EXCEEDS

Special Education 513. Student's Name: Ann Marie Breslin Grade: 35/36 Rubric: Yes No

Rubric: Research Paper, Concept Paper 1, Concept Paper 2, Concept Paper 3 (Circle One) Safe Assign: Yes No

Criterion	Evaluation Categories/Outcomes			
	Does Not Meet Standard	Approaches But Does Not Meet Standard	Meets Standard	Exceeds Standard
Presentation	1 pt (0-1 factor)	2 pts (2-4 factors)	3 pts (5-7 factors)	4 pts (8 factors)
☑ Appropriately uses rules of standard grammar, punctuation, spelling, capitalization. People First Language.				
☑ Purpose of paper is clearly explained.				
☑ Ideas and observations are presented clearly.				
☑ Layout and format of paper are clear with meaningful topical headings that are consistent with assignment detail and explanation.				
☐ Citation of references and quotations throughout paper follows APA format.			3	
☑ References section of paper complies with APA format.				
☑ Paper is double spaced using 12 point font with appropriate headers/footers, cover page.				
☐ Paper is appropriately bound together, with title page.				
Literature Review	3 pts (0-1 factor)	6 pts (2-3 factors)	9 pts (4 factors)	12 pts (5 factors)
☑ Citations included are contemporary (i.e. within last 10 years) and are drawn from at least 3 refereed journals and textbooks.				
☑ Clear description of sample, method, measures, and findings is presented for each citation.				
☐ Literature presented is consistent with the expressed purpose of the paper.				12
☑ Implications of studies are presented both within and across investigations.				
☑ Limitations of studies are identified.				
Ability to Draw Implications/Inferences	2 pts (0-1 factor)	4 pts (2 factors)	6 pts (3 factors)	8 pts (3+ factors)
☐ Student has generated meaningful and valid implications/inferences from literature presented.				
☑ Student has generated ideas regarding implications of literature for current position (e.g. program or classroom).				8
☑ Student has generated ideas regarding implications of literature for regional/national practice and policies.				
Personal Insight	3 pts (0-1 factor)	6 pts (2 factors)	9 pts (3 factors)	12 pts (3+factors)
☑ Student has described associations and insights between literature and personal experiences.				
☑ Student has described associations and insights between literature and professional experiences.				12
☑ Student demonstrates an enhanced understanding of his/her own biases and tolerance for differences among children and families.				

Special Education 513. Student's Name: Grade: Rubric: Yes No
Rubric: Research Paper, Concept Paper 1, Concept Paper 2, Concept Paper 3 (Circle One) Safe Assign: Yes No

Criterion	Evaluation Categories/Outcomes			
	Does Not Meet Standard	Approaches But Does Not Meet Standard	Meets Standard	Exceeds Standard
Presentation ☐ Appropriately uses rules of standard grammar, punctuation, spelling, capitalization. People First Language. ☐ Purpose of paper is clearly explained. ☐ Ideas and observations are presented clearly. ☐ Layout and format of paper are clear with meaningful topical headings that are consistent with assignment detail and explanation. ☐ Citation of references and quotations throughout paper follows APA format. ☐ References section of paper complies with APA format. ☐ Paper is double spaced using 12 point font with appropriate headers/footers, cover page. ☐ Paper is appropriately bound together, with title page.	1 pt (0-1 factor)	2 pts (2-4 factors)	3 pts (5-7 factors)	4 pts (8 factors)
Literature Review ☐ Citations included are contemporary (i.e. within last 10 years) and are drawn from at least 3 refereed journals and textbooks. ☐ Clear description of sample, method, measures, and findings is presented for each citation. ☐ Literature presented is consistent with the expressed purpose of the paper. ☐ Implications of studies are presented both within and across investigations. ☐ Limitations of studies are identified.	3 pts (0-1 factor)	6 pts (2-3 factors)	9 pts (4 factors)	12 pts (5 factors)
Ability to Draw Implications/Inferences ☐ Student has generated meaningful and valid implications/inferences from literature presented. ☐ Student has generated ideas regarding implications of literature for current position (e.g. program or classroom). ☐ Student has generated ideas regarding implications of literature for regional/national practice and policies.	2 pts (0-1 factor)	4 pts (2 factors)	6 pts (3 factors)	8 pts (3+ factors)
Personal Insight ☐ Student has described associations and insights between literature and personal experiences. ☐ Student has described associations and insights between literature and professional experiences. ☐ Student demonstrates an enhanced understanding of his/her own biases and tolerance for differences among children and families.	3 pts (0-1 factor)	6 pts (2 factors)	9 pts (3 factors)	12 pts (3+factors)

Special Education 513. **Student's Name:** Ana Marie Rosales **Grade:** 3rd/4th **Rubric:** Yes No
Rubric: **Research Paper, Concept Paper 1, Concept Paper 2, Concept Paper 3 (Circle One)** **Safe Assign:** Yes No

