—for example, functions of the immune system or neurological functioning (U.S. Equal Employment Opportunity Commission, n.d.). The act also states that the interpretation of “substantial limitation” must be made without regard to the ameliorative effects of mitigating measures like medication or medical equipment. (The only stated exception is eyeglasses or contact lenses.)

Changes incorporated in this legislation also apply to students eligible for protections under Section 504 of PL 93–112. According to Zirkel (2009), “The overall effect is obviously to expand the number and range of students eligible under Section 504” (p. 69). A student, however, cannot be “regarded as” having a disability if their disability is minor or transitory (a duration of 6 months or less). It is anticipated that the new ADAA eligibility standards will have a significant impact on special education. “IDEA eligibility teams will need to closely coordinate with Section 504 eligibility teams not only when determining that a student is ineligible for initial services under IDEA but also upon exiting the student from an IEP” (Zirkel, 2009, p. 71).

IDENTIFICATION AND ASSESSMENT OF INDIVIDUAL DIFFERENCES

One of the distinguishing characteristics of our field is the individuality and uniqueness of the students we serve. There is considerable wisdom in the maxim, “No two children are alike.” Experienced educators will quickly tell you that even though students may share a common disability label, such as *learning disabled* or *visually impaired*, that is where the similarity ends. These students are likely to be as different as day and night. Of course, the individuality of our students, both typical and atypical, has the potential for creating significant instructional and/or management concerns for the classroom teacher. Recall from Chapter 1 the types of students enrolled in Mr. Thompson’s fifth-grade classroom. Today’s schools are serving an increasingly diverse student population. At the same time, there is greater cooperation and more shared responsibility between general and special educators as they collectively plan appropriate educational experiences for all learners.

When teachers talk about the individuality of their students, they often refer to **interindividual differences**. These differences are what distinguish each student from their classmates. Interindividual differences are differences *between* students. Examples might include distinctions based on height, reading ability, athletic prowess, or intellectual competency. Some interindividual differences are more obvious and of greater educational significance than others.

Interindividual differences are frequently the reason for entry into special education programs. One child might be significantly above (or below) average in intellectual ability; another might exhibit a significant degree of hearing loss. Categorization and placement decision-making by school personnel revolve around interindividual differences. Stated another way, school authorities identify, label, and subsequently place a student in an instructional program on the basis of the student’s interindividual differences.

However, not all students in a given program are alike. Children also exhibit **intraindividual differences**—a unique pattern of strengths and needs. Intraindividual differences are differences

within the child. Instead of looking at how students compare with their peers, teachers focus on the individual's abilities and limitations. We should point out that this is a characteristic of all students, not just those enrolled in special education programs. For example, Victoria, who is the best artist in her eighth-grade class, is equally well known for her inability to sing. One of her classmates, Melinda, has a learning disability. Her reading ability is almost 3 years below grade level, yet she consistently earns very high grades in math.

Intraindividual differences are obviously of importance to teachers. A student's IEP reflects this concern. Assessment data, derived from a variety of sources, typically profile a student's strengths and needs. This information is then used in crafting a customized instructional plan tailored to meet the unique needs of the learner.

REFERRAL AND ASSESSMENT FOR SPECIAL EDUCATION

"Evaluation [assessment] is the gateway to special education but referral charts the course to the evaluation process" (Turnbull et al., 2006, p. 232). Litigation, IDEA requirements, and today's best practices serve as our road map as we travel along the evaluation pathway to providing appropriate educational experiences for students with disabilities. This journey from referral to assessment to the development of an IEP and eventual placement in the most appropriate environment is a comprehensive process incorporating many different phases. Figure 2.2 illustrates this process. In the following sections, we examine several of the key elements involved in developing individualized program plans.

Prereferral

Although evaluation may be the gateway to special education, a great deal of activity occurs prior to a student's ever taking the first test. Careful scrutiny of our model reveals an intervention strategy known as **prereferral intervention**, which occurs prior to initiating a referral for possible special education services. The purpose of this strategy is to reduce unwarranted referrals while providing individualized assistance to the student without the benefit of a special education. Although not mandated by IDEA, prereferral interventions have become increasingly common over the past two decades. In fact, IDEA 2004 permits the use of federal dollars to support these activities. Many states either require or recommend the use of this tactic with individuals suspected of having a disability.

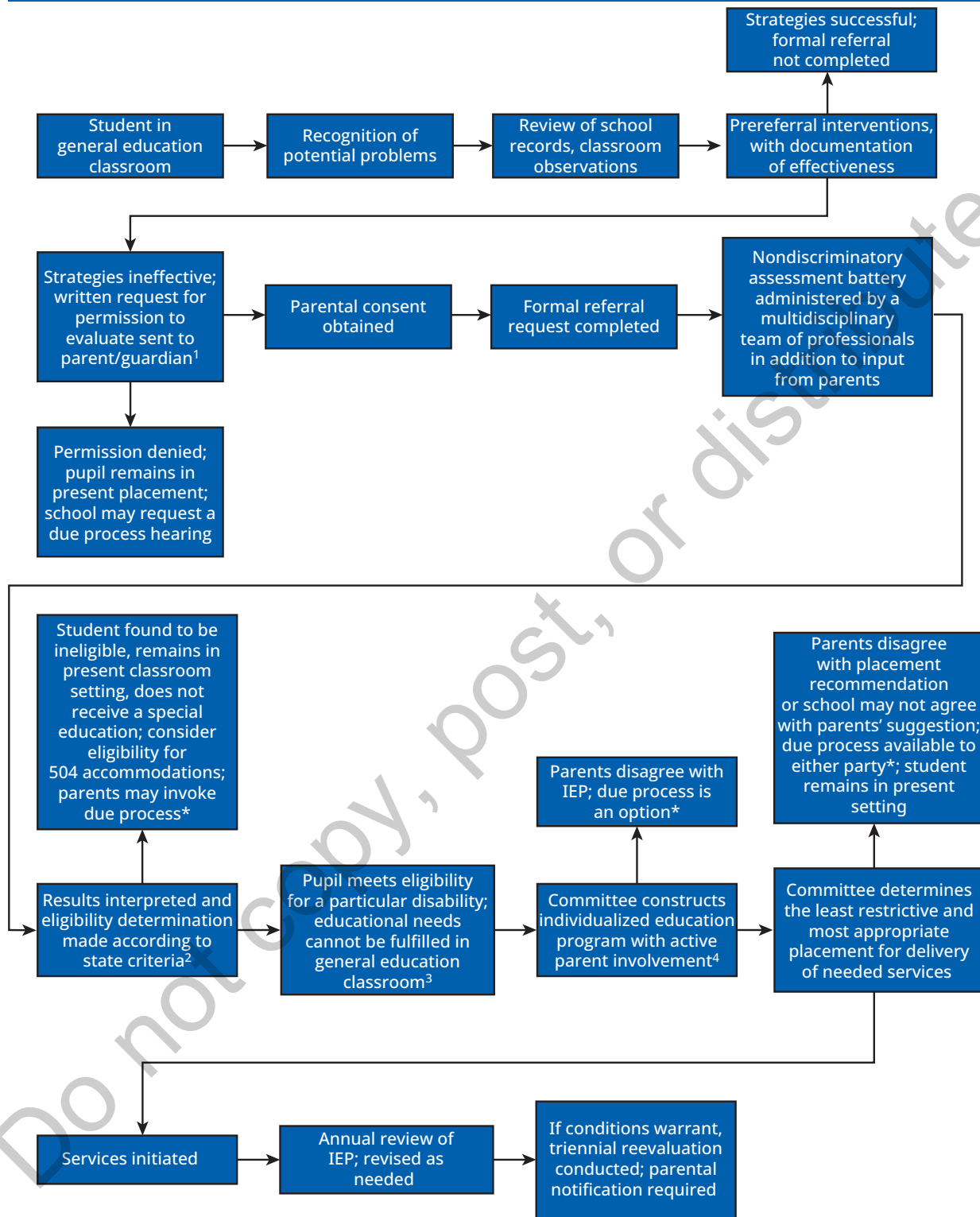
Prereferral interventions are preemptive by design. They call for collaboration between general educators and other professionals for the express purpose of developing creative, alternative instructional and/or management strategies designed to accommodate the particular needs of the learner. This process results in shared responsibility and joint decision-making among general and special educators, related service providers, administrators, and other school personnel, all of whom possess specific expertise; the student's parents typically do not participate in this early phase. The child's success or failure in school no longer depends exclusively on the pedagogical skills of the general educator; rather, it is now the responsibility of the school-based intervention assistance team (also commonly known as a teacher-assistance team, instructional support team, or child study team).

