New Jersey Inclusive Child Care Project

Finding Our Way Together

A Resource Guide

RESOURCES TO SUPPORT THE INCLUSION OF CHILDREN WITH SPECIAL NEEDS
IN CHILD CARE CENTERS, FAMILY CHILD CARE, AND AFTER SCHOOL CARE

2003

Statewide
Parent
Advocacy
Network

New Jersey
Department of Human Services
New Jersey Inclusive Child Care Project

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Resources

To All,

This resource guide comes to you proudly from the New Jersey Inclusive Child Care Project.

The goal of this project is to help educate child care providers and family child care providers on the importance of inclusion, the need for including children with special needs in typical child care settings, and the laws guiding them to include these children. We also provide support to families seeking child care and after-school care.

This project provides support to child care providers and family child care providers by offering workshops through their local UCCA (Unified Child Care Agency), as well as providing technical assistance through phone contact and on-site consultation. The on-site consultations involve direct individual services to any center or family child care provider interested or already involved in including a child with special needs.

The resource guide was developed to help all those involved in child care have information and resources readily available to guide them with inclusion.

You will find a wide range of resources available in this guide. If you need any further information in regard to inclusion, please feel free to call me at (973) 642-8100 x108.

All my best wishes,

Sue

Sue Merrill
New Jersey Inclusive Child Care Project

OVERVIEW

Inclusion

Marsha Forest

A remarkable leader, advocate and champion of inclusion for all, Marsha Forest passed on, June 2, 2000, after a 12-year battle with cancer.

She continued to work and teach until weeks before her untimely death.

For more information, contact:

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Inclusion is
the future.

Inclusion is
belonging to one race, the human race.

Inclusion is
a basic human right.
Inclusion is struggling to figure out how to live with one another.

Inclusion is not
something you do to someone or for someone.
It is something we do WITH one another.

Inclusion is not
a person, "the inclusion kid."
Not a program. Not an adjective. Not an add-on.
Inclusion is a noun.

Inclusion is not
something we do a little of. It either is or isn't.
It is not a fad. Not a bandwagon.
It is a trend, similar to democracy.
"With liberty and justice for all."
All means all. No buts about it!

Inclusion is
the opposite of exclusion.
Inclusion is not exclusion.

Inclusion is
fair play, common sense, common decency, hard work.

Inclusion is
elegant in its simplicity and, like love, awesome in its complexity.

Inclusion is
a battle cry, a parent's cry, a child's cry to be
welcomed, embraced, cherished, prized,
loved as a gift, as a wonder, a treasure.

Inclusion is
not spending more money on building more
prisons, mental hospitals, nursing homes, group homes,
but investing in
real homes, real life, real people, all people.

Inclusion is
pain, struggle, joy, tears, grief, mourning, celebration!

Inclusion is
the ship that isn't even built yet. It is a new ship.
One we will build together.

Inclusion is
like a good jazz combo,
like an orchestra disciplined to play melody in harmony.

Inclusion is
a kaleidoscope of diversity, bits of colour, sounds, shapes, sizes.

Inclusion is
the future.

What is Inclusion In Child Care?

What does an inclusive program look like?

An inclusive program has the same characteristics as any other child care program. In an inclusive program, children with and without disabilities participate in the same routines and play experiences.

Providers in inclusive programs learn to recognize children as distinct individuals with special strengths and needs. They continually make creative modifications to routines and activities so that each child benefits from participating.

Do all inclusive child care programs look the same?

Child care programs and the providers who work in them are as different from each other as each child is different from another. Child care settings that retain their individuality enable families to choose the program that best suits their particular needs.

How are child care programs different from specialized programs for children with disabilities?

Specialized programs (such as special education preschools or therapy services) provide treatment or training specific to a child's developmental, physical, or medical disability. Child care programs, on the other hand, provide a natural learning environment and typical day-to-day experiences for children.

The settings complement one another, and may blend together at times. For instance, specialized programs may include typical day-to-day routines, and child care programs may have therapists visit to work with some children.

Who are the children in inclusive child care programs?

Inclusive child care programs include children with and without disabilities. Among all these children, however, there will be a wide variety of needs, strengths, talents, and interests. Not every two-year-old throws tantrums and not every child with a disability uses a wheelchair. Some children with disabilities have needs that are unfamiliar or unique, and they also have the same every-day-little-kid needs as other young children.

Does a child care program need special equipment or modifications in the environment to include children with disabilities?

It is difficult to anticipate what special equipment or modifications a program might need until a particular child is enrolled. Most typical toys, play materials, and equipment are appropriate for children with disabilities and could be adapted, if necessary.

Parents and other professionals who are aware of the child's interests and abilities can help make adaptations, provide other appropriate materials, or assist in modifying the environment for the child.

Do providers need to have special skills?

Yes and no. As new children are enrolled, there are a few things to learn and new ideas to try. Most of the time, these new "specialized skills" are just slightly different ways to do the things that are already required to meet the needs of young children. If a child has a need that is unfamiliar, the child's parent is usually a great source for "how to's" - or can identify someone who can help.

An inclusive program is first of all a good early childhood program, and the skills that promote inclusion are, basically, the skills of any competent provider.

How many children with disabilities should be included in the program?

There is no "magic" number. What is important is how and how well each child is included. The number of children with disabilities in a program should reflect a balance between the program's resources and the needs of each individual child. Child care providers should match what their program has to offer with what each child and family needs and wants.

Inclusion is more than numbers anyway - it's the conviction that every child should be included.

What role do parents and family play?

If inclusion is going to work, parents must be included as well. Parents understand their child's strengths, needs and interests. Collaboration with parents means asking for input and suggestions, sharing expertise, communicating regularly, and building a partnership strong enough to support the excitement and challenges of child care.

What questions and concerns do parents have about inclusion?

All parents have similar questions and concerns about child care. Some common questions are:

- Will my child's specific needs be met?
- Will my child participate fully in the program's daily activities?
- Will another child take time away from my child? and
- Will my child begin to act like the child with a disability?

Since parents often mirror provider's attitudes, a child care provider's enthusiasm for and commitment to inclusion can help reassure parents.

Should the family of a child with a disability pay more?

No. In most cases, including children with disabilities does not require any more program resources than including other children in the program. Even when children do require accommodations, programs may not charge the family more but may choose to spread the cost (if any) evenly among all the families enrolled.

Working closely with families will help providers make financially reasonable accommodations to include each child. Accommodations that pose a tremendous financial burden are not required but expenses may be offset by other agencies.

What are some of the benefits for children in an inclusive program?

Early childhood programs provide a playful and natural environment for all children to grow and develop. The opportunity for children with disabilities to participate in these experiences with other young children has great value.

Children become aware of differences and similarities between themselves and their peers. As they play together, they develop a sense that everyone, regardless of ability or disability, has an important contribution. In addition, children benefit from an environment were emphasis is placed on being responsive to individual strengths and needs.

How will I know if it's working?

There are many ways to measure success:

- hearing from more parents interested in the program;
- getting positive feedback from families and other professionals in the community;
- seeing enthusiasm and new skills in staff members and volunteers;
- noticing improvement in one's own ability to respond to the individual differences of the children.

These are all important indicators of a quality program.

Perhaps the single most important measure is to look at the impact on individual children.

When children have the opportunity to grow and develop at their own pace...

when each child is included in routines and play experiences that are appropriate for the child's interests and abilities…

when every child is treated with respect...

it's working!

Individuals with Disabilities Education Act (IDEA)

Individuals with Disabilities Education Act (IDEA) is a federal education program to provide federal financial assistance to State and local education agencies to guarantee special education and related services to eligible children with disabilities, aged birth through 21. Under the legislation, states have the responsibility to provide a free, appropriate public education and must develop an Individualized Education Program for each child served. *The law requires that children with disabilities must be provided services in the "least restrictive environment," with their non-disabled peers, to the maximum extent appropriate.*

Part B of the Individuals with Disabilities Education Act is the state and local grant program. Over 5 million children with disabilities aged 3-21 receive special education and related services. The state and local grant program is "the central vehicle through which the federal government maintains a partnership with states and localities to provide an appropriate education for children with disabilities requiring special education and related services." (1) Funding to states is through a formula to state education agencies based on a relative count of children with disabilities being served within the state.

Section 619 of the Individuals with Disabilities Education Act

Section 619 of the Individuals with Disabilities Education Act is the preschool grants program, which expands the requirement of free appropriate public education to include all eligible preschool children with disabilities ages 3 through 5. Services may also be provided to children aged 2 who will turn three during the next school year. Funding to states is through a formula to state education agencies in which 70 percent of the funds must be distributed to local education agencies and intermediate educational units, with the remaining 30 percent for planning and development of a comprehensive delivery system and for administrative expenses. Funds are used to provide the full range and variety of appropriate developmental and other preschool special education programs to preschool-aged children. In addition, funds may be used for comprehensive diagnostic evaluations and for parent training and counseling. *This section of the law requires that preschoolers with disabilities must also be provided services "in the least restrictive environment," with their non-disabled peers, to the maximum extent appropriate.*

Part C of the Individuals with Disabilities Education Act

Part C of the Individuals with Disabilities Education Act is known as the Early Intervention Program. This program provides grants to states for early intervention programs for infants and toddlers with disabilities, ages birth through 2 years. Amendments in 1991 expanded the program to include children age 3 and included provisions to increase participation of underserved populations and to enhance services to "at-risk" populations. *This section of the law requires services to be provided to eligible infants, toddlers and their families in "natural environments," that is, settings where infants and toddlers without disabilities are typically found, unless the desired outcomes cannot be met in such settings.*

States participate on a voluntary basis. The funds can be used for the planning, development, and implementation of a statewide system for the provision of early intervention services, for the general expansion and improvement of services and can be used (as part of the transition to services provided under Part B) to provide a free, appropriate public education to children with disabilities from their third birthday the beginning of the next school year. In all cases, federal funds are the "payor of last resort," meaning that the funds cannot be used when there are other appropriate resources available through public or private means.

Section 504 of the Vocational Rehabilitation Act of 1973

Section 504 of the Vocational Rehabilitation Act of 1973 is a civil rights law designed to prohibit discrimination on the basis of disability in programs and activities, public and private, that receive federal financial assistance. The law creates the responsibility to provide a free, appropriate public education, although no federal funds are provided.

IDEA funds may not be used to serve children only eligible for special education and related services under Section 504.

Americans with Disabilities Act is "the most comprehensive federal civil rights law ever passed to protect individuals with mental or physical disabilities from discrimination. The law prohibits discrimination in employment (Title I), state and local government services (Title II), public accommodations (Title III), public transportation (Title IIIB), and telecommunications (Title IV)... Public accommodations refers to private programs such as family child care homes, child care centers, nursery schools, preschools, or Head Start programs run by non-public agencies." (2) Public accommodations also includes afterschool centers, municipal or county recreation programs, and other programs funded in whole or part with federal dollars.

No funding is provided under the ADA, although limited tax credits are available for removing architectural or transportation barriers.

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1 Council for Exceptional Children, *Fiscal Year 1996 Federal Outlook for Exceptional Children: Budget Considerations & CEC Recommendations*, p. 17.
2 Child Care Law Center, *Child Care & the ADA: Highlights for Parents*, p. 3-4.

Sources:

Child Care and the ADA: Highlights for Parents, Child Care Law Center
Fiscal Year 1996 Federal Outlook for Exceptional Children: Budget Considerations and CEC Recommendations, Council for Exceptional Children
Overview of the ADA, IDEA, and Section 504, Kelly Henderson, ERIC Digest EDO-EC-94-8.
"What is Part B of IDEA?: The Preschool Grants Program," National Early Childhood Technical Assistance System (NEC*TAS)
"What is Part H of IDEA? The Early Intervention/Birth to Three/Infants and Toddlers Program," National Early Childhood Technical Assistance System (NEC*TAS) (Note: Part H was revised to Part C in the IDEA Reauthorization of 1997)

AMERICANS WITH DISABILITIES ACT ("ADA")

Prohibits discrimination based on disability in employment, education, and "public accommodations," including child care providers

Requires "reasonable accommodations" to be provided at no cost to the person with a disability

Requires child care providers to accept and serve children with disabilities if they can do so
without substantively altering their program and without incurring "excessive cost"

Enforced by U.S. Department of Justice

SECTION 504 OF THE VOCATIONAL REHABILITATION ACT ("SEC. 504")

Prohibits discrimination against persons with disabilities

Requires "reasonable accommodations" to be provided at no cost to the person with a disability

Requires child care providers to accept and serve children with disabilities if they can do so
without substantively altering their program and without incurring "excessive cost"

Applies to organizations and institutions that receive federal financial assistance, directly or through state or municipal government
(subsidized childcare providers, recreational programs, school-funded or sponsored before or after school programs and summer programs)

INDIVIDUALS WITH DISABILITIES EDUCATION ACT ("IDEA")

Early Intervention:

Provides services and supports for infants and toddlers with developmental delays and disabilities from birth to age 3 and their families

Services must be provided pursuant to an IFSP (Individualized Family Services Plan)

Services must be provided in "natural environments," settings where infants and toddlers without disabilities would typically be found

Services may be provided in child care centers, directly by, or in consultation with, therapists and special educators

Enforced by lead agency, New Jersey Department of Health & Senior Services

Preschool & School-Age Special Education:

Provides services and supports for 3-5 year olds with disabilities

Services must be provided pursuant to an IEP (Individualized Education Program)

Services must be provided in the "least restrictive environment," starting with the regular setting with non-disabled peers

Preschool Services may be provided in child care centers or other early childhood settings,
directly by therapists and special educators and/or in consultation with therapists and special educators

Services must include access to general curriculum, participation in assessments with necessary accommodations,
and participation in extracurricular and nonacademic activities

Services should be provided in the school/setting the child would attend if s/he did not have a disability,
or if that's not possible, the next closest school/setting

Enforced by the lead agency, New Jersey Department of Education

Child Care and Children with Special Needs

Almost Everything You Wanted to Know but Were Afraid to Ask!

Are child care centers covered by the Americans with Disabilities Act (ADA)?

Yes. Almost all privately-run child care centers (including small, home-based centers, even those that are not licensed by the state) and all child care services provided by government agencies (like Head Start, summer programs, and extended school day programs) must comply with the ADA. Even private child care centers that are operating on the premises of a religious organization are covered by ADA. Only centers that are controlled or operated by a religious organization do not have to comply with ADA. Even those centers may have to comply if they have agreed to comply through contract with a federal, state, regional, or local government agency.

What are the basic requirements of the ADA for child care centers?

Child care providers may not discriminate against persons with disabilities. They must provide children and parents with disabilities with an equal opportunity to participate in their programs and services.

- Centers and providers cannot exclude children with disabilities from their programs unless their presence would pose a direct threat to the health or safety of others or require a fundamental alteration of their program.

- Centers and providers must make reasonable modifications to their policies and practices to include children, parents, and guardians with disabilities in their programs unless doing so would be a fundamental alteration of their program.