As beneficial as this strategy often is, it is not always successful. Detailed documentation of these intervention efforts provides a strong justification for the initiation of a formal referral.

Referral

A **referral** is the first step in a long journey toward receiving a special education. As we have just seen, a referral may start as a result of unsuccessful prereferral interventions, or it may be the outcome of **child-find** efforts (IDEA-mandated screening and identification of individuals suspected of needing special education).

FIGURE 2.2 ■ A Procedural Decision-Making Model for the Delivery of Special Education Services



1. IDEA does not mandate parental consent for referral but does require consent for evaluation.

2. Eligibility determination must occur within 60 days of referral.

3. If parents refuse consent for a special education, the school district is not responsible for providing a free appropriate public education.

4. The IEP must be developed within 30 days of eligibility determination.

* Mandatory resolution session required prior to a due process hearing.

Simply stated, a referral is a written request to evaluate a student to determine whether the child has a disability. Typically, a referral begins with a general educator; it may also be initiated by a school administrator, a related services provider, a concerned parent, or another individual. Referrals typically arise from a concern about the child's academic achievement and/or social/behavioral problems. In some instances, a referral may be initiated because of a student's cultural or linguistic background; it may even be the result of problems caused by inappropriate teacher expectations or poor instructional strategies. Thus, the reasons for the referral may not always lie within the student. This is one reason why prereferral intervention strategies are so important. Not all referrals for special education services result in placement; many children are found to be ineligible for a variety of reasons.

Referral forms vary in their format. Generally, in addition to student demographic information, a referral must contain detailed reasons as to why the request is being made. Teachers must clearly describe the student's academic and/or social performance. Documentation typically accompanies the referral and may include test scores, checklists, behavioral observation data, and actual samples of the student's work. Teachers need to paint as complete a picture as possible of their concern(s), as well as their efforts to rectify the situation.

In most schools, the information that has been gathered is then reviewed by a committee, often known as the child study committee, the special services team, or another such name. The composition of this group of professionals varies but typically includes an administrator, a school psychologist, and experienced teachers. Other personnel may also be involved, depending on the nature of the referral. It is the job of this committee to review the available information and decide whether further assessment is warranted. If the team decides to proceed, a written request for permission to evaluate is sent to the child's parent(s). School authorities *must* obtain permission from the parent/guardian before proceeding with a formal evaluation. Interestingly, IDEA does not require parental consent for referrals. We believe, however, that it is wise to notify parents that a referral is being initiated, explain the reasons for the referral, and solicit their input and cooperation in the referral process.



Assessments can be conducted at a young age and must be individualized and comprehensive.

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Assessment

The first step in determining whether a student has a disability and is in need of a special education is securing the consent of the child's parent(s)/guardian(s) for the evaluation. As noted previously, this step is mandated by IDEA as part of the procedural safeguards protecting the legal rights of parent(s)/guardian(s). Under the provisions of IDEA, school officials must notify the student's parent(s)/guardian(s), in their native language, of the school's intent to evaluate (or refusal to evaluate) the student and the rationale for this decision; they must explain the assessment process and alternatives available to the parent(s)/guardian(s), such as the right to an independent evaluation of their son or daughter. Many schools automatically send parent(s)/guardian(s) a statement of their legal rights when initial permission to evaluate is sought.

Assessment, according to Gargiulo and Metcalf (2023), is a generic term that refers to the process of gathering information about a student's strengths and needs. Educational assessment can rightly be thought of as an information-gathering and decision-making process.

One of the goals of the assessment process is to obtain a complete profile of the student's abilities and their needs. By law (IDEA), this requires the use of a multidisciplinary team of professionals, of which one member must be a teacher. In practice, some school districts are fulfilling this mission by establishing inter- and transdisciplinary assessment teams. Regardless of the model adopted by the school district, the team is responsible for developing an individualized and comprehensive assessment

package that evaluates broad developmental domains (cognitive, academic achievement) as well as the specific areas of concern noted on the referral, such as social/emotional problems or suspected visual impairments.

Successful accomplishment of this task dictates the use of both formal and informal assessment tools. Once again, IDEA is very clear about this issue: No one procedure may be used as the sole basis of evaluation; a multitude of tests is required. IDEA regulations further require that the evaluations be presented in the student's native language or, when necessary, via other modes of communication such as sign language or Braille for students with a sensory impairment. Additionally, the selection and administration of the assessment battery must accurately reflect the child's aptitude and achievement and not penalize the student because of their impairment in sensory, manual, or speaking skills. The accompanying Insights feature describes some accommodations that may be needed for accurate assessment.

School psychologists, educational diagnosticians, and other professionals responsible for evaluating the student have a wide variety of assessment instruments at their disposal. Evaluators attempt to gauge both inter- and intraindividual differences by using both norm- and criterion-referenced assessments. Simply stated, *norm-referenced assessments* are standardized tests and are linked to interindividual differences. Norm-referenced tests compare a student's performance with that of a representative sample of children, providing the evaluator with an indication of the student's performance relative to other individuals of similar chronological age. Data are typically presented in terms of percentile ranks, stanines, or grade-equivalent scores. Data gleaned from norm-referenced tests provide limited instructional information. In contrast, *criterion-referenced assessments* are associated with intraindividual differences and can provide data that are useful for instructional planning. In this type of assessment procedure, a student's performance on a task is compared to a particular level of mastery. The criterion level is typically established by the classroom teacher. Criterion-referenced assessments are especially helpful, according to Gargiulo and Metcalf (2023), in pinpointing the specific skills that the student has mastered as well as determining what skills necessitate additional instruction. Teachers are concerned with the individual's pattern of strengths and needs rather than how the student compares with their classmates.