- Centers and providers must provide

appropriate auxiliary aids and services needed for effective communication with children or adults with disabilities, unless doing so would be an undue burden (significant difficulty or expense, relative to the childcare provider's resources or the resources of the "parent" company).

- Centers and providers must make their facilities accessible to people with disabilities. Existing facilities must remove any readily achievable barriers, while newly constructed facilities and any altered portions of existing facilities must be fully accessible. If existing barriers can be easily removed without much difficulty or expense, child care providers must remove those barriers now even if there are no children or adults with disabilities using the program. Installing offset hinges to widen a door opening, installing grab bars in toilet stalls, or rearranging tables, chairs or other furniture are all examples of readily achievable barrier removal. Centers run by government agencies must insure that their programs are accessible unless making changes would impose an undue burden: this will sometimes include changes to facilities.

In order to demonstrate "reasonable efforts," child care providers must attempt to access available resources outside of their programs. For example, resources to support the inclusion of a child with a disability may be provided by the NJ Early Intervention System - NJ Department of Health and Senior Services or by a local school district through its special education program. Other resources may be available through the Office of Early Care and Education of the NJ State Department of Human Services and the local county Unified Child Care Resource and Referral agency. These agencies offer free information and assistance to child care providers.

How do I decide whether my center can meet the needs of a child with a disability?

Child care providers must make individualized assessments about whether they can meet the particular needs of each child with a disability who seeks services from their program, without fundamentally altering their program. In each case, the provider must talk with the parents or guardians and other professionals who work with the child. Providers are often surprised at how simple it is to include children with special needs in their programs. Child care providers are not required to accept children who would pose a direct threat or whose presence or necessary care would fundamentally alter the nature of their program.

What are some reasons that ARE NOT acceptable for rejecting children with disabilities?

- Higher insurance rates are not a valid reason for excluding children with disabilities. If any extra cost is incurred, it should be treated as overhead and divided equally among all paying families.

- The need of a child with a disability for individualized attention is not a valid reason for excluding that child, unless the extent of the child's need for individualized attention would fundamentally alter the child care program or the cost of providing the individualized attention would be an undue burden on the program.

- The need for a child with a disability to bring a service animal, such as a seeing eye dog, to the center, is not a valid reason for excluding that child, even if the center has a "no pets" policy. Service animals are not "pets."

- The need for a child with a disability to receive medication while at the child-care program is not a valid reason for excluding that child. As long as reasonable care is used in following the written instructions about administering medication, centers are generally not liable for any resulting problems.

- The fact that a child has allergies, even severe, life-threatening allergies to bee stings or certain foods, is not a valid reason for excluding that child. Child care providers need to be prepared to take appropriate steps in the event of an allergic reaction, such as administering a medicine called "epinephrine" that will be provided in advance by the child's parents or guardians. New Jersey State law allows non-medical personnel to administer these "epi-pens."

- Delayed speech or developmental delays are not valid reasons for rejecting children with disabilities. Under most circumstances, children with disabilities must be placed in age-appropriate classrooms.

- Mobility impairments are not valid reasons for rejecting children with disabilities. Some children with mobility impairments may need assistance in taking off and putting on leg or foot braces during the day. As long as doing so would not be so time-consuming that other children would have to be left unattended, or so complicated that it can only be done by licensed health care professionals, it would be a reasonable modification to provide such assistance.

- The need for toileting is not a valid reason for rejecting children with disabilities, even if the provider has a general rule about excluding children over a certain age unless they are toilet-trained. Under state regulations, the child care provider must have an approved toileting are if toileting services

are provided for any child, regardless of age. This is not grounds for refusing to accept a child who requires these services. Of course, universal precautions, such as wearing latex gloves, should be used whenever caregivers come into contact with children's blood or bodily fluids, such as when they are providing toileting services.

What are some reasons that ARE acceptable for not accepting children with disabilities?

- Children who pose a direct threat - a substantial risk of serious harm to the health and safety of others - do not have to be admitted into a program. This determination may not be made on generalizations or stereotypes; it must be based on an individualized assessment that considers the particular activity and the actual abilities and disabilities of the child.

- Child care providers may ask all applicants whether a child has any diseases that are communicable through the types of incidental contact expected to occur in child care settings or specific conditions, like active infectious tuberculosis, that in fact pose a direct threat. Providers may not inquire about conditions such as AIDS or HIV infections that have not been demonstrated to pose a direct threat.

What are some reasons that ARE acceptable for removing a child with disabilities from a child care program after being admitted?

If a child care provider has made reasonable efforts to meet the needs of a child with

disabilities already in their program, but the child's needs cannot be met, or the child continues to pose a direct threat to the health or safety of others, the child may be removed from the program. However, this decision must be made on an individual basis.

How does a child care provider cover the costs of providing special services to a child with a disability?

Child care providers may NOT charge parents of children with special needs additional fees to provide services required by the ADA. For example, if a center is asked to do simple procedures that are required by the ADA, like finger-prick blood glucose tests for children with diabetes, it cannot charge the child's parents extra (of course, the parents must provide all appropriate testing equipment, training and special food necessary for the child). Instead, the provider must spread the cost across all families participating in the program. If the child care provider is providing services beyond those required by ADA, like hiring licensed medical personnel to conduct complicated medical procedures, it may charge the child's family.

To help offset the cost of actions or services that are required by the ADA, such as architectural barrier removal, providing sign language interpreters, or purchasing adaptive equipment, some tax credits and deductions may be available. Contact the ADA Information Line, (800) 514-0301, for more details. Contact the Special Needs Child Care Project at (609) 984-5321 for more information or for the Resource and Referral agency nearest you.

THE ADA: A NEW WAY OF THINKING
TITLE III: PUBLIC ACCOMMODATIONS

Evaluate the individual needs of the child with a disability.

Does the child's condition pose a direct threat?

— YES → Can the direct threat be eliminated through reasonable accommodations?

— NO → The child cannot be reasonably accommodated at this point. Reassess when direct threat can be eliminated.

— NO →

YES → Identify ways to reasonably accommodate the needs of the child.

Does the child need special equipment or services to ensure effective communication?

— NO → Do you need to change policies, practices and procedures to accommodate the child?

— NO → Do you need to remove any architectural (physical) barriers to accommodate the child?

— NO → The child can be reasonably accommodated. Admit the child into your program.

YES → Will providing this impose an undue burden or fundamentally alter the nature of your program?

NO →

YES → Will changing policies and practices fundamentally alter the nature of your program?

NO →

YES → Will removing barriers be readily achievable?

YES →

YES → Are there any reasonable alternatives to accommodate the child?

YES —

NO →

NO →

YES →

YES → The child does not need to be accepted by your program now. If reasonably possible, set long-term goals to enable your program to meet similar needs in the future.

NO →

THE AMERICANS WITH DISABILITIES ACT (ADA)
A NEW WAY OF THINKING

ADA GOAL:

> To *reasonably accommodate* individuals with disabilities in order to *integrate* them into the program to the extent feasible, given *each individual's* limitations.

ADA PRINCIPLES:

INDIVIDUALITY
the limitations and needs of *each* individual;

REASONABLENESS
of the accommodation to the *program* and to the *individual*;

INTEGRATION
of the individual *with others* in the program.

TYPES OF ACCOMMODATIONS:

AUXILIARY AIDS AND SERVICES
special equipment and services to ensure effective communication;

CHANGES IN POLICIES, PRACTICES AND PROCEDURES;

REMOVAL OF BARRIERS
architectural, arrangement of furniture and equipment, vehicular.

REASONS TO DENY CARE:

ACCOMMODATION IS UNREASONABLE, and there are no reasonable alternatives.
- For **auxiliary aids and services**, if accommodations pose an *UNDUE BURDEN* (will result in a significant difficulty or expense to the program);
- For **auxiliary aids and services**, or **changes in policies, practices or procedures**, if accommodations *FUNDAMENTALLY ALTER* the nature of the program;
- For **removal of barriers**, if accommodations are *NOT READILY ACHIEVABLE* (cannot be done without much difficulty or expense to the program).

DIRECT THREAT
The individual's condition will pose or does pose a significant threat to the health or safety of other children or staff in the program, and there are no reasonable means of removing the threat.

Children in the Classroom Are More Alike Than Different

All Children

Curious learners

Learn through play

Represent knowledge in a variety of ways

Self-esteem relates to ability to learn

Learn through individual style

Accept differences as norm

Development dependent on social interactions

Need to belong to classroom community and feel membership

Need to develop lifelong skills

Friendships necessary both during and after school

Recognition is needed for individual gifts/talents

Need to become independent thinkers

Enjoy cooperative learning, peer tutors, cross-age tutors

Respond well to active learning and learning centers

Need to represent learning in a variety of channels

Need cooperative effort of home/school

Wide range of individual needs

Learn by doing

Typical Child

May be more independent

Able to verbalize wants and needs through language

Easily accepted in society

Aware of own strengths and limitations

Often uses all sensory channels

Has power to use learning

Self-directed learner

Special Needs Child

May require assistive devices

Individualized Educational Program in place

May require support personnel to achieve IEP goals

May require adaptive furniture or more classroom space

May require longer "think time"

May require flexible schedules

May require more understanding, empathy

May present physical challenges

May require assistance with relevance of learning

Curriculum Modification Planning Form

What is everybody doing?

_____
_____
_____

Can _____ participate just like everyone else?

YES?
Then go have fun!

NO?
What can we do to include _____?

Can we give _____
some help from friends? _____

From whom? _____

Can an adult help _____?
_____

Who? _____

Can _____ use different materials? _____

What materials? _____
_____

How will they be used? _____
_____

What else can _____ do
that is related to what the class is doing?

_____
_____
_____
_____
_____

ENVIRONMENTAL SUPPORTS

Ways to Structure the Environment to Promote Active Participation, Flexibility and Independence

Dalrymple, 1995; Wetherby & Prizant, 1992; in Quill, 1995

Use *Event Structures* to help child know how to participate in the activity and to promote interaction
- ♦ define each activity with a clearly marked opening events (e.g., check picture schedule and gather needed materials), way to participate (e.g., use materials), and closing event (e.g., put materials away)
- ♦ use a sequence of steps that is logical and predictable to the child with clearly marked turn-taking in which the child can anticipate
- ♦ use a limited number of clearly delineated roles that are exchangeable and that require cooperation

Use *Predictable Routines* to help child anticipate the sequence of events and how to participate in activity
- ♦ design the physical space and schedule to promote smooth transitions between activities and foster a sense of the school routine
- ♦ mark the opening and closing of each activity with a ritual (e.g., taking materials out and putting materials away)
- ♦ develop school routines for morning circle, centers, snack, lunch, etc.
- ♦ develop home routines for getting ready for school, after-school activities, diner, etc.

Use *Visual Supports* to help child initiate choice making, have a way to say no, & maintain self-control
- ♦ use picture exchange or picture choice boards to make choices about foods for snack and lunch, activities in work centers, activities on playground, etc.
- ♦ develop clear, simple ways to indicate the many meanings of *no* (i.e., I don't want that, I don't want to do that, I need help doing it, I need a break from that, etc.)
- ♦ develop self-calming strategies
- ♦ establish a safe place for child to be alone and "*chill out*" and a way to ask for time alone

Use *Picture Schedules* to organize sequences of time for part of a day, week, month or year
- ♦ develop picture (or object) schedules for each daily routine
- ♦ review schedule boards frequently, initially prior to each activity and gradually fade frequency
- ♦ incorporate choice making of activities/materials and gradually introduce variability into schedule
- ♦ use picture schedules to help child anticipate changes in routine

Use *Participation Guidelines* to define what the task is and *Completion Guidelines* to indicate when the task is finished
- ♦ use a work system to help child know what is expected and how to complete a task independently (e.g., use a green bin for the parts to be assembled, use a blue bin to present a model or jig as a guide, and use a red bin for the assembled product)
- ♦ use timers to indicate completion of an activity or center

Use *Waiting Supports* to help child understand what is expected and learn how to wait
- ♦ use a particular object to hold while waiting for the next activity (e.g., book, headphones)
- ♦ use a particular buddy to stand next to while waiting in line

Use *Spatial Supports* to help child know where things are located
- ♦ clearly define areas of room where different behaviors are expected
- ♦ label areas and belongings with large clear symbols

EARLY CHILDHOOD

Early Warning Signs
That Your Child or a Child in Your Care May Need Help

All children develop at different rates and in different ways. Some children are born with special needs that can affect their growth and development. Other children may not show developmental problems, delays, or differences until later in childhood. Fortunately, many of these children can get the support they need to reach their potential if parents and child care providers recognize the signs of need early and get help.

The Early Warning Signs described here are only a few of the indicators that a child may need further observation and assessment. If, for any reason, you suspect that your child or a child in your care may have special needs, we urge you to seek help immediately. The period from birth to age three is the best time to help the child and you may prevent more serious problems from occurring later. DON'T WAIT until the child enters kindergarten before you ask for assistance!

If you suspect that your child or a child in your care may have special needs, call or help the child's parents call the local district or the special education program of the county office of education. Representatives of those agencies may schedule an assessment to see if the child qualifies for services. Parents must give written permission for the child to be tested and receive special education. All services are confidential and provided at no cost to the family.

RISK FACTORS
The following situations place children at greater risk for health and developmental difficulties:
- Prematurity and/or low birth weight
- Prenatal or other exposure to drugs, alcohol, or tobacco
- Violence in the community or home
- Poor nutrition
- Family stress (poverty, poor housing, homelessness, death in the family)

GENERAL BEHAVIOR
Some behaviors may be causes for concern or just part of the child's temperament or personality. The following behaviors should be looked at in light of the whole child.