As mentioned earlier, evaluators must put together a complete educational portrait of the student's abilities. This frequently requires multiple sources of information, which typically include standardized tests, work samples, and observational data, among other forms of input. Table 2.5 summarizes some of the types of assessments increasingly being used by evaluation specialists to complement data derived from norm-referenced tests.

TABLE 2.5 ■ Emerging Sources of Assessment Information

Source	Description
Naturalistic observation	Documentation of qualitative as well as quantitative aspects of a young person's behavior in the natural environment. Information may be recorded formally (rating scales, observational recording systems) or informally (anecdotal records, audio recordings). Data can be used to support or refute information gathered from other sources.
Interviews	Information obtained from significant individuals in a student's life—parents, teachers, older siblings, or the student themselves. Interviews are a planned and purposeful activity whose purpose is to gain insight or perspective on specific areas of interest, such as the child's background or possible reasons for behavioral problems. Format may be formal (interviewer follows a predetermined set of questions) or informal (interview proceeds according to the individual's responses). Data may be gathered orally or in writing.
Work samples	Evidence of a student's actual classroom performance, typically focused on particular skill development. Sometimes referred to as a permanent product. Spelling tests, arithmetic fact sheets, and handwriting samples are examples of this information source. Work samples are especially useful when planning instructional intervention and modification. Requires the teacher to think diagnostically and look, for example, at error patterns or clarity of directions.
Portfolios	A type of authentic assessment, portfolios are an outgrowth of the familiar work folder concept. They include a wide range of examples of a student's emerging abilities and accomplishments over time. Qualitative and quantitative indicators of performance might include writing samples, audio/video recordings, worksheets, drawings, photographs, or other forms of evidence. Useful for student self-assessment.

Instructional Programming and Appropriate Placement

When properly conducted, educational assessments lead to the development of meaningful IEPs and IFSPs. Measurable annual goals (and short-term objectives/benchmarks for students evaluated via alternate assessments) are crafted based on data gleaned from these evaluations. But first, the multi-disciplinary team must determine whether the student is eligible to receive special education services according to specific state criteria. Eligibility standards differ from state to state, but most are framed around IDEA criteria.

INSIGHTS

ASSESSMENT ACCOMMODATIONS

In order to accurately portray a student's abilities and needs, assessment accommodations are sometimes necessary. Accommodations are changes in how students access and demonstrate learning without changing the standards they are working toward. Accommodations must be individualized; not all students require them, nor do students with the same disability require the same type of accommodations. The need for accommodations may change over time for an individual student; some individuals may require fewer accommodations in one situation, while in other situations, additional support is required. Listed as follows are examples of accommodations that individualized education program teams may find beneficial.

Presentation accommodations let students access assignments, tests, and activities in ways other than reading standard print. Students with print disabilities (inability to visually decode standard print because of a physical, sensory, or cognitive disability) may require a combination of these accommodations:

- Visual: large print, magnification devices, sign language, visual activity schedule
- Tactile: Braille, Nemeth code, tactile graphics
- Auditory: human reader, tablets, audio amplification devices, e-text, or audiobooks
- Visual and auditory: screen reader, video recording, descriptive video, talking materials

Response accommodations allow students to complete assignments, tests, and activities in different ways or solve or organize problems using an assistive device or organizer. Response accommodations include the following:

- Different ways to complete assignments, tests, and activities: expressing responses to a scribe through speech, sign language, or an assistive communication device; typing on or using speech to text on a computer or tablet; Braille; writing in a test booklet instead of on an answer sheet
- Materials or devices to solve or organize responses: calculators, spelling and grammar apps or tools embedded within computers or tablets, visual or graphic organizers

Timing and scheduling accommodations give students the time and breaks they need to complete assignments, tests, and activities and may change the time of day, day of the week, or number of days over which an activity takes place. These include

- Extended time
- Multiple or frequent breaks
- Changing the testing schedule or order of subtests
- Dividing long-term assignments

Setting accommodations change the location in which a student receives instruction or the conditions of the setting. Students may be allowed to sit in a different location than the majority of students to

- Reduce distractions
- Receive accommodations
- Increase physical access
- Use special equipment

Source: Adapted from IRIS Center Module on Accommodations (2024). Retrieved from <https://iris.peabody.vanderbilt.edu/module/acc/#content>

If team members, working in concert with the child's parent(s), determine that the student fails to qualify for a special education, we suggest developing intervention strategies and recommendations for accommodations to address the referral concerns. We believe this is necessary because the student will remain in their present placement—the general education classroom. Additionally, the team may wish to consider the student for a 504 accommodation plan if the student is eligible for such services. Parent(s)/guardian(s) must be sent written notification summarizing the evaluation and stating why their son or daughter is ineligible to receive a special education. If, however, it is determined that the student is eligible for a special education, the multidisciplinary team is then confronted with two monumental tasks: constructing the IEP/IFSP and determining the most appropriate placement for the student.

DESIGNING INDIVIDUALIZED INSTRUCTIONAL PROGRAMS

According to IDEA, each student identified by a multidisciplinary child study team as having a disability and in need of special education must have an individualized program of specially designed instruction that addresses the unique needs of the child and, in the case of infants and toddlers, the needs of the family as well. IEPs and IFSPs are guides to the design and delivery of customized services and instruction. They also serve as vehicles for collaboration and cooperation between parents and professionals as they jointly devise appropriate educational experiences.

Individualized Education Program

An individualized education program is part of an overall strategy designed to deliver services appropriate to the individual needs of students ages 3 and older. By the time we reach the IEP stage, the appropriate permissions have been gathered, assessments have been conducted, and a disability determination has been made. We are now at the point where the IEP is to be developed, followed by placement in the most appropriate and least restrictive setting. Bateman and Linden (2012) made a very important point about *when* the IEP is to be developed. They believed that IEPs are often written at the wrong time. Legally, the IEP is to be developed within 30 days following the evaluation and determination of the child's disability but *before* a placement recommendation is formulated. Placement in the least restrictive and most normalized setting is based on a completed IEP, not the other way around. An IEP should not be limited by placement options or the availability of services. We believe it is best to see the IEP as a management tool or planning vehicle that ensures that children with disabilities receive an individualized education appropriate to their unique needs. It also guides the integration of the general and special education curriculum (Diliberto & Brewer, 2012). This focus is in concert with both the intent and the spirit of IDEA.

IEPs are written by a team. At a minimum, participation must include a parent/guardian; the child's teachers, including a general education teacher and a special educator; a representative from the school district; and an individual able to interpret the instructional implications of the evaluation. When appropriate, the student, as well as other professionals who possess pertinent information or whose expertise is desired, may participate at the discretion of the parent or school. Parents have a legal right to participate meaningfully in this planning and decision-making process; they serve as the child's advocate. Although IDEA mandates a collaborative role for parents, it does not stipulate the degree or extent of their participation.