The child…
- By six months, avoids being held or talked to or resists being soothed and comforted
- Does not pay attention or stay focused for as long a time as other children the same age
- Avoids or rarely makes eye contact
- Gets unusually frustrated when trying to do simple tasks that most children of the same age can do
- Often acts out; appears stubborn or aggressive
- Acts extremely shy or withdrawn
- Does not like being touched
- Does not like having certain types of materials or clothing next to body
- Treats other children, animals, or objects cruelly or destructively
- Tends to break things a lot
- Displays violent behavior (tantrums, fighting, screaming, or hitting other children) on a daily basis
- Stares into space, rocks body, or talks to self more often than other children the same age

- Often bangs head against object, floor, or wall
- Does not recognize dangerous situations (walking in traffic, jumping from high places)
- Tends to be sick often; complains of headaches or stomachaches
- Has sleeping, feeding, eating or toileting problems
- Is overly impulsive, active, or distractible
- Does not respond to discipline as well as children of the same age
- Has difficulty putting thoughts, actions, and movements together
- Does not seek approval from parent or caregiver

HEARING
The child…
- Has frequent earaches
- Has had many car, nose, or throat infections or allergies
- By four months, does not look at the source of sounds or voices or react to loud noises
- Talks in a very loud or very soft voice
- Seems to have difficulty responding when called from across the room, even when it is for something interesting
- Turns body so that the same ear is always turned toward a sound
- Breathes through mouth
- Has difficulty understanding what is said

MOVING
The child…
- Has stiff arms or legs
- Has floppy or limp body posture
- Uses one side of the body more than the other
- Has poor coordination or moves in a disorganized, clumsy manner compared with other children of the same age
- At three months, still has difficulty holding head up
- By age one, has difficulty sitting without help, standing up, reaching for objects, or picking up objects with thumb and index finger
- By age two, has difficulty walking without help, kicking a large ball, scribbling, or building a tower with two or three blocks
- By age three, does not walk up or down stairs, run without falling frequently, or turn pages of a book
- By age four, has difficulty standing on one foot, jumping from a bottom step, pedaling a tricycle, catching a large bounced ball, closing a fist, or wiggling a thumb
- By age five, has difficulty skipping using alternate feet, pumping self on a swing, or cutting with scissors

SEEING
The child…
- Rubs eyes frequently
- Seems to have difficulty following objects or people with eyes
- Has reddened, watering, or crusty eyelids
- Holds head in a strained or unusual position when trying to look at an object
- Has difficulty focusing or making eye contact
- Seems to have difficulty finding or picking up small objects dropped on the floor
- Closes one eye when trying to look at distant objects

COMMUNICATING
The child…
- By age six months, rarely makes sounds like cooing or gurgling
- Is unusually quiet
- Does not shake head *no*
- By age one, does not understand first words, such as *milk*, *bottle*, or *bye-bye*
- By age two, does not say *mama* or *dada*
- By age two, rarely names family members and/or common objects
- By age two, does not speak in two-word phrases
- By age two, does not point to objects or people want or need
- By age three, does not follow simple directions or speak in three- or four-word sentences
- By age four, does not tell stories, either real or make-believe, or ask frequent questions
- By age four, does not speak in four- or five-word sentences and has speech that is not understandable by adults
- By age five, does not know age and cannot answer *who*, *what*, *where*, *when* or *why* questions or use various types of sentences

THINKING
The child…
- By age one, has a hard time figuring out simple problems, such as finding an object after seeing it hidden
- By age two, does not identify simple body parts by pointing, match similar objects, or recognize self in a mirror
- By age three, does not understand simple mathematical concepts such as *one*, *more*, *less*, or count *1-2-3*
- By age four, does not give correct answers to questions, such as *What do you do when you are sleepy or hungry?*
- By age four, cannot tell the difference between different shapes or colors
- By age five, does not understand the concepts of *today*, *tomorrow*, or *yesterday*

PLAYING
The child…
- By three months, does not coo or smile
- By age one, does not play games like *peek-a-boo* or *pat-a-cake* or wave *bye-bye*
- By age two, does not imitate parent or caregiver doing routine tasks such as washing dishes, cooking, or going to work
- By age three, tends to play alone more than with other children
- By age three, does not play purposefully or initiates play through pushing and hitting
- By age three, does not interact with adults and children outside the family
- By age four, does not play make-believe games and group games such as hide-and-seek with other children
- By age five, does not share and take turns
- By age five, does not express concern or compassion, when appropriate
- By age five, does not show off occasionally

California Department of Education, Child Development Division, 1999.

Including Children with Special Needs in Typical Early Childhood Settings

Did you know that if your child is eligible for preschool special education, s/he is potentially eligible to receive these services in "the least restrictive environment," or, in other words, a typical early childhood setting such as your neighborhood preschool, a child care center, or an Abbott contracted center, as long as the program is licensed or approved by a governmental agency and is non-sectarian? [NJAC 6A:14-4.3(c)]

According to the Individuals with Disabilities Education Act (IDEA), every child who is eligible for special education services is entitled to a free appropriate public education in the least restrictive environment to the maximum extent appropriate. The New Jersey Administrative Code [6A:14-4.3(a)] states that "A full continuum of alternative placements shall be available to meet the needs of students with disabilities (3-21) for special education and related services." This means that every child, regardless of disability, is entitled to an opportunity to be educated with children who are not disabled and to be provided with the supports and services necessary to implement the IEP to the maximum extent appropriate. [NJAC 6A:14-4.3(c)3] "Special classes, separate schooling, or other removal of a student with a disability from the student's regular class occurs only when the nature or severity of the educational disability is such that education in the student's regular class with the use of appropriate supplementary aids and services cannot be achieved satisfactorily." [NJAC 6A:14-4.2(a)2]

So, when you sit down with the Child Study Team to discuss your child's educational needs, you should begin by discussing what services your child needs, and then where those services would best be provided, looking at a continuum of options from least restrictive to more restrictive, depending on your child's needs.

If my child is receiving preschool special education in a typical early childhood program, who is responsible for paying the tuition?

If your child is eligible for preschool special education and you and the district agree that a typical early childhood program is the most appropriate placement for your child to receive his special education services, the district is responsible for paying the tuition for the time that special services are being provided. This means that if your child is receiving the minimum 10 hours of preschool special education required by New Jersey State law [NJAC 6A:14-4.1(d)], the district is responsible for paying for 10 hours of tuition. For example, if your child attends a program for 40 hours per week and receives 10 hours of special education services at the program, the district is responsible for paying 25% of your tuition. The district is also responsible for paying for any special education services that are written in your child's IEP such as supplementary supports and services, speech and language therapy, occupational therapy, physical therapy, and/or a special educator.

Remember that when a child with a disability is served in a typical early childhood program, it is optimum for the child care provider to be a partner in the IEP implementation. Research has shown that most intervention occurs in between therapy sessions. While it is ultimately the district's responsibility to ensure that the IEP is being properly implemented, collaboration is essential.

What if my child needs a shadow/aide in order to be successful in a typical early childhood setting? Who is responsible for providing that support?

If you and the Child Study Team agree that your child needs a shadow/aide in order to implement his/her IEP in a typical early childhood setting, these supplementary aids and services must be written into the IEP. [NJAC 6A:14-4.3(a)1] The district is responsible for anything written into the IEP. Remember that inclusion is most successful when the proper supports are provided. These supports may include in-service training and ongoing collaboration between child study team members/related service providers and child care staff. These supports should be written into the IEP.

I want my child to attend the preschool disabilities program offered by my district, but I would like my child to attend a program with typical peers the other half of the day. Is there any district support available to the typical program or have I exhausted all of my district resources by sending her to the preschool disabilities program?

The questions you need to ask are:

- What goals and objectives in her IEP reflect her need for socialization with typical peers?
- Does she have an opportunity to interact with non-disabled peers over the course of her day in the preschool disabilities program in order to achieve these goals?

If the answer to the second question is that she does not have an opportunity to interact with non-disabled peers, then this would be an area for discussion with the Child Study Team. You might suggest that these goals be addressed at the typical program she attends in the afternoon for an agreed upon amount of time each week in order to achieve her IEP goals.

Once again, if you and the child study team agree with this arrangement, it would be beneficial to include a component in the IEP that addresses collaboration between child study team members and the typical

child care staff so that the social-emotional goals can be adequately addressed in the typical setting.

I agree with my district about the related services they offer my child, but I am in disagreement with them about placement. Can my child still receive related services while we resolve the placement issue?

Yes. According to the Individuals with Disabilities Education Act [Sect. 300.505 (d)], a parent may accept a portion of the IEP while rejecting other parts. It is suggested that you specify your acceptance of "related services only" on the signature page of the IEP.

I would like to have my child receive his special education services in a typical setting. How do I go about finding a typical preschool that will accommodate my child?

NJAC 6A:14-4.2(a) states: "Students with disabilities shall be educated in the least restrictive environment. Each district board of education shall ensure that: 1. To the maximum extent appropriate, a student with a disability is educated with children who are not disabled." This means that it is the district's responsibility to find a program in the least restrictive environment.

However, you can be a partner in this process. If your child is already attending a typical early childhood program that you feel is successfully including your child, you can suggest that the district visit the program and make it part of the evaluation. NJAC 6A:14-3.4 3(d)(2) I & ii states: "Each evaluation of the student shall include functional assessment of academic performance, and where appropriate, behavior. Each of the following components shall be completed by at least one evaluator: i. A minimum of one structured observation by one evaluator in other than a testing session; (1) In the case of a student who is suspected of having a specific learning disability, one evaluator shall observe the student's academic performance in the regular classroom."

If the district is in agreement that this would be an appropriate placement for your child, the district could establish a relationship with that program. However, the district is not obligated to select the center you have chosen as long as they can provide an acceptable alternative. If the center you have selected is outside your home district, it is the district's choice whether or not to use it.

There are districts in New Jersey that have relationships with early childhood programs outside their district, but it is up to each district to make that decision. However, if the district is unable to find an adequate program within their district, they may need to look outside their district for an appropriate inclusive placement.

Remember that regardless of whether your child receives special education services in a typical setting, child care providers are required by law (ADA) to make reasonable accommodations to include children with disabilities in their programs unless doing so would:

- pose a direct threat to the health or safety of others,
- result in an undue burden, or
- fundamentally alter their program

What if a center is willing to accept my child, but says that my tuition will be higher than the other parents because the center will require additional staff in order to accommodate my child?

If your child is receiving his special education services at this center, your district is responsible for providing any supplemental aids and services necessary to successfully include your child in the program during the time the IEP is being implemented.

If the child care provider is incurring additional costs in order to accommodate your child beyond the minimum 10 hours of special education, they may not charge you additional fees. According to the Americans with Disabilities Act (ADA), a child care provider must spread any additional costs incurred across the entire parent body. This means that, for example, if it costs the center $100 more per week to include your child and there are 100 children in the center, every parent should be asked to pay $1 more per week.

It is the child care provider's responsibility, according to the ADA, to make reasonable accommodations that won't cause an undue burden to them. While the ADA is vague in its definition of 'undue burden,' the U.S. Department of Justice would look at the overall resources of the organization in determining what is an 'undue burden.' This means that while a family child care provider would probably not be expected to make costly accommodations such as installing an elevator, a university affiliated center, national child care chain or YMCA may be required to do so, depending upon their resources. The Justice Department looks at the resources of the umbrella organization in making their determination.

Furthermore, according to the ADA, even if a child care provider does not currently serve children with disabilities, they should be in the process of preparing their facilities for children with disabilities by removing any existing barriers that are easily removed, such as installing offset hinges to doors or grab bars in bathrooms.

My child is not yet toilet trained and the provider I am interested in only accepts children who are toilet trained. Is it legitimate for them to exclude my child because of this?

The need for toileting is not a valid reason for rejecting children with disabilities, even if the provider has a general rule about excluding children over a certain age unless they are toilet trained. Under state regulations, the child care provider must have an approved toileting area if toileting services are provided for any child, regardless of age.

A few statistics to keep in mind…

There are approximately 3,700 licensed child care centers currently serving roughly 195,000 children in New Jersey. There are approximately 8,000 preschool children who are eligible for preschool special education in New Jersey. If every center was to enroll two children with a disability in their program, every preschool aged child eligible for special education could be served with his/her typically developing peers.

This means that children with special needs would have typical role models for all areas of development. But more importantly, they would be part of their communities from an early age.

Research has shown that children who are properly supported in typical early childhood settings develop socially, behaviorally and developmentally as well, if not better than, their counterparts in segregated settings. Research has also shown that the more children spend time being educated in segregated settings, the greater the likelihood that they will be in segregated settings throughout their lives into adulthood.

## Now is the time to make a difference…

Preschool Inclusion:
What We Know and Where We Go From Here

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Inclusion of children with disabilities in early childhood classrooms with typically developing peers has become a primary service option in early childhood special education. In this paper, I briefly describe "what we know" from the literature about outcomes of inclusion, social integration patterns, placement, definition, quality, instruction, teacher attitudes, family attitudes, community participation, policy factors, and cultural influences. The concluding discussion addresses ongoing issues related to definition, quality, intensity and instruction, outcomes and goals, social integration, and costs and funding.

Inclusion of preschool-age children with disabilities in classroom settings with typically developing peers is a relatively recent phenomenon. Although written about since the early 1970s (Allen, Benning, & Drummond, 1972; Bricker & Bricker, 1971), it only emerged as a major service alternative for children and families in the 1990s. Inclusion has now, however, become a mainstay in the field of early childhood special education. By recent counts, over 50% of all preschool children with disabilities who are receiving services are in some form of inclusive setting (U.S. Department of Education, 1998). This movement from traditional special education programs, which were originally built on a downward extension of special education designed for school-age children to preschool-age children, to programs in which children with disabilities are surrounded by typically developing peers, is continuing to move forward. Many policy makers and administrators in school systems now identify inclusion as the first service alternative for young children with disabilities, rather than a service provided because of parental advocacy.

At times, it may appear this important movement for children and families is being propelled by emotion, advocacy, and accelerating momentum rather than being guided by what we know about inclusive programs and issues that may shape the future. In this paper, I will offer my reflections (and, when noted, those of colleagues) about what we know about inclusion at the preschool level and speculate on five themed that may shape the future of inclusive programs and services for children with disabilities.
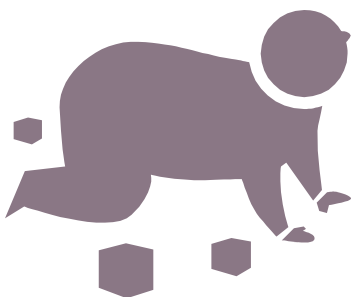
WHAT DO WE KNOW ABOUT PRESCHOOL INCLUSION?

In a recent exhaustive, and exhausting, review of the literature, my colleagues and I (Odom, Wolery, et al., 1999) used an ecological systems framework to organize and summarize the literature on preschool inclusion. From that review, to which the reader is referred for an in-depth description of research findings, we identified a number of results that appear to be strongly supported by the literature. These statements, reflecting what we know about preschool inclusion, are summarized below.

Positive outcomes are reported for children with disabilities and typically developing children in inclusive settings. Other reviews of the literature have concluded that on standardized developmental measures, children with disabilities perform as well in inclusive settings as in traditional special education settings (Buysse & Bailey, 1993; Lamorey & Bricker, 1993; Odom & Diamond, 1998). In addition, some individual studies suggest better performance in inclusive settings (Hundert, Mahoney, Mundy, & Vernon, 1998; Jenkins, Odom, & Speltz, 1989). When using observational measures, researchers have found that the behavior of children with disabilities appears to be positively affected by participation in activities and classrooms with typically developing children (Guralnick, Connor, Hammond, Gottman, & Kinnish, 1996; Hanline, 1993; Hauser-Cram, Bronson, & Upshur, 1993; Levine & Antia, 1997). In addition, participating in inclusive settings appears to positively affect the attitudes that typically developing children have toward children with disabilities (Peck, Carlson, & Helmstetter, 1992), as well as increase their knowledge of certain types of disability conditions (Diamond & Hestenes, 1994, 1996).