IEPs will vary in their format and degree of specificity. Government regulations do not specify the level of detail considered appropriate or stipulate how the IEP is to be constructed—only that it be a written document. What is specified are the components (see the Insights feature).

As stated previously, an IEP is, in essence, a management tool that stipulates *who* will be involved in providing a special education, *what* services will be offered, *where* they will be delivered, and for *how long*. In addition, an IEP gauges *how successfully* goals have been met. Although the IEP does contain a measure of accountability, it is not a legally binding contract; schools are not liable if goals are not achieved. Schools are liable, however, if they do not provide the services stipulated in the IEP. IEPs are to be reviewed annually, although parents may request an earlier review. A complete reevaluation of the

student's eligibility for special education must occur every 3 years. PL 108–446 waives this requirement, however, if both the parents and school officials agree that such a review is not necessary.

IEPs are not meant to be so detailed or complete that they serve as the entire instructional agenda, nor are they intended to dictate what the individual is taught. They do have to be individualized, however, and address the unique learning and/or behavioral requirements of the student. It is for this reason that we find fault with the growing reliance on computer-generated goals and objectives. Commonplace today is the use of IEP software programs, which assist educators in constructing, editing, and managing IEPs. This includes dropdown menu options for accommodations, among other elements.

INSIGHTS

ELEMENTS OF A MEANINGFUL INDIVIDUALIZED EDUCATION PROGRAM

Current Performance. A statement of the student's present levels of educational and functional performance, including how the student's disability affects their involvement and progress in the general education curriculum or, for preschoolers, how the disability affects participation in age-appropriate activities.

Goals. A statement of measurable annual goals (both functional and academic) that address the student's involvement and progress in the general education curriculum as well as the student's other education needs; short-term objectives or benchmarks are required for students who take alternate assessments aligned to alternate achievement standards.

Special Education and Related Services. A statement of special education, related services, and supplementary aids and services (based on peer-reviewed research) to be provided, including program modifications or supports necessary for the student to advance toward attainment of annual goals; to be involved and progress in the general education curriculum, extracurricular activities, and nonacademic activities; and to be educated and participate in activities with other children both with and without disabilities.

Participation With Typical Students. An explanation of the extent, if any, to which the student will *not* participate in the general education classroom.

Participation in State- and Districtwide Assessments. A statement of any individual modifications needed for the student to participate in a state- or districtwide assessment; if a student will not participate, a statement of why the assessment is inappropriate and how the student will be assessed.

Dates and Places. Projected date for initiation of services; expected location, duration, and frequency of such services.

Transition Services. Beginning at age 16, a statement of needed transition services identifying measurable postschool goals (training, education, employment, and, if appropriate, independent living skills), including a statement of interagency linkages and/or responsibilities.

Measuring Progress. A statement of how progress toward annual goals will be measured and how a student's parents (or guardians) will be regularly informed of such progress.

Age of Majority. Information provided at least 1 year before reaching the age of majority regarding transfer of rights to the student upon reaching the age of majority.

One of the challenges confronting the IEP team is ensuring that students have access to the general education curriculum as stipulated in both the 1997 and 2004 reauthorizations of IDEA. But what is the general education curriculum? In most instances, it is the curriculum that typical learners are exposed to, which is often established by individual state boards of education. The IEP must address how the student's disability affects their involvement in and ability to progress in the general education curriculum. The underlying assumption seems to be that even if a child is receiving a special education, they should engage



Parents play a crucial role in developing their child's individualized education program.

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in the general education curriculum. Documentation is required if the team believes that this curriculum is inappropriate for a particular student.

IDEA 2004 requires the IEP team to develop measurable annual goals while also emphasizing exposure to the general education curriculum. Goal statements are purposely broad. Their intent is to provide long-range direction to a student's educational program, not to define exact instructional tasks. Based on the student's current level of performance, goals are "written to reflect what a student needs in order to become involved in and to make progress in the general education curriculum" (Yell, 2019, p. 235). They represent reasonable projections or estimates of what the student should be able to accomplish within the academic year. They also answer the question, "What should the student be doing?" Annual goals can

reflect academic functioning, social behavior, adaptive behavior, or life skills. Regardless of their emphasis, goal statements should be positive, student oriented, and relevant (Polloway et al., 2018).

Measurable annual goals should include the following five components:

- The student (the who)
- Will do what (the behavior)
- To what level or degree (the criterion)
- Under what conditions (the conditions)
- In what length of time (the time frame)

Quality IEPs largely depend on having well-written and appropriate goals (and objectives) that address the unique needs of the individual. IEPs are the primary means of ensuring that a specially designed educational program is provided. The accompanying Strategies for Effective Teaching and Learning feature provides a sample agenda for an IEP team meeting.

STRATEGIES FOR EFFECTIVE TEACHING AND LEARNING

SUGGESTED INDIVIDUALIZED EDUCATION PROGRAM MEETING AGENDA

- Welcome and introduction of participants and their respective roles
- Statement of purpose
- Review of previous year's IEP (except for initial placement) and accomplishments
- Discussion of student's present level of performance and progress:
 - Assessment information
 - Strengths and emerging areas
- Consideration of specific needs:
 - Instructional modifications and accommodations
 - Participation in state- and districtwide assessments
 - Related services
 - Assistive technology needs
 - Transition goals
 - Behavior intervention plan

- Language needs for a student with limited English proficiency
- Braille instruction for a student who is visually impaired
- Development of annual goals (and benchmarks if appropriate)
- Recommendations and justification for placement in a least restrictive environment
- Closing comments, securing of signatures
- Copies of IEP to all team members

Individualized Family Service Plan

The individualized family service plan is the driving force behind the delivery of early intervention services to infants and toddlers who are at risk or have a disability. The IFSP was originally conceived to focus on children younger than age 3, but recent changes in thinking now allow this document to be used with preschoolers who require a special education. This change was initiated by the federal government in an effort to minimize the differences between early intervention and preschool special education services; the government is now encouraging states to establish “seamless systems” designed to serve a young person from birth through age 5. As a result of this policy decision, states now have the authority to use IFSPs for preschoolers with special needs until the children enter kindergarten (Lipkin & Schertz, 2008).

Like an IEP, an IFSP is developed by a team consisting of professionals and the child’s parents as key members. In addition, parents may invite other family members to participate, as well as an advocate. Typically, the service coordinator who has been working with the family, the professionals involved in the assessment of the student, and the service providers constitute the remainder of the group charged with the responsibility of writing the IFSP. The elements required for an IFSP, as stipulated in PL 108–446, are summarized in Table 2.6.