Children with disabilities engage in social interaction with peers less often than typically developing children in inclusive classrooms. This is the most replicated finding in the preschool inclusion literature (e.g., Guralnick, 1980; Guralnick et al., 1996; Kopp, Baker, & Brown, 1992). Moreover, as a group, children with disabilities are at relatively higher risk for peer rejection than typically developing children (Odom, Zercher, Li, Marquart, & Sandall, 1998), which I will discuss in more detail in a subsequent section. Although a range of social skills interventions have been developed (Odom, McConnell, et al., 1999), Strain and Hoyson (in press) have aptly noted that their effectiveness is dependent on the complimentary effects of a comprehensive and ongoing early intervention program. Moreover, Gurlanick (1999) has recommended that effective interventions must also involve the parents. Since social integration, social competence, and social relationships have been identified as outcomes that we hope to promote for children with disabilities, it is important to identify how we will assess progress made by individual children, as well as the more general effects of inclusive programs. This is an ongoing issue to which I will return.

School systems are more likely to place children with mild disabilities in inclusive settings than children with severe disabilities. This may be due, in part, to how comfortable teachers feel having children with severe disabilities in their classes (Eiserman, Shisler, & Healey, 1995; Gemmell-Crosby & Hanzlik, 1994). However, there may be good reasons for including children with severe disabilities in general preschool settings. Hundert and colleagues (1998) found that children with severe disabilities who participate in inclusive settings appear to score higher on standardized measures of development than comparable children enrolled in traditional special education settings.

Inclusion means different things to different people. Programs identified as inclusive appear to vary on several different dimensions. In our study of inclusive preschool programs, we found programs varying on the two dimensions of organizational context and individualized service delivery model (Odom, Horn, et al., 1999). Organizational contexts included community-based childcare and preschool classes, Head

Start classes, and public school classes. Individualized services were provided to children through either direct or collaborative itinerant teaching, team teaching (an "early childhood" approach), or a special education approach. McWilliam (1995) has also noted similar variations in providing therapy services in inclusive contexts.

The quality of the early childhood environments in inclusive settings appears to be, at least, comparable to quality in traditional special education classes and community-based early childhood programs servings only typically developing children. When general early childhood quality indicators, such as the Early Childhood Environmental Rating Scale (Harms & Clifford, 1980), are used to assess quality, inclusive preschool programs receive comparable or higher mean ratings in comparison to traditional special education programs (LaParo, Sexton, & Snyder, 1998) or regular early childhood education programs (Buysse, Wesley, Bryant, & Gardner, 1999). However, the quality of childcare environments in general appears to be mediocre, and concerns about quality in inclusive environments exist (Bailey, McWilliam, Buysse, & Wesley, 1998). This is an ongoing issue to which I will return in a subsequent section.

Individualized instructional techniques and curricula have been employed in inclusive settings and have produced positive behavioral and developmental outcomes. In a synthesis of our research findings, my colleagues in the Early Childhood Research Institute on Inclusion (1998) and I have proposed that specialized instruction is a necessary aspect of successful inclusive preschool programs. Such instruction may be naturalistic in nature (Rule, Losardo, Dinnebeil, Kaiser, & Rowland, 1998) in that it might blend with the activities and routines occurring in the classroom, although more specialized activities may be necessary at times (e.g., Frea, Craig, Odom, & Johnson, 1999). However, progress is still needed to refine techniques used in classroom settings, and I will return to this theme later.

Teachers generally have positive attitudes about including children with disabilities in their classes, but concerns also exist. When asked, early childhood teachers say that children with disabilities should be served in inclusive settings (Eiserman et al., 1995), and they are confident about providing childcare (Dinnebeil, McInerney, Fox, & Juchartz-Pendry, 1998). However, teachers are also concerned with their lack of knowledge about children with disabilities (Dinnebeil et al., 1998) and, as mentioned previously, are particularly concerned about enrolling children with severe disabilities.

Family members generally express favorable attitudes toward the inclusion of their children in inclusive programs, and positive attitudes increase over time. Parents identify benefits to their children, such as increased acceptance (Bailey & Winton, 1987), opportunities to learn (Guralnick, 1994), and availability of good developmental models (Bennett, Deluca, & Bruns, 1997). However, they also express some concerns about inclusion, such as obtaining

special services for their children (Peck, Hayden, Wandschneider, Peterson, & Richarz, 1989), as well as large class size (Wesley, Buysse, & Tyndall, 1997), and staff preparation (Green & Stoneman, 1989). In general, the positive appraisals of parents appear to over-shadow the negative appraisals. The information about parents' concerns should alert professionals to issues that parents may feel are important for their children in inclusive settings.

Children with disabilities engage in a range of community activities outside the preschool classroom, although they may do so less frequently than typically developing children. Although my work has focused on classroom inclusion, my colleagues and I have emphasized that Inclusion, with a capital "I," goes far beyond the classroom. In fact, a goal of inclusion in educational settings should be that young children with disabilities are prepared for participation in life in the community. Yet, for preschool children, Ehrmann, Aeschleman, & Svanum (1995) found that children with disabilities participate less frequently in community activities than typically developing children. Still, other researchers have found that young children with disabilities do participate in some community activities with their parents (Beckman et al., 1998; Guralnick, 1994) and that such increases community participation may be an important outcome of early intervention programs (Bruder & Staff, 1998). Currently, the important work of Dunst and his colleagues (1999) is uncovering the many learning opportunities that exist in natural environments in which children participate outside of the classroom.

A range of social policy factors (e.g., program standards, fiscal issues) affect the implementation of inclusive programs, and the interpretation of policy by key administrators appears to have the most substantial impact. In our work (Janko & Porter, 1997), as well as the work of others (Smith & Rose, 1993), It is clear that policy drives practice, and, more specifically, the interpretation of policy by key administrators has a major effect (Kohanek & Buka, 1999). Major policy barriers to inclusion appear to be related to program standards, financial issues, and personnel and staffing issues (Odom & Diamond, 1998). Although we know much about preschool inclusion, our understanding of policy, particularly fiscal issues, will continue to unfold, which his another point to which I will return.

Cultural and linguistic characteristics of community and family shape the form that inclusion takes in the classroom and access that children have to inclusive programs. Although research has been surprisingly sparse in this area, there is evidence that cultural issues affect families' perspectives on disability as well as teachers' practices and philosophies (Hanson et al., 1998). In addition, language difference between the home and school affect the amount and type of communication between teachers and families, the development of the Individualized Education Program (IEP), and children's friendships and social relationships (Hanson, Guitierrez, Morgan,

Brennan, & Zercher, 1997). Given the increased cultural and linguistic diversity and respect of diversity in U.S. society, one would expect this area of research to increase in the future.

EMERGING AND ONGOING ISSUES FOR THE FIELD

A solid knowledge base about preschool inclusion has begun to form, yet a number of persistent and important issues exist for the field. Delineation of those issues can provide a forum for discussion, and resolution of such issues could positively affect the lives of children, family members, teachers, and policymakers. The pressing issues are related to the definition of inclusion, the quality of inclusion, the meaning of intensity and further delineation of "instruction," the outcomes of inclusion and associated goals, the meaning of social competence and relationships, and the cost and funding of inclusion.

Definition of Inclusion

For years, there has been disgruntlement and outright bickering about what is meant by the term inclusion. Nearly 20 years ago, we attempted to base definitions of mainstreaming and integrated special education classes on the ratio of children with and without disabilities in the class (Odom & Speltz, 1983). Others have made similar, but equally unsuccessful, attempts to bring clarity to this definition (Filler, 1996; Guralnick, 1982). Some individuals define inclusion as occurring only when children are in classes with ratio that reflect that of the natural population (e.g., children with disabilities represent 5%-6% of the children in the class). Others have observed excellent inclusive programs, such as team teaching Head Start/Public School blended classes, in which a third of the children have disabilities.

Many professionals agree that an important dimension of inclusion is that children with disabilities attend the same class as typically developing children (i.e., attending the same hours in the same classroom) rather than being in different classes and just sharing joint activities for a portion of the day. Others may agree that there needs to be a "critical mass" of typically developing children (perhaps at least an equal number of children with and without disabilities) in order to make the classroom something different from a traditional special education classroom. By critical mass, I mean children with disabilities have opportunities to participate in activities and routines with children who are typically developing.

If we expect that children with disabilities will learn from, interact with, and form relationships with typically developing children, then the children with disabilities need to be around typically developing peers for a substantial part

of their day. Our observations of inclusive preschool programs suggest young children with disabilities are in inclusive settings that meet the criteria of physical membership and critical mass (Brown, Odom, Li, & Zercher, 1999). When programs meet these two broad criteria, it seems that providers might then shape their programs in ways that fit their specific organization, location, circumstance, and most importantly, the child and family. In this way, program providers define inclusion by their actions. It should be noted that these two parameters, however, are setting features. To provide a successful program for individual children, program providers will also have to attend to the quality of the setting, as well as monitor outcomes that occur for children.

Quality of Inclusion

The quality of preschool inclusion has (at least) two dimensions. The first is the quality of the early childhood setting, from a general early childhood perspective. Research conducted on the quality of the early childhood environments that serve as inclusive settings for children with disabilities was described previously. The general conclusion that inclusive programs are of the same or higher quality will not and should not allay the concerns that parents may have about their child being placed in a setting that is good for all children. Ongoing examination of quality in early childhood centers is an essential responsibility of program staff and parents.

There is a second dimension to the quality of preschool inclusion that related to the nature of the program for individual children with disabilities. Carta, Sainato, and Greenwood (1988) have wisely reminded us that individual children can have vastly different experiences in the same classroom. Following from our special education philosophy of individualizing learning experiences for children with disabilities, the setting itself has to be individually appropriate for the child with disabilities. Such appropriateness might be assessed through a child's engagement in the classroom activities and routines, but there are also broader classroom and program characteristics that reflect the inclusive quality of the program. For example, program philosophy, administrative support, resources (i. e., training), collaboration among professionals, opportunities for family choice, and interactions that teachers have with the child with disabilities all may reflect the extent to which inclusion is occurring and is supported in the preschool program. Having an agreed upon measure of the quality of inclusion would certainly be a valuable contribution to the field, and the development of such a measure would be an important direction for future research.

Intensity and Instruction

In special education, an assumption made about and for some children with disabilities is that some form of instruction must occur for a certain period of time and at a level intense enough to support learning. My colleagues and I agree that specialized instruction is a necessary part of preschool inclusion (Early Childhood Research Institute on Inclusion, 1998); however, a question remains about the form of instruction that needs to be provided and the meaning of intensity.

As noted in a previous section, naturalistic instruction is a generic term for such specific interventions as activity-based intervention (Losardo & Bricker, 1994), incidental teaching (Hart & Risley, 1968), mand-model procedures (Rogers-Warren & Warren, 1980), milieu teaching (Kaiser, 1993), natural language learning training (Koegel, 1987), and time-delay prompting (Halle, Marshall, & Spradlin, 1979). These strategies differ from traditional teacher-led instructional practices in that the teacher embeds the learning opportunity in the ongoing classroom activities, builds on child interest, and provides necessary support for child successes. Naturalistic teaching strategies are valuable tools in inclusive settings because they do not require a teacher to step out of his or her role as leader in the classroom to lead a separate individual or small group activity. Although many naturalistic intervention approaches have roots in behaviorism, they are compatible with a constructivist philosophy in which children learn by following their interests (guided by adult's plans for the classroom setting). The down-side of this appealing methodology, however, is the complex planning and implementation process required for effective use by teachers in classroom settings (Halle, 1998; Warren, 1998). Nevertheless, because of their value in applied settings, I expect that naturalistic procedures will continue to evolve (e.g., Lieber, Schwartz, Sandall, Horn, & Wolery, 1999), and with that evolution will come greater effectiveness and feasibility.

If such evolution occurs, the metric for intensity of instruction will change. That is, time spent in teacher-led groups or even discrete trial activities may no longer epitomize the most intense form of instruction, although it still could be the teaching strategy of choice for certain specific skills. Rather, another measure of intensity of instruction might be the degree to which children are actively engaged in meaningful learning activities in the classroom, as suggested originally by McWilliam, Trivette, and Dunst (1985). Such a form of learning by participating fits very well with the theory of situated learning, proposed by Rogoff (1995), Lave and Wenger (1991), and others. At this point, the conscious application of situated learning theory to classroom instruction has been most visible in the discipline of math education (Cobb & Bowers, 1999). Its promise for guiding instruction and learning in inclusive preschool classrooms is immense, and I expect that such applications will occur in the future.

Outcomes and Goals

Parents, policymakers, administrators, and teachers all want to identify important outcomes that accrue for children with disabilities in inclusive settings. As noted previously, outcome-oriented reviews of the literature have focused on children's performance on standardized developmental measures (e.g., Buysse & Bailey, 1993). In looking forward to important new directions for preschool inclusion, my colleagues and I have recommended that we expand our assessment of outcomes for children (McWilliam, Wolery, & Odom, in press).

The work of Schwartz, Peck, and colleagues (Billingsley, Gallucci, Peck, Schwartz, & Staub, 1996; Schwartz, Staub, Gallucci, & Peck, 1995) provides guidance for such expansion. Following an inductive, empirical approach, they observed school-age children with severe disabilities included in general education settings. Across a 3-year program of research with 35 children, they found, as have others, that one important outcome is the skills that children acquire in inclusive settings. However, two other important groups of outcomes also were identified: membership (e.g., children's participation as a full member of the class) and relationships (e.g., as reflected by children's interaction with peers and adults). An assessment approach that looks more broadly at meaningful and important effects for children, such as the one proposed by Schwartz et al., will certainly guide us toward productively planning programs for young children and families in the future. The challenge will be to select specific assessment measures that generate accurate and reliable information on these child outcomes.

Another consideration is the interesting relationship between outcomes and program goals. That is, one can work backward from outcomes found by programs to infer goals that are implicit (or perhaps explicit) in inclusive programs. An assessment of skills as a valued outcome for children suggests that goals for children are educational- or skills-oriented in nature. Certainly, Bricker (1978, 1995) has noted the importance of children's learning as an objective for inclusive programs. The broadened assessment of child outcomes suggests other legitimate and appropriate goals exist for children in inclusive preschool settings. The assessment of children's relationships suggests a goal for children in inclusive preschool classrooms is the development of relationships with peers. Both Guralnick (1990) and Strain (1990) have proposed that the formation of social relationships with peers is an important goal for children with disabilities. Assessing membership as an outcome suggests that becoming a fully vested member of the class is an important goal for inclusion. Understanding the multiple goals for children with disabilities in inclusive preschool programs is an important first step in designing instructional strategies that lead to meaningful child outcome.

Social Integration

If children with disabilities are to reap the benefits of participation in classes with typically developing children, they must be socially integrated into the inclusive program. As Gural-

nick (1999) has noted, there is not yet a well-established criterion for determining the degree to which children are successfully social integrated In addressing this issue for children with mild disabilities, he proposes that "social integration is achieved when typically developing children are connected to and maintain the same quality of interpersonal relationships with children with mild developmental delays as they do with children without delays" (p. 72). He further states, "Whether indexed by social exchanges, prosocial behaviors, friendships or assessed via observational or peer sociometric measures, diverse groups of preschool-aged children with disabilities are less preferred playmates by typically developing children than are other typically developing children" (p. 72). As noted previously, other authors have found similar interaction patterns, and a conclusion one might draw from this body of data is that most children with disabilities fail to meet the social integration criterion.

The criterion proposed by Guralnick suggests that children with disabilities should achieve a level of social performance comparable to other children without disabilities in the classroom. This normative standard certainly is a worthwhile goal toward which programs should strive; however, from an inclusion and interventionist perspective, standards of success need to be individually determined. When a child enrolls in an inclusive program, the teacher—and possibly other team members—should determine the child's level of social competence and integration. From that information, they would establish realistic goals for the child and plan learning opportunities that lead to a greater degree of social integration or advanced social competence. Successful social integration would be evaluated by progress that the child makes on individual goals. For some children with disabilities, the normative standard may be a realistic goal. For other children, simply responding to peer overtures or actively participating in dramatic play activities with peers may be a more realistic goal. Reaching those goals would be the standard for success for those children.

At a program level, one might choose such global criteria as the social acceptance or social rejection of individual children with disabilities as the standard for judging social integration. That is, at a minimum, we would want to ensure that children with disabilities are not socially rejected. A positive program outcome could be that children with disabilities are socially accepted by peers. Social acceptance is often measured by peer ratings given by all the children in the class (Asher, Singleton, Tinsely, & Hymel, 1979) and could be confirmed by classroom observations of children's interactions with peers as well as parent and teacher reports of friendships. Conversely, social rejection could be measured by very low ranking on mean peer rating scores, again confirmed by observations and teacher and parent reports of lack of friendships. In an analysis using such a multimethod assessment, we (Odom, Zercher, Li, Marquart, & Sandall, 1998) found that about

one third of our sample of 80 children with disabilities enrolled in inclusive preschool settings were well accepted, one third of the sample was social rejected, and one third fell in the middle between acceptance and rejection. Using the social acceptance and rejection criteria, these data suggest, in agreement with Guralnick (1999), that children with disabilities in inclusive settings are at high risk for social rejection, but there also appears to be a substantial minority that are well accepted.

Cost and Funding

Although many policy barriers exist for preschool inclusion (Smith & Rose, 1993), two of the barriers mentioned very frequently by policymakers and administrators are related to the actual cost of inclusion and the process of using available funds to support inclusive services. A common perception among some administrators is that inclusive programs cost more than traditional special education programs; however, there is virtually no published data to confirm or discount this suspicion. As a result, policymakers must base decisions about programs on general impressions and their best guesses about cost. In a study now being prepared for publication, we (Odom, Hanson, Lieber, Marquart, Sandall, & Wolery, 1999) compared the costs of services for matched groups of children with disabilities enrolled in inclusive and traditional special education programs operating in five states. Although there were variations in costs across states, in four of the five states, the inclusive preschool programs cost less per child than the traditional special education programs. Variation in costs were associated with the types of services provided and expenses assumed by the school district (e.g., Did they pay tuition to the childcare center?). We anticipate that this initial study will be extended in the future by more detailed analyses of specific costs for different types of services, as well as the association of costs to quality of preschool programs and child outcomes. However, from our data, it does not appear that inclusive programs are more expensive than traditional special education programs and they may in fact be less expensive.

A second set of barriers related to funding are the policies that govern how money is spent. In some states, public schools are allowed to pay the tuition of children with disabilities enrolled in community-based programs for an "educationally relevant" portion of the day, although in other states such use of funds is not allowed. Similarly, some programs will not allow special education teachers to work in settings in which typically developing children are enrolled because the teachers' salaries are paid with special education funding. These and other funding issues rapidly put the brakes on any attempt to establish inclusive preschools for young children. Yet, programs sometimes overcome such funding barriers. The key facilitators appear to be the flexibility with which administrators manage budgets, use funds from different sources, and interpret policy

(Janko & Porter, 1997). The fiscal challenge to inclusion is a substantial one that will go away soon. In the future, we expect that a range of options will continue to unfold as creative administrators committed to preschool inclusion innovatively shape policy to support children's programs.

Conclusion

For young children with disabilities and their families, a resounding theme for the 21st century is that "programs, not children, have to be 'ready for inclusion'" (Early Childhood Research Institute on Inclusion, 1998). Thirty years of research and practice have produces a knowledge base that informs policy and practice. Admittedly, in this field programmatic decisions are based upon the needs of individual children and the concerns and priorities of parents. So, in some context and for some children, inclusive programs may not be the answer. However, now more than anytime in the past, we have a greater awareness of the types of support professionals can provide to create productive learning environments for children with and without disabilities in inclusive settings. With political will, local leadership, willing parents, and committed teachers, most young children with disabilities can benefit from inclusive preschool settings.

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POSITION ON INCLUSION

Division for Early Childhood of the Council for Exceptional Children

Adopted: April 1993
Revised: December 1993

Inclusion, as a value, supports the right of all children, regardless of their diverse abilities, to participate actively in natural settings within their communities. A natural setting is one in which the child would spend time had he or she not had a disability. Such settings include but are not limited to home and family, play groups, child care, nursery schools, Head Start programs, kindergartens, and neighborhood school classrooms.

DEC believes in and supports full and successful access to health, social service, education, and other supports and services for young children and their families that promote full participation in community life. DEC values the diversity of families and supports a family guided process for determining services that are based on the needs and preferences of individual families and children.

To implement inclusive practices DEC supports (a) the continued development, evaluation, and dissemination of full inclusion supports, services, and systems so that options for inclusion are of high quality; (b) the development of pre-service and in-service training programs that prepare families, administrators, and service providers to develop and work within inclusive settings; (c) collaboration among all key stakeholders to implement flexible fiscal and administrative procedures in support of inclusion; (d) research that contributes to our knowledge of state of the art services; and (e) the restructuring and unification of social, education, health, and intervention supports and services to make them more responsive to the needs of all children and families.

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early years are learning years

the benefits of an inclusive education: making it work

In an increasing number of early childhood programs around the country, teachers, children and parents are discovering the benefits of educating young children with special needs together with their same-age peers. Since learning is so important in the early years, this is the best time for children to begin to respect all people's differences and the contributions each individual makes. The key to creating a successful inclusive program is educating ourselves and others about how to ensure every student in the classroom has the chance to reach his or her fullest potential.

Children with disabilities are, first and foremost, children, and then children who may need support or adaptations for learning. The term "special needs" refers to a wide range of developmental disabilities or learning needs that may occur in different areas and to varying degrees. Traditionally, children with special needs were pulled out of regular classrooms and grouped together as if all their needs were alike. Relatively few children with disabilities were served in community-based early childhood programs apart from Head Start or public school programs.

In 1992, the Americans with Disabilities Act (ADA) established equal rights for people with disabilities in employment, state and local public services, and public accommodations including preschools, child care centers, and family child care homes. The ADA has helped more and more educators recognize that developmentally appropriate classrooms are places where all children can and should learn together.

Early childhood teachers' strong knowledge of child development helps them to successfully teach young children with all talents, interests and abilities. In effective inclusion programs, teachers adapt activities to include all students, even though their individual goals may be different. At times, early childhood professionals and children may benefit from the assistance of related professionals such as physical therapists and other school personnel who recognize children's individual interests and strengths.

Some raise concerns about the advisability of creating inclusive environments: Will inclusive classrooms hinder the academic success of children without special needs? How will an inclusive environment meet the needs of children with disabilities? Will children without special needs lose out on teacher time? How can early childhood professionals access resources, support and training? While these questions are valid, parents and teachers will find that creative modifications help all children's learning. According to the director of one NAEYC-accredited center, "Inclusion has helped us better focus on meeting the needs of every child in our program."

Research shows that the benefits of inclusive classrooms reach beyond academics. This is particularly important for young children, who learn best when they feel safe, secure and at home in their classrooms. An environment that encourages young children's social and emotional development will stimulate all aspects of their learning.

Children in inclusive classrooms
- demonstrate increased acceptance and appreciation of diversity;
- develop better communication and social skills;
- show greater development in moral and ethical principles;
- create warm and caring friendships; and
- demonstrate increased self-esteem.

Early childhood professionals who have successfully included young children with special needs note that, contrary to some expectations, they needed few adaptations to meet the needs of all children. They report not necessarily needing more staff, money or expertise, but rather support from peers and specialists, willingness to adapt to new environments, and positive relationships with families.

Professional development programs, supplemental support staff, and teamwork by parents and school personnel will help achieve inclusion's ultimate goal: to provide a challenging and supportive educational experience for all children.

Resources:

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NEW JERSEY EARLY INTERVENTION SYSTEM

News and Information on

NATURAL ENVIRONMENTS

A Bulletin from New Jersey Early Intervention System Comprehensive System of Personnel Development (CSPD) – July 1997

The Federal law that governs special education services is called the Individuals with Disabilities Education Act (IDEA). Part C of IDEA describes how early intervention services for children birth to age 3 and their families will be provided. An important part of this law states that early intervention services must be provided in natural environments. Natural environments are defined in the Federal law as "settings that are natural or normal for the child's age peers who have no disabilities." The importance of providing services in natural environments has been a part of IDEA since it was written in 1986. It's just that simple: the law requires that we work in environments that are natural for children and families unless the outcomes stated on a child's Individualized Family Service Plan (IFSP) cannot be met appropriately in a natural environment.

Beginning July 1, 1998, the New Jersey Early Intervention System requires that early intervention services to children and families be delivered in natural environments. Each family is a part of a team that works together to develop an Individualized Family Service Plan (IFSP). The IFSP team identifies the things the family would like to see happen for themselves and their child. These are called outcomes. The team must then work together to identify the natural environments and routines of the family to meet these outcomes. This will allow the team to plan how early intervention services can best support the family in reaching their goals.

Providing services in natural environments is not just the law. More importantly, it reflects the core mission of early intervention, which is to provide support to families to help their children develop to their fullest potential. We have learned many important things about how babies and families can benefit the most from early intervention. This is consistent with a focus on natural environments.

We have learned that:
- Young children learn best when they are taught skills like moving, playing, eating and communicating in the real places where they need to move, play, eat and communicate.
- Young children with delays or disabilities have a hard time taking skills they have learned in a therapy room or special classroom and transferring them to places like the park or their living room, church nursery, or high chair.
- Friends, neighbors, play groups, churches, libraries and other community supports enhance the quality of every

family's life. Services provided in natural environments will support and encourage families to find and strengthen natural supports outside the early intervention system. These supports, established when the child is young, are likely to remain throughout his/her school career and into adulthood.
- Parents and other care givers are the people who provide the child with learning opportunities all day long. Early intervention can assist them in supporting their child to acquire the skills he/she needs to learn. New skills are best learned with lots of repetition and love. The traditional therapy approach of hands-on direct service is not enough for young children. They cannot be expected to practice the best way to grasp a spoon or the correct way to sit without the assistance of their care givers.
- Children who receive special education/early intervention services in settings that only include children with disabilities are most likely to spend their adult lives living and working in segregated settings.

The requirement that services be delivered in natural environments does not mean that early intervention programs cannot help parents meet other parents who have children with similar delays or disabilities. Parent support and training can—and should—continue to be provided with parents want it. Support services may take place at an early intervention facility, on the telephone, in a library, in a parent's home, over the Internet, etc. Early intervention providers should also help parents identify sources of support in their neighborhood or community. These supports will remain with a family long after early intervention ends when the child turns 3.

If the outcomes stated on a child's IFSP cannot be met appropriately in a natural environment, the law allows that the service can be provided in a specialized setting. The IFSP must contain a statement explaining whey the outcome cannot be met in a natural environment. The IFSP team must also plan how the child will be helped to transfer these skills to their every day routines and how the outcome can eventually be met in a more natural environment.

For further information about natural environments, please contact your service coordinator or early intervention provider. Further assistance is available from your Regional Early Intervention Collaborative (REIC), Family Outreach Coordinator or the REIC's Training and Technical Assistance Coordinator.

DEPARTMENT OF EDUCATION
PO BOX 500
TRENTON, NJ 08625-0500

CHRISTINE TODD WHITMAN
Governor

DAVID C. HESPE
Commissioner

May 12, 2000

To: Chief School Administrator
                    Director of Special Education
                    Director of Early Childhood Education

From: Barbara Anderson, Assistant Commissioner
                    Division of Student Services

                    Margretta Reid Fairweather, Assistant Commissioner
                    Division of Early Childhood Education

Subject: **Access to District Administered Early Childhood Programs for Children with Disabilities**

This memo is to insure that districts are including preschool pupils with disabilities in general education early childhood programs when appropriate. Both the Individuals with Disabilities Education Act (IDEA) and New Jersey Administrative Code 6A:14 specify the requirements local school districts must follow in providing special education and related services to students with disabilities. Districts must provide a free, appropriate public education (FAPE), to meet the needs of a child with a disability through an individualized education program (IEP).

Special education regulations require that to the maximum extent appropriate students with disabilities, including those who are preschool aged, must be educated with children who are not disabled. IEP teams must first consider district general education early childhood programs when making placement decisions for any preschool student with an IEP. Early Childhood Program Aid districts must ensure that preschool special education students with disabilities are included in these programs when appropriate.

To assure equal access to children with disabilities, districts operating general education preschool programs and districts planning to implement preschool programs should consider the following issues: recruitment of children for district early childhood programs, information to families and operational design of programs.

*New Jersey Is An Equal Opportunity Employer * Printed on Recycled and Recyclable Paper*

Recruitment of Children

District information to the community to educate families about the availability of early childhood programs must include a statement clearly communicating that access to these programs is available to children with disabilities.

Information to Families

Placement of a student with a disability is determined at least annually. For children who are presently in classes for the preschool disabled, the IEP team will consider the early childhood general education program with appropriate supplementary aids and services as a placement option at the annual review meeting.

For children who are entering the system through the identification process, the IEP team will consider the district's early childhood programs as the general education program. Decisions for placement will be determined through the IEP process.

Operational Design of Programs

N.J.A.C. 6A:14 4-4.1 (c) requires that the length of the school day and the academic year of programs for students with disabilities, including preschoolers, be at least as long as that established for nondisabled students. Districts operating both general and special education programs must ensure that the length of the school day and the academic year of preschool special education classes are at least as long as those classes for preschool nondisabled students.

For additional information, contact Barbara Tkach, Preschool/Special Education Coordinator (609) 984-4950.

BA/MRF/BG/btk
c: John Sherry
           Madeleine W. Mansier
           Bob DeSando
           Thomas McMahon
           Barbara Gantwerk
           Orlando Castro
           County Superintendent
           County Supervisor of Child Study
           PIRC Manager
           Cecelia Downey
           Interested Parties

SCHOOL-AGE CHILDREN

State of New Jersey

DEPARTMENT OF EDUCATION
PO BOX 500
TRENTON, NJ 08625-0500

CHRISTINE TODD WHITMAN
Governor

DAVID C. HESPE
Commissioner

In order to foster local compliance with the IDEA and its implementing regulations contained in NJAC 6A:14, administrators and directors are requested to distribute this document to all principals, child study team members, personnel providing services to students with disabilities and parents.