TABLE 2.6 ■ Comparable Components of an IEP and IFSP

Individualized Education Program	Individualized Family Service Plan
A statement of the child’s present levels of academic achievement and functional performance, including involvement and progress in the general education curriculum	A statement of the infant or toddler’s present levels of physical, cognitive, communication, social/emotional, and adaptive development
No comparable feature	A statement of the family’s resources, priorities, and concerns
A statement of measurable annual goals, including benchmarks or short-term instructional objectives for children who take alternate assessments aligned to alternate achievement standards	A statement of measurable results or outcomes expected to be achieved for the infant or toddler and the family
A statement indicating progress toward annual goals and a mechanism for regularly informing parents/guardians of such progress	Criteria, procedures, and timelines used to determine the degree to which progress toward achieving the outcomes or results is being made
A statement of specific special education and related services and supplementary aids and services, based on peer-reviewed research, to be provided and any program modifications	A statement of specific early intervention services, based on peer-reviewed research, necessary to meet the unique needs of the infant or toddler and the family
An explanation of the extent to which the child will not participate in general education programs	A statement of the natural environments in which early intervention services will appropriately be provided, or justification, if not provided
Modifications needed to participate in state- or districtwide assessments	No comparable feature
The projected date for initiation of services and the anticipated duration, frequency, and location of services	The projected date for initiation of services and the anticipated duration of services
No comparable feature	The name of the service coordinator
At age 16, a statement of transition services needed, including courses of study in addition to measurable postsecondary goals	The steps to be taken to support the child’s transition to other services at age 3

Source: Adapted from Individuals with Disabilities Education Improvement Act of 2004, Title 20 U.S. Code [U.S.C.] 1400 *et seq.*, Part B Section 614 (d) (1) (A), and Part C Section 636 (d).

The IFSP was intentionally designed to preserve the family’s role as primary caregiver. Well-constructed IFSPs, which are reviewed every 6 months, fully support the family members and encourage their active and meaningful involvement. This thinking is in keeping with an empowerment model (Turnbull et al., 2015) that views families as capable (with occasional assistance) of helping themselves. It allows parents to retain their decision-making role, establish goals, and assess their own needs. It is also in keeping with our support of an ecological perspective (Gargiulo & Kilgo, 2024), which argues that one cannot look at a child without considering the various systems and spheres of influence that provide support—in this instance, the infant or toddler’s family and community.

Information obtained from the assessment of the family and data about the infant or toddler’s developmental status are used to generate outcome statements or goals for the child and their family. Practitioners are increasingly emphasizing real-life or authentic goals for children with special needs (Johnson et al., 2015). These goals, which are based on the priorities and concerns of the family, are reflected in the IFSP’s required outcome statements. Interventionists no longer teach skills in isolation; rather, goals are developed that are relevant to the daily activities of the young person and their families. These statements need to be practical and functional, reflecting real-life situations occurring in the natural environment.

SERVICE DELIVERY OPTIONS: WHERE A SPECIAL EDUCATION IS PROVIDED

Now that the IEP/IFSP team has decided *what* will be taught, it must decide *where* special education services will be provided. The issue of appropriate placement of children with disabilities has generated considerable controversy and debate. In fact, it has been a point of contention among special educators for almost 40 years. IDEA mandates that services be provided to students in the least restrictive setting—or, as Henry and Flynt (1990) called it, the most productive environment. The question confronting the team is, “What is the most appropriate placement for achieving the goals (outcomes) of the IEP (IFSP)?” The chosen setting must allow the student to reach their IEP (or IFSP) goals and work toward their potential.

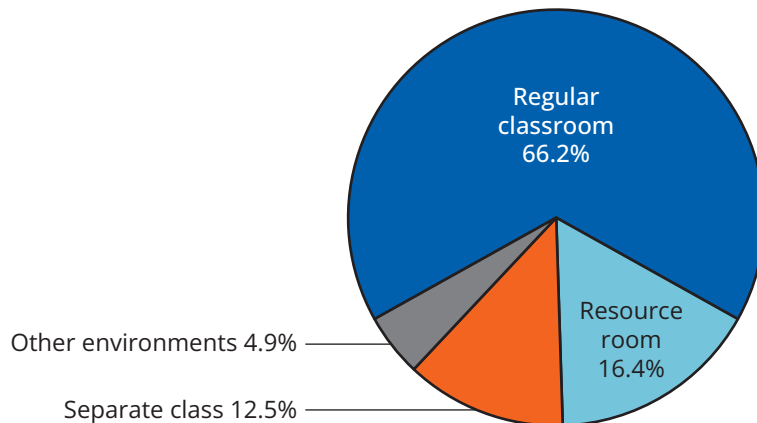
It is at this point in our decision-making model that school authorities, in collaboration with the child’s parent(s)/guardian(s), attempt to reach agreement about where the student will be served. The principle guiding this decision is known as the **least restrictive environment (LRE)**. This is a relative concept; it must be determined individually for each student. We interpret this principle to mean that students with disabilities should be educated in a setting that most closely approximates the general education classroom *and* still meets the unique needs of the individual. As we will see shortly, for a growing number of students, this setting is the general education classroom. The concept of LRE calls for maximum opportunity for meaningful involvement and participation with classmates who are not disabled. One of its inherent difficulties is the required balancing of maximum integration with the delivery of an appropriate education.

Educational Placements

The federal government annually monitors the different settings in which students with disabilities receive a special education. Figure 2.3 illustrates the percentage of students in the various educational environments recognized by the U.S. Department of Education. Table 2.7 describes six typical school settings serving individuals with special needs. We will report placement information in future chapters according to these environments.

A Cascade of Service Delivery Options

As we have just seen, the federal government recognizes that no one educational setting is appropriate for meeting the needs of all children with disabilities. Effective delivery of a special education requires an array or continuum of placement possibilities customized to the individual requirements of each

FIGURE 2.3 ■ Percentage of School-Age Children With Disabilities Served in Various Educational Settings

Source: U.S. Department of Education. (2023). *Forty-fourth annual report to Congress on the implementation of the Individuals with Disabilities Education Act, 2022*. U.S. Government Printing Office. p. 55.