May 24, 1999

TO: Chief School Administrator
Director of Special Education
Director of a State Facility
Administrator of a Charter School
Administrator of an Approved Private School for the Disabled
Administrator of a College-Operated Program
Administrator of an Approved Clinic or Agency

FROM: Barbara Gantwerk, Director
Office of Special Education Programs

SUBJECT: **Least Restrictive Environment**

Placement of students with disabilities in the least restrictive environment as part of the delivery of a free, appropriate public education is a primary goal of this office.

Therefore, I am issuing an updated version of the New Jersey State Department of Education paper of August 1, 1995 on this topic. I ask that it be given widespread distribution in your agency.

BG/EAG/jw/sdr-jw-gglre
Attachment
c: David C. Hespe, Commissioner
Barbara Anderson
Bob DeSando
Douglas Groff
Madeleine Mansier
John Sherry
County Superintendent
County Supervisor of Child Study
State Special Education Advisory Council
Office of Administrative Law
Agency and Organization Concerned with Special Education
Higher Education Council

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Placement in the Least Restrictive Environment

The placement of students with disabilities ages three through 21 in appropriate settings has been an integral part of the Individuals with Disabilities Education Act (IDEA) since its enactment. Three basic principles are included in the Federal mandates. These are:

Placement is based on the student's individualized education program;

Placement is in the least restrictive environment; and

A continuum of alternative placement options is available to all students with disabilities.

Of these principles, the requirement to place students in the least restrictive environment has raised the most questions and generated the most discussion. Although this requirement has been included in Part B of the IDEA since 1975, consistent understanding and direction have emerged more recently through federal court decisions, the amendments of IDEA '97 and the final federal regulations that were published on March 12, 1999. In the Oberti decision of May 1993, the United States Court of Appeals for the Third Circuit established a three prong test for determining placement in the regular classroom. Because New Jersey is part of the Third Circuit, the Oberti decision with its three prong test is the standard for the state. The special education code was amended by the State Board of Education on April 5, 1995 to incorporate fully the three prong test of the Oberti decision. On July 6, 1998, the special education code was readopted as N. J.A.C. 6A:14. The section on least restrictive environment at N.J.A.C. 6:28-2.10 was amended to conform to the requirements of IDEA '97 and was recodified at N.J.A.C. 6A:14-4.2.

In light of the new federal and state requirements and in response to questions from the field, this memorandum is an effort to provide guidance on the issue of placement in the least restrictive environment. This memo will inform you of the current placement requirements, outline a decision-making process to assist in the determination of least restrictive environment and clarify the school district's responsibility in the placement process.

The IDEA requirement for placing students with disabilities in the least restrictive environment has three components:

To the maximum extent appropriate, students with disabilities are educated with students who are nondisabled;

Special classes, separate schooling or other removal of children with disabilities from the regular classroom occurs only when the nature or severity of the educational disability is such that education in the regular class cannot be achieved satisfactorily with the use of supplementary aids and services; and

To the maximum extent appropriate, each child with a disability participates with nondisabled children in nonacademic and extra-curricular services and activities.

These requirements demonstrate clearly how the preference for educating students with disabilities in the regular classroom. However, the IDEA also requires that a full continuum of services be available to meet the needs of students with disabilities who cannot be educated in the regular classroom for part or all of the school day. Additional rules regarding placement require that each student with disabilities be educated as close to home as possible, and that each student with disabilities be educated in the same school he or she would attend if not disabled, unless the individualized education program (IEP) specifies some other arrangement. Lastly, placement must be based on the IEP.

Furthermore, the Oberti decision and its codification in the special education code require that consideration be given to the following factors, when making decisions regarding regular class placement:

Whether the student can be educated satisfactorily in a regular classroom with supplementary aids and services;

A comparison of the benefits provided in a regular class and the benefits provided in a special education class; and

The potentially beneficial or harmful effects which a placement may have on the student with educational disabilities or the other students in the class.

From these requirements, a sequential process can be constructed to assist districts in making placement decisions.

Before describing such a process, however, it should be noted that federal policy and the courts have identified a number of factors which are impermissible when making placement decisions. School districts may not make placement decisions based solely on factors such as blanket rules regarding the category of disability, severity of disability, and availability of educational or related services. For example, if all students of a particular classification must go to a particular building or class, it is likely to be permissible. If students who need a particular related service go to where that service is traditionally provided, it is likely to be impermissible.

An appropriate decision-making sequence begins with the question of what are the student's educational needs. In other words, the determination of what constitutes an appropriate program for a student comes before the question of where it will be provided. In accordance with N.J.A.C. 6A:14-4.2(a)5, placement is based on the student's IEP. An inadequate IEP will make it difficult to consider any child's placement in an organized way. To assist schools and parents, the department has developed and widely distributed a model form that addresses all the required IEP components.

Next, each placement option is examined not only as it currently exists, but also as it might be modified. Then, each educational place-

ment option is examined in sequence from least restrictive to most restrictive. Regular class placement is examined as the first option. In New Jersey, the decision-making process must include the three factors of the Oberti decision now incorporated into code and begins with consideration of placement in the regular classroom. Does this mean that each child must be placed in the regular classroom before other placement options are considered? The answer is no. The requirement for a continuum of placement options reinforces the importance of an individualized inquiry, not a "one size fits all" approach, in determining what placement is the least restrictive environment for each student with disabilities. If the school has given no serious consideration to placing the child in the regular classroom with supplementary aids and services and modifying the regular program to accommodate the child, then the least restrictive environment provision of the IDEA has most likely been violated. Therefore, at the very least, a serious and thoughtful discussion must be initiated. At issue is whether the student's IEP can be implemented satisfactorily in the regular classroom with supplementary aids and services. Although IDEA does not define the term "supplementary aids and services," the United States Department of Education suggests several possibilities including, but not limited to, modification of the regular class curriculum, behavior management techniques, assistance of an itinerant teacher with special education training, special education training for the regular class teacher, use of assistive technology, provision of notetakers, use of a resource center or a combination of these.

The second factor requires that consideration be given to a comparison of the benefits in the regular class and the benefits in the special class. In Daniel R. v. El Paso Independent School District, the United States Court of Appeals for the Fifth Circuit determined that the appropriateness of placement in the regular classroom is not dependent on the student's ability to learn the same things that other students learn in the regular classroom. The benefit from social interaction of the student with nondisabled peers is a legitimate benefit that can be derived from placement in the regular classroom.

The third factor requires that consideration be given to the potentially beneficial or harmful effects that placement in the regular classroom may have on the student with educational disabilities and the other children in the class. Two examples of the many beneficial social and academic effects that may accrue to a student with disabilities include positive peer models and high expectations for achievement. The potentially beneficial effects on the other children in the class are fostered as they learn to understand and accept the individual differences of their peers. Harmful effects may include the disruptive behavior of a student with disabilities if the disruptiveness is severe enough to significantly impair the education of other students. The school district must demonstrate that full consideration has been given to the complete range of supplementary aids and services that could be provided to the student to deal with the problem behaviors.

It should be noted that each of the three factors of the Oberti decision must be considered equally. One factor does not take precedence over any other factor.

Lastly, if the IEP team agrees that the student should receive all or part of the special education program outside the regular classroom, opportunities for participation in programs with nondisabled peers in academic or nonacademic activities must be considered and included in the IEP as appropriate.

The requirements for placement in the least restrictive environment and the same decision-making process also apply when considering placement for a preschool age child with disabilities. However, many school districts do not operate preschool programs for nondisabled children and special education law does not require school districts to establish such preschool programs to meet the requirements for placing a preschooler with disabilities in the least restrictive environment. This perceived inconsistency has raised many questions regarding a practical approach to addressing this issue.

As with any student with a disability, the determination of whether a placement is more or less restrictive is based on the opportunity to be educated and interact with nondisabled peers. For school age students with disabilities, this placement is in the regular education class operated be the district of residence. In the case of a preschooler with disabilities, there may be no comparable option because the district does not operate a preschool program for nondisabled children. Therefore, it is important to note that for preschoolers with disabilities, placement in a regular preschool program in another district or in a privately operated program in the local community is a less restrictive placement option than the district's self-contained preschool disabled classroom.

To promote preschool placement in the least restrictive environment, a provision was added to the special education code. According to N.J.A.C. 6A:14-4.3(c), preschoolers with disabilities may be placed in a private early childhood program, if appropriate, to provide the opportunity for education and interaction with nondisabled preschoolers. The program must be licensed or approved by a governmental agency; the program must be nonsectarian. The district must assure that the student's IEP can be implemented and any special education or related services must be provided by appropriately certified and/or licensed professionals. Paraprofessionals may be used to provide services, when appropriate, in accordance with N.J.A.C. 6A:14-3.9(a)4 or N.J.A.C. 6A:14-4.1(e).

The discussion regarding placement for all preschool age students with disabilities must begin with consideration of a regular classroom program with supplementary aids and services. When the IEP team determines that a regular class placement is needed to provide a free, appropriate public education, all efforts must be taken to locate appropriate regular classroom settings where the student's IEP can be implemented. The department recognizes that barriers exist across the state that prevent districts and parents from placing preschoolers with disabilities in regular classroom settings when that is the agreed upon placement. The department is working with other state agencies, parents, school districts and early childhood providers to assure that the barriers to appropriate regular class placements for preschoolers are eliminated.

To summarize, school districts must ensure to the maximum extent appropriate that students with disabilities ages three through 21 are educated with nondisabled children and participate in nonacademic and extracurricular activities with nondisabled children.

STATUS OF INCLUSION

Legal Status of Inclusion

The law and court decisions require that for each child, we must

- *Start with the regular classroom.*
- *Consider the whole range of supports, aids, and services.*
- *Look at the academic and social benefits for the child with a disability.*
- *Look at the benefits to children without disabilities.*

Philosophical Status of Inclusion

Inclusion works when:

- *Each child is viewed as an individual with unique gifts, strengths and needs*
- *All areas of children's development are seen as important*
- *Families, general and special educators, administrators and communities work together*
- *Families and professionals think creatively and engage in ongoing problem-solving*
- *We take time and make time to do the job right*

STRENGTHENING THE PARTNERSHIP

Inclusion is increasing but it is not inevitable. It takes hard work but the benefits are amazing. Inclusion will become a reality when we strengthen partnerships for children in schools, districts, states and nationally, and:

- *Families and professionals share knowledge and ideas*
- *Special and general educators cooperate and collaborate*
- *Administrators share leadership and vision with their staff*
- *Each partner seeks first to understand, then to be understood*
- *We truly believe that all children belong and can learn*

RESOURCES

Dear Friends,

Under the direction of the Department of Human Services, an interagency team has been formed to discuss strategies for increasing and enhancing the inclusion of children with special needs in child care. The MAP Team includes DHS representatives from the Office of Early Care and Education, Division of Family Development, Bureau of Licensing, and Division of Developmental Disabilities. The MAP Team also includes representatives from the Department of Education (Office of Special Education and Learning Resource Centers), Department of Health and Human Services (Early Intervention and Child and Maternal Health), Early Intervention Services, Head Start, Unified Child Care Agencies, disability organizations, child care providers, trainers, and advocates for children with special needs.

This year the MAP Team has made recommendations to the Bureau of Licensing for changes to the Manual of Requirements for Child Care Centers, initiated a relationship with NJ Division of Civil Rights, and developed a Resource Sheet for Including Children with Special Needs in Child Care Settings.

One of the major outcomes of the MAP Team is the opportunity for discussion among representatives from different departments in state government and community stakeholders. Partnerships and relationships are formed at the MAP Team meetings that lead to collaboration on many levels.

The MAP to Inclusive Child Care Team meets every other month on the first Tuesday at the Twin Rivers Library (Exit 8 on the Turnpike). We would like to invite you, or a representative from your agency, to join us. Please contact me at 609-292-8444 with your response.

Thank you, and I look forward to hearing from you.

Sincerely,

Jane Voorhees
Special Project Manager
Office of Early Care and Education

Recommended Reading

ADHD in the Young Child:
Driven to Redirection
Cathy Reimeris & Bruce Brunger

Autism and Play
Jannik Beyer & Lone Gommeltoft

Building Blocks for Teaching
Preschoolers with Special Needs
Susan R. Sandall & Ilene S. Schwartz

Child Care and the ADA:
A Handbook for Inclusive Programs
Victoria Youcha Rab & Karren Ikeda Wood, Paul H. Brookes Publishing Company, Baltimore, MD

The Child with Special Needs
Stanley I. Greenspan, M.D., Serena Wreder, Ph.D., Merloyd Lawrence Book-Addison-Wesley, Reading, PA

Children with Special Needs
Marjorie J. Kostelnik, Esther Onaga, Barbara Rohde, & Alice Whiren, Teachers College Press, New York, NY

Creating Inclusive Classrooms
Ellen R. Daniels & Kay Stafford, Children's Resources International, Inc., Washington, DC (202) 363-9002

Crisis Manual for Early Childhood Teachers
Karen Miller, Gryphon House, Beltsville, MD

Early Childhood Inclusion
Michael J. Guralnick, Paul H. Brookes Publishing Company, Baltimore, MD

Facing Autism
Lynn M. Hamilton, Waterbrook Press, Colo Springs, CO

Including All of Us
Merle Froschl, Linda Colon, Ellen Rubin, & Barbara Sprung, Educational Equity Concepts, Inc., New York, NY

Inclusion: Strategies for
Working with Young Children
Lorraine O. Moore, Ph.D., Peytral Publications, Minnetonka, MN

Inclusive Child Care for Infants & Toddlers
Marion O'Brien, Paul S. Brookes Publishing Company, Baltimore, MD

The Inclusive Early Childhood Classroom
Patti Gould & Joyce Sullivan, Gryphon House, Beltsville, MD (800) 638-0928

Let Me Hear Your Voice:
A Family's Triumph Over Autism
Catherine Maurice, Ballantine Books

Making a Difference: A Parent's Guide
to Advocacy and Community Action
Diane J. Charnov & Carolyn Rutsch, Children's Resources Int'l, Inc, Washington, DC (202) 363-9002

Making School Inclusion Work
Katie Bienk with Doris Landau Fine, Brookline Books, Cambridge, MA

Meeting the Challenge: Effective Strategies
for Challenging Behaviours in
Early Childhood Environments
Barbara Kaiser & Judy Sklar Rasminsky, Canadian Child Care Federation, Ontario (613) 729-5289

Negotiating the Special Education Maze
Winifred Anderson, Stephen Chitwood & Deidre Hayden, Woodbine House, Inc., Bethesda, MD (800) 843-7323

The Out-of-Sync Child: Recognizing and
Coping with Sensory Integration Dysfunction
Carol Stock Kranowitz, M.A., Berkeley Publishing Group, New York, NY

A Place for Me: Including Children
with Special Needs in Early Care
and Education Settings
Phyllis A. Chandler, National Assoc. for the Education of Young Children, Washington, DC (800) 424-2460

The Power of Observation
Judy R. Jablon, Amy Laura Dombro, & Margo Dichtelmiller, Teaching Strategies, Inc., Washington, DC

A Practical Guide to Solving
Preschool Behavior Problems
Eva Essa, Delmar Publishers, Albany, NY

Strategies for Including Children with
Special Needs in Early Childhood Settings
M. Diane Klein, Ruth E. Cook, & Anne Marie Richardson-Gibbs, Delmar Thomson Learning, Albany, NY

Teaching Children with Autism
Kathleen Ann Quill, Delmar Publishers, Inc., Albany, NY (800) 347-7707

Widening the Circle: Including Children
with Disabilities in Preschool Programs
Samuel L. Odom, Teachers College Press, New York, NY

The World of the Autistic Child
Bryna Siegel, Oxford Univ. Press, Inc., New York, NY

You Will Dream New Dreams
Stanley D. Klein, Ph.D. & Kim Schive, Kensington Publishing Corp., New York, NY

You, Your Child & "Special" Education
Barbara Coyne Cutler, Paul H. Brookes Publishing Company, Baltimore, MD

Young Exceptional Children:
Natural Environments & Inclusion
Susan Sandall & Michalene Ostrosky, Sopris West, Inc., Longmont, CO (303) 651-2829

Young Exceptional Children: Practical Ideas
for Addressing Challenging Behaviors
Susan Sandall & Michalene Ostrosky, Sopris West, Inc., Longmont, CO (303) 651-2829

Training Materials

Child Care and Children with Special Needs:
A Training Manual for
Early Childhood Professionals
Karen Sokal-Gutierrez, MD, MPH
Video also available from Video Active Productions, Inc.