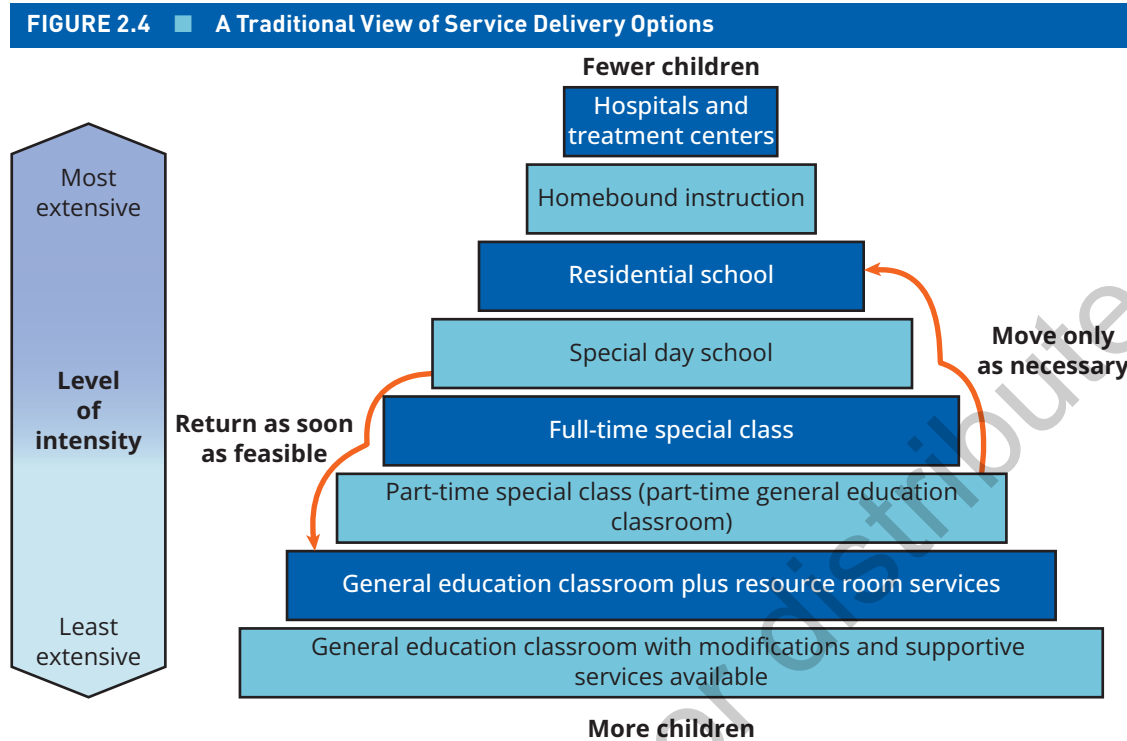
Notes: Data are for students ages 5 to 21 enrolled in special education during the 2020–2021 school year. Other environments include separate schools, residential facilities, homebound/hospital environments, correctional facilities, and parentally placed in private schools. Information based on data from 48 states, Puerto Rico, the District of Columbia, Bureau of Indian Education schools, and outlying areas in addition to three freely associated states. Data for Louisiana and Iowa not included.

TABLE 2.7 ■ Definitions of Typical Educational Settings Serving School-Age Students With Disabilities

Setting	Definition
Regular classroom	Students who spend at least 80% of the school day in a regular or general education classroom.
Resource room	Students who receive special education and related services in the regular classroom between 40% and 79% of the school day. Students are “pulled out” of the regular classroom and receive specialized instruction or services in a separate classroom for limited periods of time. Services may be individualized or offered in small groups.
Separate class	Students who receive special education and related services in the regular classroom for less than 40% of the school day. Commonly known as a self-contained classroom wherein students, usually those with more extensive support needs, receive full-time instruction or, in a modified version, participate in nonacademic aspects of school activities. Classroom is located in typical school building.
Separate school	Students who receive special education and related services in a public or private separate day school for students with disabilities, at public expense, for more than 50% of the school day.
Residential facility	Students who receive a special education in a public or private residential facility, at public expense, 24 hours a day.
Homebound/hospital	Students placed in and receiving a special education in a hospital or homebound program.

Source: Adapted from U.S. Department of Education. (2000). *Twenty-second annual report to Congress on the implementation of the Individuals with Disabilities Education Act* (U.S. Government Printing Office). pp. 11–14.

student. The concept of a continuum of educational services has been part of the fabric of American special education for almost five decades. Reynolds originally described the concept of a range of placement options in 1962. His thinking was later elaborated on and expanded by Deno (1970), who constructed a model offering a “cascade” or continuum of settings. A traditional view of service delivery options is portrayed in Figure 2.4.



Source: Adapted from S. Graves, R. Gargiulo, and L. Sluder, *Young Children: An Introduction to Early Childhood Education* (West, 1996), p. 398.

In this model, the general education classroom is viewed as the most normalized or typical setting; consequently, the greatest number of students are served in this environment. This placement would be considered the least restrictive option. Deviation from the general education classroom should occur only when it is educationally necessary for the student to receive an appropriate education. Each higher level depicted in Figure 2.4 represents a progressively more restrictive setting. Movement up the hierarchy generally leads to the delivery of more intensive services to children with more extensive support needs, who are fewer in number. However, intensive supports are now being provided in general education classrooms with increasing frequency. Environments at the upper levels are considered the most restrictive and least normalized, yet, as we will see shortly, they may be the most appropriate placement for a particular individual.

As originally conceived, the natural flow of this cascade of service delivery options would be in a downward movement from more restrictive settings to those viewed as least restrictive, such as the general education classroom with or without support services. Contemporary thinking, however, suggests that students begin in the general education classroom and ascend the model, reaching a level that meets their unique needs. A key feature of this model, too often overlooked, is that a particular placement is only temporary; flexibility or freedom of movement is what makes this model work. The settings must be envisioned as fluid rather than rigid. As the needs of the student change, so should the environment; this is why there is an array of service delivery possibilities. In our opinion, there is no one best educational placement for each and every student with disabilities. As individuals debate service delivery, one element that makes it more challenging is the inconsistent use of terminology. As frequently happens in arguments, people are often saying the same thing but using different words.

A Contemporary Challenge

At the present time, the field of special education is confronting the challenge of calls for greater inclusion of individuals with disabilities into all aspects of society, especially educational programs.



Federal law stipulates that, to the maximum extent appropriate, students with disabilities are to be educated with their typical classmates.

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Mainstreaming

The first potentially confusing term is mainstreaming, which first appeared on the educational scene more than 50 years ago. It evolved from an argument put forth by Dunn (1968), who, in a classic essay, questioned the pedagogical wisdom of serving children with mild intellectual disability in self-contained classrooms, which was then common practice. Other professionals soon joined with Dunn in his call for a more integrated service delivery model, resulting in the beginning of a movement away from isolated special classes as the placement of choice.

We define **mainstreaming**—or, in contemporary language, integration—as the social and instructional integration of students with disabilities into educational programs whose primary purpose is to serve typically developing individuals. It represents a common interpretation of the principle of educating children with disabilities in the least restrictive environment. Interestingly, the term *mainstreaming* itself never appears in any piece of federal legislation.

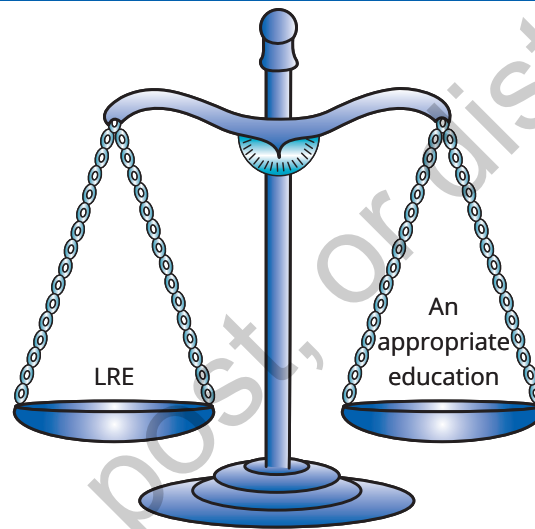
Integration involves providing the student with an appropriate education based on their unique needs. It is our opinion that policymakers never envisioned that mainstreaming would be interpreted to mean that *all* children with special needs must be placed in integrated placements; to do so would mean abandoning the idea of determining the most appropriate placement for a particular child. IDEA clearly stipulates that, to the maximum extent appropriate, children with disabilities are to be educated with their typical peers. We interpret this provision to mean that, for some individuals, an integrated setting, even with supplementary aids and services, might be an inappropriate placement in light of the child's unique characteristics. A least restrictive environment does not automatically mean 100% placement in general education settings. As educators, we need to make the distinction between appropriateness and restrictiveness. We recognize, as do many other special educators, that maximum integration with typically developing children is highly desirable and should be one of our major goals. The question is when, where, with whom, and to what extent individuals with disabilities are to be included.

Least Restrictive Environment

Least restrictive environment (LRE) is a legal term often interpreted to say individuals with disabilities are to be educated in environments as close as possible to the general education classroom setting. An LRE is not a place but a concept. Determination of the LRE is made individually for each child. An appropriate placement for one student could quite easily be inappropriate for another. The LRE is based on the student's educational needs, not on their disability.

Inherent within the mandate of providing a special education and/or related services within the LRE is the notion of a continuum of service delivery possibilities. Figure 2.5 reflects varying degrees of restrictiveness, or amount of available contact with typical learners. Being only with children with disabilities is considered restrictive; placement with peers without disabilities is viewed as least restrictive. As we ascend the continuum, the environments provide fewer and fewer opportunities for interaction with typically developing age-mates—hence the perception of greater restrictiveness. Despite a strong preference for association with students who are typical, this desire must be balanced by the requirement of providing an education appropriate to the unique needs of the individual. Consequently, an integrative environment may not always be the most appropriate placement option. Each situation must be individually assessed and decided on a case-by-case basis. The educational setting must meet the needs of the learner. The philosophy of the LRE guides rather than prescribes decision-making (Meyen, 1995).

FIGURE 2.5 ■ Balance Between LRE and an Appropriate Education



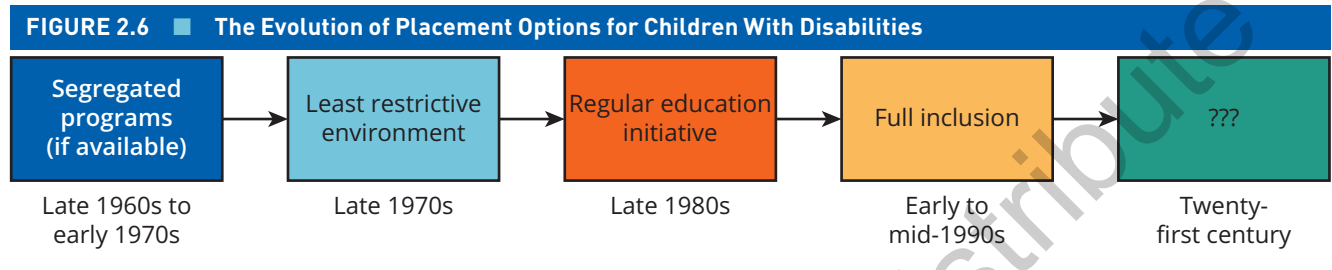
Regular Education Initiative

The third concept that requires our attention is the **regular education initiative (REI)**. REI is an important link in the evolution of the full inclusion movement. The term was introduced in 1986 by former assistant secretary of education (Office of Special Education and Rehabilitative Services) Madeleine Will, who questioned the legitimacy of special education as a separate system of education and called for a restructuring of the relationship between general (regular) and special education. She endorsed the idea of shared responsibility—a partnership between general and special education resulting in a coordinated delivery system (Will, 1986b). Will recommended general educators assume greater responsibility for students with disabilities. She envisioned a meaningful partnership whereby general and special educators would “cooperatively assess the educational needs of students with learning problems and cooperatively develop effective educational strategies for meeting those needs” (Will, 1986a, p. 415). Will (1986b) also believed educators must “visualize a system that will bring the program to the child rather than one that brings the child to the program” (p. 21). Few professionals would dispute that the delivery of special education services would be significantly enhanced if there were greater coordination, cooperation, and collaboration between general and special educators.

Full Inclusion

We see the movement toward full inclusion as an extension of REI and earlier thinking about where children with disabilities should be educated. We offer the following succinct interpretation: **Full inclusion** is a belief that *all* children with disabilities should be taught exclusively (with appropriate

supports) in general education classrooms at neighborhood schools—that is, in the same school and age-/grade-appropriate classrooms they would attend if they were not disabled. Successful implementation will require new thinking about curriculum design along with increased collaboration between general and special educators (Noonan & McCormick, 2014). Recall that Will (1986b) originally proposed this type of partnership in her regular education initiative. Fox and Ysseldyke (1997) considered full inclusion as a further attempt at operationalizing the concept of LRE. Figure 2.6 illustrates the evolution of this thought process.



Source: From R. Gargiulo and J. Kilgo, *An Introduction to Young Children With Special Needs*, 3rd ed. (Wadsworth/Cengage Learning, 2011). p. 144.

Although the trend in judicial interpretations is toward inclusionary placement (Yell, 2019), the LRE mandate does *not* require that all students be educated in general education classrooms or in their neighborhood schools. The framers of IDEA never pictured, according to Kauffman (1995), that the general education classroom located in the neighborhood school would be the least restrictive setting for all students. In fact, policymakers believed that a cascade of placement options would be required in order to provide an appropriate education for students with disabilities.

Advocates of full inclusion (Downing, 2008; Kennedy & Horn, 2004; Peterson & Hittie, 2010) argue that the present pullout system of serving students with special needs is ineffective. They contend that “the diagnostic and instructional models, practices, and tools associated with the EHA [PL 94–142] and mainstreaming are fundamentally flawed, particularly for students considered to have mild to moderate disabilities” (Skrtic, 1995, p. 625). Children are labeled and stigmatized, their programming is frequently fragmented, and general educators often assume little or no ownership for students in special education (a “your” kids versus “my” kids attitude). Placement in a general education classroom, with a working partnership between special education teachers and general educators, would result in a better education for all students, not just those with special needs, and would occur within the context of the least restrictive environment.

When correctly instituted, full inclusion is characterized by its virtual invisibility. Students with disabilities are not segregated but dispersed into classrooms they would normally attend if they were not disabled. They are seen as full-fledged members of, not merely visitors to, the general education classroom. Special educators provide an array of services and supports in the general education classroom alongside their general education colleagues, often using strategies such as cooperative teaching in an effort to meet the needs of the students. Table 2.8 summarizes the key components of most models of full inclusion.



Full inclusion results in students with disabilities being seen as full-fledged members of the general education classroom.