Curriculum on Inclusion: Practical Strategies
for Early Childhood Programs
Child Care Plus, Sarah A. Mulligan, M.Ed., Sarah L. Morris, B.A. Kathleen Miller Green, M.A., Susan Harper-Whalen, Ed.M., Montana University Affiliated Rural Institute on Disabilities, University of Montana, 634 Eddy, Missoula, Montana 59812-6696

Including Children with Special Needs
in School Age Child Care Setting:
A Staff Training Manual
NJ Dept of Human Services, 1991.

It's Really No Different: Conversations with
Caregivers (with Discussion Guide)
AGH Associates, 1994.

Learner Managed Designs, Inc.
Video: A Circle of Inclusion—*27 minutes, VHS/Manual: $99, Rental: $50*

Video: The Process of Communication: Facilitating Interactions with Young Children with Severe Disabilities in Mainstream Early Childhood Programs— *10 minutes, VHS/Manual: $99, Rental: $50. These videos are available from Learner Managed Designs, Inc. P.O. Box 747 Lawrence, KS, 66044. Phone: (913) 842-9088, Fax: (913) 842-6881, Toll free ordering: (800) 467-1644.*

Mainstreaming Young Children:
Training Series for Child Care Providers
Patricia W. Wesley. Frank Porter Graham Child Development Center, Univ of North Carolina-Chapel Hill, 1992. Modules, training sessions, videotapes, Trainer's Guide. Modules: Then & Now: Why Mainstreaming; Abilities First: Considering the Child with Special Needs; Working Together: Focus on Families; Preschool Environment: Supporting Children's Play; Planning & Teaching: Meeting Everyone's Needs; Listening & Talking: The Balancing Act; Win/Win: Guiding Behavior; We're All Different: Answering Questions of Child Care Providers.

More Alike Than Different:
Caring for Children with Special Needs in
Child Care Centers Staff Training Manual
NJ Dept of Human Services, 1991.

New Jersey Inclusive Child Care Project
Training Modules
NJ Inclusive Child Care Project, 1999. Comprehensive training modules including the following: Inclusion: It's the Law and it's Doable; Challenging Behaviors; Observing & Recording Behavior; Making Inclusion Happen. Susan Merrill, Project Director (973) 642-8100 x108 Statewide Parent Advocacy Network, 35 Halsey Street, 4th Floor, Newark, NJ 07102, www.spannj.org

QuickNotes: Partnership for Inclusion
English & Spanish, by Wesley, Dennis, Tyndall. Frank Porter Graham Child Dev. Center, Univ. of North Carolina-Chapel Hill. Modules: Typical Child Development; Developmental Disabilities; Setting up the Early Childhood Environment; Early Childhood Curriculum; What is Early Childhood Inclusion; Including Children with Special Needs; Health & Safety; Promoting Appropriate Behavior; Families; North Carolina Resources.

School-Age Child Care
Technical Assistance Papers
NJ's School-Age Child Care Project, Dept of Human Services. See especially TA Paper #5: Serving Children with Special Needs in School-Age Child Care.

Special Needs: Meeting the Needs
of the Children Beginning Workshop
Information Exchange (Washington), 1995. Four modules: Opening Doors to Activities that Include ALL Children; Creating and Environment that Supports Developing Social Skills; Answering Questions about Peers with Special Needs; and Using Technology to Help Children with Diverse Needs Participate & Learn.

SpecialCare Curriculum & Training Manual:
Resource for Training Child Caregivers
Osborne, Kniest, Garland, Moore, Usry. Child Development Resources (Va.). Modules: Intro to Inclusive Childcare; Getting to Know Children with Disabilities; Building Relationships with Families; Including Young Children with Disabilities in Daily Activities; Community Services for Young Children with Disabilities; Ready, Set, Go!

Stepping Stones: Pathways to
Early Development (with User's Guide)
Agency for Instructional Technology. Thirty 15-minute videos. 1998.

Training for Inclusion:
A Guide for the Childcare Provider
Division of Child & Family Studies, Dept of Pediatrics, University of Connecticut School of Medicine, 1995.

New Jersey Resources: Government Agencies

New Jersey Developmental Disabilities Council Education Subcommittee
P.O. Box 700
20 West State Street, 7th Floor
Trenton, NJ 08625-0700
Susan Richmond (609) 292-3745
Fax: (609) 292-7114
As New Jersey's planning body for developmental disabilities, the DD Council develops and monitors the State Plan for Services to People with Developmental Disabilities *and administers the federally assisted Basic State Grant Program. The Council also publishes* People With Disabilities *and* Families *magazine.*

Special Child Health Services Case Management Units
Pauline Lisciotto (609) 777-7778
These county-based units are single points of entry into the early intervention system. Service coordinators provide case management for children birth to 21 with special health care needs and help families access services for medical/dental, developmental, educational, social/ economic and rehabilitative needs at the local and state level.

New Jersey Dept of Health & Senior Services Early Intervention Services
P.O. Box 364
Trenton, NJ 08625-0364
Terry L. Harrison, Part C Coordinator
(609) 777-7734   Fax: (609) 292-0296
The NJ Department of Health & Senior Services is the lead agency responsible for the development and implementation of early intervention services for infants and toddlers with developmental delays or disabilities, and their families. Services are available to children, birth to three, in every county. The New Jersey Early Intervention System recognizes that the family is the constant in the child's life and has the greatest impact on growth and development of their child. Services should therefore be designed in the child and family's environment and around the child and family's routines to maximize the potential for child development. This might mean the child's or relative's home, a child care setting, play group or any community setting providing programs for infants and toddlers without disabilities.

New Jersey Department of Education Learning Resource Centers (LRCs)
Provide research reports, curriculum guides, books, videos, and audiotapes, as well as training and in-service workshops for parents and educators of students with disabilities.

LRC North
240 So. Harrison Street, 6th Floor
East Orange, NJ 07018
Preschool Consultant:
Paquita Roberts (973) 414-4491

LRC North Satellite
322 American Road
Morris Plains, NJ 07950
Preschool Consultant:
Paquita Roberts (973) 414-4491

LRC Central
1 Crest Way
Aberdeen, NJ 07747
Preschool Consultant:
Sue Leonard (732) 441-0460

LRC South
606 Delsea Drive
Sewell, NJ 08080
Preschool Consultant:
Claire Punda (609) 582-7000 x155

New Jersey Department of Education Office of Special Education Programs
Preschool Coordinator:
Barbara Tkach (609) 984-4950

New Jersey Resource and Referral Agencies
North Jersey 4 C's
101 Oliver Street
Paterson, NJ 07501
Mary Ann Mirko, Executive Director
(973) 684-1904   Fax: (973) 684-0468
Every county in NJ has a unified child care agency that provides information about child care programs and services available at a local level.

New Jersey's Special Needs Child Care Project
Department of Human Services
Office of Early Care and Education
P.O. Box 700
Trenton, NJ 08625
Jane Voorhees (609) 292-8444   Fax: (609) 292-1903
E-mail: jvoorhees@dhs.state.nj.us
Collaborative effort between NJ Department of Human Services and statewide network of child care resource and referral agencies, providing technical assistance and resources for child care providers to develop inclusive programs, regional and on-site training for inclusion, recruitment and support of providers, and opportunities for networking among existing programs and services. Services extend to child care center staff, family child care providers, before- and after-school programs for school-agers, resource and referral agencies, parent groups, and agencies and professionals working with children with special needs. Publications include: More Alike Than Different: Including Children with Special Needs in School-Age Child Care Settings*, staff training manual by Dale Borman Fink.*

New Jersey Resources: Non-Profit Agencies

Family Support Center
Lions Head Office Park
35 Beaverson Blvd, Suite 8A, Brick, NJ 08723
(800) FSC-NJ10
(732) 262-8020
Fax: (732) 262-7805

Family Voices of New Jersey
c/o Statewide Parent Advocacy Network (SPAN)
35 Halsey Street, 4th Floor, Newark, NJ 07102
Lauren Agoratus: (609) 584-5779 (Phone & Fax)
Family Voices is a national consumer-based clearinghouse and networking group focusing on children's special health needs. FV-New Jersey informs families and professionals about public and private health care changes in NJ and shares expertise and experiences of families with policy makers, the media, health professionals, and other families.

New Jersey Inclusive Child Care Project
Statewide Parent Advocacy Network (SPAN)
35 Halsey Street, 4th Floor, Newark, NJ 07102
Contact: Sue Merrill, Project Director
(973) 642-8100 x108; (800) 654-SPAN x108
Fax: (973) 642-3766
Improving the quality of child care for children with special needs and increasing the number of child care providers that offer inclusive care in NJ; increasing awareness among parents and providers of services available for children with special needs and improving the delivery of these services through collaboration among providers of child care services and special needs services. Provides information, training (in English and Spanish), telephone and on-site consultation on including children with special needs in early childhood and after school programs.

New Jersey Head Start Association
1440 Pennington Road, Trenton, NJ 08818
Audrey Fletcher: (609) 771-8401
Fax: (609) 771-8405
Provides coordination for NJ's 32 Head Start grantees.

New Jersey Statewide Parent to Parent
c/o Statewide Parent Advocacy Network (SPAN)
35 Halsey Street, 4th Floor, Newark, NJ 07102
Malia Corde, Project Coordinator: (800) 654-7726
(800) 372-6510 for matches
Parent to Parent is a network of parents supporting families of children with developmental delays, disabilities, or other special health needs. Provides one-to-one matches of families who have similar needs and experiences.

Quality Improvement Center for Disabilities
New York University School of Education
726 Broadway, 5th Floor, New York, NY 10003-9580
Contact: Barbara Schwartz
(800) 533-1498; (212) 998-5528
Fax: (212) 995-4562
Technical assistance and support to NJ Head Start agencies regarding inclusion of young children with disabilities.

Special Olympics New Jersey
201 Rockingham Row, Princeton, NJ 08540
Contact: Nancy Vitalone
(800) 336-6576x19; (609) 734-8400
Fax: (609) 734-0911
Provides information, training and technical assistance regarding inclusion of children and youth with disabilities in recreation activities.

Statewide Parent Advocacy Network of New Jersey, Inc. (SPAN)
35 Halsey Street, 4th Floor, Newark, NJ 07102
Contact: Diana Autin, Executive Director
(973) 642-8100; (800) 654-SPAN
Fax: (973) 642-8080
www.spannj.org
New Jersey's federally-funded Parent Training and Information Center for children with special needs, birth to 21, and children at risk of inappropriate referral to special education. Trainings, technical assistance on education and health issues, parent to parent support. Publications include Supported Inclusion *packet;* Inclusion ToolKit for Parents, Teachers and Administrators.

Cerebral Palsy of New Jersey
354 South Broad Street, Trenton, NJ 08608
(888)-322-1918 TTY: (609) 392-7044
Fax: (609) 392-3505
Known as an excellent resource in solving problems with education, employment, assistive technology, advocacy, housing, the ADA, and other concerns for people with all types of disabilities.

University-Affiliated Program of NJ (Elizabeth Boggs Center)
335 George Street, P.O. Box 2688
New Brunswick, NJ 08903-2688
Karen Melzer: (732) 235-9300 Fax: (732) 235-9330
Training, information and support for persons with developmental disabilities and agencies serving persons with developmental disabilities, birth through adult life.

National Resources

ADA Information
(800) 514-0301 (voice) (800) 514-0383 (TDD)
Answers to general and technical questions M-F 10 am-6 pm, except Thursdays when hours are 1-6 pm EST. Regulations and other free materials available for mail delivery 24 hours a day.

Admin for Children & Families Child Care Bureau: Inclusion Technical Assistance
Region II (includes New Jersey)
26 Federal Plaza, Rm 4114, New York, NY 10278
Souvonia Taylor (212) 264-2667
Fax: (212) 264-4881

Association for Supervision & Curriculum Development (ASCD)
1703 N. Beauregard St, Alexandria, VA 22311-1714
(800) 933-2723 Fax: (703) 575-5400

Best Practices in Integration - Outreach
c/o Susan M. Klein, Professor of Education
Indiana University, W.W. Wright Education Bldg
201 North Rose, Bloomington, IN 47405-1006
(812) 856-8167 Fax: (812) 856-8440
In-service training model and technical assistance for providers who serve infants, toddlers and preschoolers with special needs in community-based early childhood settings.

Brookes Publishing Company
P.O. Box 10624, Baltimore, MD 21285-0624
(800) 638-3775 Fax: (410) 337-8539

Center for Recreation & Disability Studies
Recreation & Leisure Studies
CB#3185 Evergreen House
University of North Carolina at Chapel Hill
Chapel Hill, NC 27599-3185
Karen Luken (919) 962-0534 Fax: (919) 962-1223
E-mail: Kluken@email.unc.edu

Child Care Law Center
973 Market St, Suite 550, San Francisco, CA 94103
(415) 495-5498 Fax: (415) 495-6734
www.childcarelaw.org

Child Care Plus+
Rural Institute on Disabilities, Univ. of Montana
634 Eddy Avenue, Missoula, Montana 59812
Sara Mulligan Gordan, Project Director
(800) 235-4122; (406) 243-6355
Fax: (406) 243-4730
www.ccplus.org
Support and resources to child care providers in a variety of settings and special education providers to ensure successful inclusion. Training workshops, technical assistance, in-service training, curriculum materials, fact sheets, annotated resource lists.