Jose Luis Pelaez Inc/DigitalVision/Getty Images

TABLE 2.8 ■ Representative Components of Full Inclusion Models

Component	Description
“Home school” attendance	Defined as the local school the child would attend if they did not have a disability.
Natural proportion at the school site	The percentage of children with special needs enrolled in a particular school is in proportion to the percentage of students with exceptionalities in the entire school district; in general education classes, this would mean approximately two to three students with disabilities.
Zero rejection	All students are accepted at the local school, including those with severe impairments; students are not screened out or grouped separately because of their disability.
Age-/grade-appropriate placement	A full inclusion model calls for serving children with special needs in general education classrooms according to their chronological age rather than basing services on the child’s academic ability or mental age.

CHAPTER IN REVIEW

Litigation and Legislation Affecting Special Education (Learning Objective 2.1)

- National and state laws, along with their subsequent interpretation by the courts, have certainly helped shape and define contemporary special education policy and procedures.

Educational Reform: Standards-Based Education (Learning Objective 2.2)

- The No Child Left Behind Act is an example of federal legislation that focuses on educational accountability. All students, including those with a disability, are expected to demonstrate proficiency in key academic subjects.
- The reauthorization of the Individuals with Disabilities Education Act in 2004 (PL 108–446) aligns this legislation with some of the provisions of the No Child Left Behind Act. In addition, substantial changes occurred in the following areas of the law: the IEP process, the identification of an individual for a possible learning disability, teacher qualifications, student discipline, due process procedures, the evaluation of students, and participation of individuals with disabilities in state- and districtwide assessments.

Civil Rights Legislation (Learning Objective 2.3)

- Section 504 of PL 93–112 is the first federal law specifically aimed at protecting children and adults against discrimination due to a disability.
- The Americans with Disabilities Act (PL 101–336), which parallels Section 504 of PL 93–112, forbids discrimination against individuals with disabilities in both the public and private sectors of society.

Identification and Assessment of Individual Differences (Learning Objective 2.4)

- Interindividual differences are those characteristics that distinguish each student from their classmates. Interindividual differences might include distinctions based on height, intelligence, or gross motor skills.
- Intraindividual differences are differences within a particular student—that child’s unique profile of strengths and needs.

Referral and Assessment for Special Education (Learning Objectives 2.5)

- When properly conducted, educational assessments lead to the development of meaningful individualized education programs (IEPs) and individualized family service plans (IFSPs).
- Multidisciplinary teams use norm- and criterion-referenced tests to determine if a student is eligible to receive a special education and/or related services.

Designing Individualized Instructional Programs (Learning Objective 2.6)

- An IEP is essentially a management tool that stipulates who will be involved in providing a special education, what services and instruction will be provided, where they will be delivered, and for how long. In addition, the IEP is designed to gauge whether or not goals are successfully achieved.
- An IFSP is the driving force behind the delivery of early intervention services to infants and toddlers and their families.
- The IFSP is family focused and designed to preserve the parent's role of primary caregiver and principal decision-maker. It must address the concerns and priorities of the family while also acknowledging the resources and strengths of the family.

Service Delivery Options: Where a Special Education Is Provided (Learning Objective 2.7)

- According to the principle of least restrictive environment (LRE), services are to be provided in the setting that most closely approximates the general education classroom while still meeting the unique needs and requirements of the learner.
- Mainstreaming represents a popular interpretation of the principle of LRE.
- Implicit in the mandate of LRE is the notion of a continuum or cascade of service delivery options—a hierarchy of educational environments that allows for customized placement possibilities based on the needs of the individual student.
- Full inclusion seeks to place all students with disabilities, regardless of the type or severity of their impairment, in age-/grade-appropriate classrooms at neighborhood schools.
- The concept of full inclusion evolved from the regular education initiative, which sought a shared responsibility or partnership between general and special educators, resulting in greater collaboration and cooperation in meeting the needs of students with disabilities.

STUDY QUESTIONS

1. How have litigation and legislation influenced the field of special education?
 - *Brown v. Board of Education of Topeka, Kansas*
 - *Pennsylvania Association for Retarded Children v. Commonwealth of Pennsylvania*
 - *Larry P. v. Riles*
 - *Board of Education of the Hendrick Hudson Central School District v. Rowley*
 - *Daniel R.R. v. State Board of Education*
 - *Cedar Rapids Community School District v. Garrett F.*
2. What is the significance of the following cases?
3. Name and describe the six major components and guarantees contained in PL 94–142.
4. What was the purpose of the Americans with Disabilities Act? List four areas where this law affects the lives of individuals who are disabled.
5. How did PL 108–446 modify PL 105–17?
6. Distinguish between interindividual and intraindividual differences.
7. How do prereferral interventions benefit the student suspected of requiring a special education?
8. How do norm-referenced and criterion-referenced tests differ?
9. List the key elements required of a meaningful IEP. Who is responsible for developing this document?
10. Compare the provisions and purpose of an IFSP with those of an IEP.

11. Define the following terms: *mainstreaming*, *least restrictive environment*, and *regular education initiative*. How are these terms related to the mandate of providing services in the LRE?
12. Distinguish between a cascade of services delivery model and the philosophy of full inclusion. What do you see as the advantages and disadvantages of full inclusion?

KEY TERMS

interindividual differences
 intraindividual differences
 prereferral intervention
 referral
 child-find

assessment
 least restrictive environment (LRE)
 mainstreaming
 regular education initiative (REI)
 full inclusion

LEARNING ACTIVITIES

1. Interview an administrator of special education programs for your local school district. Find out how court decisions and legislative requirements have affected the delivery of special education services. Here are some suggested topics for discussion:
 - How has special education changed over the past several years as a result of judicial and legislative mandates?
 - What does the school district do to protect the rights of the students, involve parents, ensure due process, and assess in a nondiscriminatory manner?
 - How is the school district meeting the requirement of educating students with disabilities in the least restrictive environment?
 - What are the perceived advantages and disadvantages of IDEA at the local level?
2. Obtain a copy of your state's special education law. How do the requirements and provisions of the law compare with IDEA?
3. Obtain samples of several IEPs and IFSPs from different school districts in your vicinity. In what ways do the forms differ? How are they the same? Do they fulfill the requirements of the law as outlined in your textbook?
4. Visit several elementary and high schools in your area. What service delivery options are available for students with disabilities? Are children with different exceptionalities served in similar settings? Ask the teachers what they believe are the advantages and disadvantages of their particular environment.

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 Professional Learning and Ethical Practice (CEC Initial Preparation Standard 6.2)

Reflect on what you have learned in this chapter about the rights of individuals with disabilities. What measures would you take in your classroom to make sure that your students were educated in the least restrictive environment possible?

Focus on Learner Development and Individual Learning Differences (CEC Initial Preparation Standard 1.2)

Reflect on what you have learned in this chapter about understanding the uniqueness of each of your students. Pair up with another student and assess their intraindividual differences (unique patterns of strengths and needs). If you were to create an individualized education program for this “student,” what unique needs would they have?

NOTE

1. National legislation, or public law (PL), is codified according to a standardized format. Legislation is thus designated by the number of the session of Congress that enacted the law followed by the number of the particular bill. PL 94–142, for example, was enacted by the 94th session of Congress and was the 142nd piece of legislation passed.

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