The Children's Foundation
725 15th Street NW, #505, Washington, DC 20005
(202) 347-3300 Fax: (202) 347-3382
www.childrensfoundation.net
Videotape and resource directory for working with infants and toddlers with disabilities in family child care, with useful info applicable across ages and settings.

Council for Exceptional Children Division for Early Childhood
1110 N. Glebe Rd, Suite 300, Arlington, VA 22201
(888) 232-7733 Fax: (703) 264-9494
www.cec.sped.org

Disability Resources, Inc.
4 Glatter Lane, Centereach, NY 11720
Julie Klauber (631) 585-0290 (phone & fax)
www.disabilityresources.org

ERIC Clearinghouse on Elementary & Early Childhood Education
University of Illinois Children's Research Center
51 Gerty Drive, Champaign, IL 61820-7469
(800) 583-4135, (217) 333-1386
Fax: (217) 333-3767
www.ericeece.org

Head Start Info & Publication Center
1133 15th St, NW, Ste 45D, Washington, DC 20005
(202) 639-4465 Fax: (202) 737-1151
www.acf.dhhs.gov

Head Start Resource Access Project
Education Development Center, Inc.
55 Chapel Street, Newton, MA 02458
Philip Printz (617) 969-7100 Fax: (617) 244-3609
www.EDC.org
Part of a nationwide network of Head Start Resource Access Projects (RAPs) that provide training and TA to Head Start programs to enable them to fully include children with disabilities. RAPs facilitate collaborative agreements between Head Start programs, child care programs, and state/local education agencies.

Inclusion Press International
24 Thome Crescent, Toronto, ON, Canada M6H 2S5
(416) 658-5363 Fax: (416) 658-5067
www.inclusion.com
Small independent press that produces resources about full inclusion in school, work, and community.

Kids Together, Inc: Information for Children & Adults with Disabilities
P.O. Box 574, Quakertown, PA 18951
(800) 879-2301
www.kidstogether.org/inc.htm

National Association of Child Care Resource & Referral Agencies
1319 F St NW, Ste 810, Washington, DC 20004
(202) 393-5501 Fax: (202)-393-1109

National Association for the Education of Young Children
1509 16th Street NW, Washington, DC 20036
Pat Spahr (800) 424-2460 x11630 (202) 232-8777
Fax: (202) 328-1846
www.naeyc.org

National Center for Educational Restructuring & Inclusion
CUNY Grad Center
365 Fifth Avenue, New York, NY 10016
Alan Gartner or Dorothy Kerzner Lipsky
(212) 817-2090 Fax: (212) 817-1607

National Child Care Info Center (NCCIC)
243 Church Street NW, 2nd Flr, Vienna, VA 22180
(800) 616-2242 Fax: (800) 716-2242
www.nccic.org
Barbara Scott (609) 758-5646 Fax: (609) 758-4660
E-mail: bscott@nccic.org

National Childcare Program
The Children's Foundation
725 15th St NW, Ste 505, Washington, DC 20005
Kay Hollestelle (202) 347-3300 Fax: (202) 347-3382
"Yes, You Can Do It! Caring for Infants and Toddlers with Disabilities in Family Child Care" video and Annotated Resource Directory. Trains family childcare providers caring for children with disabilities to be mentors for less experienced providers who would like to care for children with special needs.

National Early Childhood Technical Assistance System (NEC*TAS)
500 Bank of America Plaza
137 East Franklin Street, Chapel Hill, NC 27514
Cathy Festa (919) 962-2001 Fax: (919) 966-7463
www.nectas.unc.edu

National Education Association
1201 16th Street NW, Washington, DC 20036
(202) 833-4000 Fax: (202) 822-7206
www.nea.org

National Info Center for Children & Youth with Disabilities (NICHCY)
P.O. Box 1492, Washington, DC 20013-1492
(800) 695-0285 Fax: (202) 884-8441
www.nichcy.org
Information and support to parents of children with disabilities and to those who work with these families.

National Institute on Disability & Rehabilitation Research, ADA Regional Technical Assistance Centers
U.S. Department of Education
3100 Clarendon Blvd, Arlington, VA 22201
(703) 525-3268 (800) 949-4232
Fax: (703) 525-3585

National Institute on Out-of-School Time
Wellesley College Center for Research on Women
106 Central Street, Wellesley, MA 02481
(781) 283-2547 Fax (781) 283-3657
www.niost.org

National Parent Network on Disabilities
1130 17th Street NW, Suite 400
Washington, DC 20036
Pat Smith, Executive Director (202) 463-2299
E-mail: Pmcglsmith@aol.com, www.npnd.org
All Children Belong *training materials for awareness, implementation of inclusion for one student, and implementation of inclusion throughout a school and district.*

PEAK Parent Center
611 N. Weber St, #200, Colo. Springs, CO 80903
Barbara Buswell (800) 284-0251
Fax: (719) 531-9452
Publications: Building Integration with the IEP*; Breaking Ground: Ten Families Building Opportunities Through Integration; Discover the Possibilities: A Curriculum for Teaching Parents About Integration; Connecting Students: A Guide to Thoughtful Friendship Facilitation for Educators & Families; Opening Doors: Strategies for Including All Students in Regular Education*

Regional Resource & Federal Centers Ntwk
Federal Resource Center for Special Education
1875 Connecticut Avenue NW, Suite 900
Washington, DC 20009
(202) 884-8215 Fax: (202) 884-8443
www.dssc.org/frc/
Tools and strategies to find solutions for effective education and human services delivery systems, serving all states and outlying jurisdictions. Funded to assist state education agencies in improving education programs, practices, and policies that affect children and youth with disabilities.

School & Community Inclusion Project
University of Utah,
1705 East Campus Center Drive, Room 221
Salt Lake City, UT 84112
Camille McQuivey (801) 585-3189
Fax: (801) 585-7291
E-mail: mcquiv_c@ed.utah.edu
www.gse.utah.edu/sped/inclusn.htm

TASH: The Association for Persons with Severe Handicaps
29 West Susquehanna Avenue, Suite 210
Baltimore, MD 21204
(410) 828-8274 Fax (410) 828-6706
TDD (410) 828-1306
E-mail: info@tash.org, www.tash.org

Zero to Three: National Center for Clinical Infant Programs
200 M Street NW, Suite 200
Washington, DC 20036-3307
(202) 638-1144 Fax: (202) 638-0851
www.zerotothree.org

Catalogs

Delmar Publishers, Inc.
(800) 347-7707
www.delmar.com

Gryphon House
(800) 638-0928

National Association for the Education of Young Children
(800) 424-2460

Redleaf Press
(800) 423-8309

Recommended Internet Sites

Compiled by Orah Raia and E. Fine

ABCs of Inclusion Manual
www.projectchoices.org/abcs.htm
A manual that can be downloaded. Topics include collaboration, related services, IEPs and supports, peer interactions, assessment and transition.

ADA Home Page on the Internet
www.usdoj.gov/crt/ada/adahom1.htm
The Department of Justice's ADA Home Page provides free information including technical assistance materials, enforcement information including settlement agreements, links to other Federal agencies, and updates on new and pending ADA requirements.

Axis Disability Rights Website
www.normemma.com
Operated by Norman Kunc and Emma Van der Klift of Axis Consultation & Training, Ltd. and dedicated to the distribution of information concerning disability rights.

The Book on Inclusive Education:
Inclusion, School as a Caring Community
www.quasar.ualberta.ca/ddc/inclusion/index/html
Includes a handbook on inclusion with field notes and other resources (materials/reprints from important inclusion books); interviews with 100 teachers who have had successful inclusion experiences.

Centre for Studies on Inclusive Education
http://inclusion.uwe.ac.uk/csie/csiehome.htm
A British independent educational charity providing information and advice about inclusive education and related issues. Also contains information on international perspectives regarding inclusion.

Circle of Inclusion
Outreach Training Project
http://circleofinclusion.org/
Designed to address the challenges and issues of inclusive program development for children with severe, multiple disabilities. Offers demonstrations of and information about the effective practices of inclusive educational programs for children from birth through age eight.

Council for Exceptional Children
www.cec.sped.org
Provides resources for professionals who work with children with disabilities.

Early Childhood Research Institute
on Inclusion
www.fpg.unc.edu/~ecrii
A five-year national research project funded by the U.S. Deptartment of Education to study the inclusion of preschool children with disabilities in typical preschool, day care and community settings.

Family Education Network
www.familyeducation.com
Includes a special needs section and an eight part series about a family's experience with inclusion.

Family Village Inclusion Page
www.familyvillage.wisc.edu/education/inclusion.html
Provides information on "who to contact," on-line articles/newsletters, recommended reading, research, videos, conferences, and additional links.

Inclusion Press
www.inclusion.com
Site of Marsha Forest and Jack Pierpont; contains many articles and resources on inclusion, circle of friends, MAPS and the PATH process

Integrating Children with Disabilities
into Preschool
www.kidsource.com/kidsource/content/preschool.disabilities.html

Kids Together, Inc. Inclusion Page
www.kidstogether.org/inc.htm
Nonprofit organization co-founded by parents and organized by volunteers designed to promote inclusive communities where all people belong. This site contains a variety of helpful information and resources on inclusion.

National Center to Improve Practices in
Special Education Through
Technology, Media and Materials
www2.edc.org/FSC
An index site with many links to other sites.

National Information Center for Children
and Youth with Disabilities (NICHCY)
www.nichcy.org
Contains many resources, digests, and articles on disability issues.

Preschool Inclusion Connection
www.truecoaching.com/pic
Free preschool inclusion monthly newsletter and thematic lessons, inclusion activities and parent page.

Project MESH: The MESH Manual for
Inclusive Schools
www.newhorizons.org/spneeds_meshman.html

The Renaissance Group:
Inclusive Education Web Site
www.uni.edu/coe/inclusion/
Produced by the Renaissance Group, a consortium of universities noted for their teacher education programs and working to reform teacher education.

Special Education Resources on the
Internet
www.hood.edu/seri/serihome.htm
A collection of Internet accessible information resources.

Students with Intellectual Disabilities:
A Resource Guide for Teachers (Manual)
www.bced.gov.bc.ca
Provided through the British Columbia Ministry of Education offering many practical ideas which help teachers cope with typical classroom situations.

Exceptional Children Magazine
www.cec.sped.org
The May/June 1998 issue of Teaching Exceptional Children (Vol. 30, No. 5) is a special topic issue on "World Wide Web and Special Education" with articles on using the web productively to teach children with disabilities for both beginners and advanced users. Single copies can be obtained for $15 from Center for Exceptional Children (1-888-CEC-SPED) or downloaded from the CEC site.

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Resources for Including Children with Special Needs in Child Care Settings

MAP TO INCLUSIVE CHILD CARE

Vision: All children in New Jersey will have equal access to affordable, high quality, developmentally appropriate and culturally competent child care.

Project Child Find
A free referral service to identify children with a delay or disability birth to 21. Distributes info about early intervention and special education programs.
1-800-322-8174
www.state.nj.us/education

NJ Inclusive Child Care Project
Provides free regional trainings, telephone and on-site consultation to licensed child care centers and family day care homes.
(800) 654-7726 x108
www.spannj.org

MAP Team
Interagency group that meets bi-monthly to address issues of inclusion of children with special needs in child care.
(609) 292-8444

PARENTS:
Your best source of information

Special Child Health Services
Provides county-based case management services to special needs children, birth to 21.
County Case Management phone number on back
www.state.nj.us/health/fhs/schome.htm

New Jersey School-Age Care Coalition (NJSACC)
Provides an annual conference, training, telephone and on-site consultation to school-age child care providers.
(908) 789-0259
www.njsacc.org

Early Intervention
Statewide system of services for infants and toddlers, birth to age 3, with developmental delays or disabilities and their families.
County Case Management phone number on back
www.state.nj.us/health/fhs/eiphome.htm

Unified Child Care Agencies (UCCA)
A centralized location in each county that provides child care resource and referral, training and technical assistance.
Phone number by county on back

Learning Resource Centers (LRC)
Current special education info, workshops, consultation and assistance to parents and professionals for $2 annual fee.
South (856) 582-7000
Central (732) 441-0061
North (973) 414-4491
Northern Satellite (973) 631-6345

Child Care Health Consultant Coordinators
Provide consultation, education and training about health and safety needs of children in child care.
Phone number by county on back

Child Study Team
Identify and evaluate students ages 3 to 21 for special education program and services. School staff and parents develop an Individualized Education Program for eligible students.
Call school district where child lives

Warmline
Uses automated messages and pediatric nurses to answer routine health and behavior questions.
(800) 713-9006

NJ Professional Development Center for Early Care and Education
Maintains a directory of instructional resources and provides scholarship/tuition reimbursement for child care providers.
(908) 527-3186
www.njpdc.org

MAP TO INCLUSIVE CHILD CARE

COUNTY	UCCA	HEALTH CONSULTANT COORDINATOR	CASE MANAGEMENT UNIT
Atlantic	(609) 646-1180	(609) 646-1180 x602	(609) 645-7700 x4358
Bergen	(201) 336-7150	(201) 336-7168	(201) 599-6153
Burlington	(609) 267-7674	(609) 261-8009	(609) 267-1950
Camden	(856) 374-6386	(856) 374-5147	(856) 374-6021
Cape May	(609) 886-5164	(609) 886-5164	(609) 465-1203
Cumberland	(856) 451-5813	(856) 451-9593	(856) 453-2154
Essex	(973) 297-1114	(973) 744-4050 x1017	(973) 857-4663
Gloucester	(856) 582-8282	(856) 582-8282	(856) 262-4100 x4157
Hudson	(201) 459-9999	(201) 459-9999 x143	(201) 915-2514
Hunterdon	(908) 782-8183	(908) 782-8183	(908) 788-6398
Mercer	(609) 989-7770	(609) 989-7770 x149	(609) 730-4151
Middlesex	(732) 324-4357	(732) 324-4357	(732) 745-3100
Monmouth	(732) 294-1894	(732) 294-1894 x302	(732) 224-6950
Morris	(973) 927-6060	(973) 598-2106	(973) 971-4155
Ocean	(732) 905-6363	(732) 905-6363 x132	(732) 341-9700 x7602
Passaic	(973) 684-1904	(973) 684-1904 x270	(973) 523-6778
Salem	(856) 935-7950	(856) 935-7123	(856) 935-7510 x8479
Somerset	(908) 927-0869	(908) 927-0869 x113	(908) 725-3266
Sussex	(973) 383-3461	(973) 383-3461	(973) 948-5400 x62
Union	(973) 923-1433	(973) 923-1433 x141	(973) 889-0950
Warren	(908) 454-1078	(908) 454-1078	(908) 689-6000

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