Criterion	Evaluation Categories/Outcomes			
	Does Not Meet Standard	**Approaches But Does Not Meet Standard**	**Meets Standard**	**Exceeds Standard**
Presentation	1 pt (0-1 factor)	2 pts (2-4 factors)	3 pts (5-7 factors)	4 pts (8 factors)
☑ Appropriately uses rules of standard grammar, punctuation, spelling, capitalization. People First Language.				
☑ Purpose of paper is clearly explained.				
☑ Ideas and observations are presented clearly.				
☑ Layout and format of paper are clear with meaningful topical headings that are consistent with assignment detail and explanation.				
☑ Citation of references and quotations throughout paper follows APA format.				
☑ References section of paper complies with APA format.				
☑ Paper is double spaced using 12 point font with appropriate headers/footers, cover page.				
☑ Paper is appropriately bound together, with title page.				
Literature Review	3 pts (0-1 factor)	6 pts (2-3 factors)	9 pts (4 factors)	12 pts (5 factors) 10
☑ Citations included are contemporary (i.e. within last 10 years) and are drawn from at least 3 refereed journals and textbooks.				
☑ Clear description of sample, method, measures, and findings is presented for each citation.				
☑ Literature presented is consistent with the expressed purpose of the paper.				
☐ Implications of studies are presented both within and across investigations. Did not compare across studies				
☑ Limitations of studies are identified.				
Ability to Draw Implications/Inferences	2 pts (0-1 factor)	4 pts (2 factors)	6 pts (3 factors)	8 pts (3+ factors)
☑ Student has generated meaningful and valid implications/inferences from literature presented.				
☑ Student has generated ideas regarding implications of literature for current position (e.g. program or classroom).				
☑ Student has generated ideas regarding implications of literature for regional/national practice and policies.				
Personal Insight	3 pts (0-1 factor)	6 pts (2 factors)	9 pts (3 factors)	12 pts (3+factors)
☑ Student has described associations and insights between literature and personal experiences.				
☑ Student has described associations and insights between literature and professional experiences. Well done				
☐ Student demonstrates an enhanced understanding of his/her own biases and tolerance for differences among children and families.				

"Inclusion" in Early Intervention and Preschool:

What Are the Effects for Children

With and Without Disabilities?

Ann Marie Breslin

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Special Education 513

"Inclusion" in Early Intervention and Preschool:

What Are the Effects for Children

With and Without Disabilities?

This paper will start by defining inclusion, Early Intervention and preschool. Next it will go on to list the different effects inclusion has on children with and without disabilities found by different studies. Several studies will be cited. The author will then discuss the implications and inferences gathered from the literature. Finally the author will share personal insights and biases from personal and professional life.

Inclusion

There are many definitions for the meaning of inclusion throughout research because of the many factors to consider. The (DEC) Division of Early Childhood of the Council Exceptional Children and the (NAEYC) National Association for the Education of Young Children (2009) got together to offer a definition of early childhood inclusion. The DEC/NAEYC (2009) definition is as follows:

> Early Childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society. The desired results of inclusive experiences for children with and without disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their

> full potential. The defining features of inclusion that can be used to identify high quality early childhood programs and services are access, participation, and supports. (p.2)

Numerous studies have been done over the years looking at the inclusion of young children in school and community. The history of the treatment of children with special needs has gone from segregating them to trying to promote their exposure to the community and typical playgroups and classrooms. The passing of the public laws (94-142, 99-457 and 102-199) which call for a free and appropriate education for all children with disabilities is what helped with the integration of children with special needs. In 2007 the U.S. Department of Education reported that 36 of the 59 states and territories reported serving 50% or more of their preschoolers with disabilities in regular education programs (Hollingsworth, Buysse, Goldman, 2009).

Early Intervention and Preschool

> According to A Guide to Early Intervention in Rhode Island (2009), Early Intervention is a voluntary program that provides early identification, services, and support to eligible children from birth to age three. These children are experiencing developmental delays, have certain diagnosed conditions or have circumstances that are likely to result in significant developmental problems. The purpose of Early Intervention is to help young children be active and successful participants in a variety of settings (home, childcare, preschool and in the community). In this guide, The Rhode Island Early Intervention Program has eight points in its vision for children and their families: 1) Children have positive social relationships. 2) Children acquire knowledge and skills. 3) Children take appropriate actions to meet their needs. 4) Families understand their children's strengths, abilities and special needs. 5) Families understand their rights within the law and

> effectively communicate their children's needs. 6) Families help their children develop and learn. 7) Families have adequate social support. 8) Families access services and activities that are available to all families in their community. (p.1)

Preschool is a program for children who are typically age 3 to 5 years old. The program usually runs about three to four hours a day. There is a developmentally appropriate curriculum with many activities that foster cognitive development, motor development and social development. Pre-reading skills, pre-writing skills and pre-math skills are worked on in preparation for kindergarten. The preschool programs can be public or private and housed in many different environments from public schools, community centers, churches and temples.

The Effects for Children With and Without Disabilities

This author has read many articles and studies on the inclusion of children with and without disabilities and has found that there are many positive reasons why inclusion, in most cases, is in the best interest of the child from birth through age 5 with and without disabilities. Buysse and Hollingsworth (2009) wrote a research synthesis paper that stated children with disabilities enrolled in settings that are inclusive make at least equal developmental progress as they do in non-inclusive settings. There is some evidence to suggest that children with disabilities in inclusive settings can make greater progress in the areas of social competence, communication and possibly play skills. Buysse and Hollingsworth (2009) had also found evidence that inclusion does not take away from the learning of children without disabilities. It was found that inclusion has positive effects for these typically developing children helping them learn tolerance and acceptance of their peers with disabilities.

Another positive point is that generally children made great improvement in developmental areas, social competence and social play when they had the experience of a quality inclusive preschool which had the following features: a) A more stimulating, varied and responsive experience than a self contained class composed of children with limited skills. b) Curriculum activities that build on a child's strengths and preferences rather than the deficit model focused on what the child can't do. c) Opportunities to observe, imitate, and interact with children who have higher level motor, social, language and cognitive skills. d) Children without disabilities acting as built in motivators for the other children with disabilities encouraging improved behaviors. e) Opportunities to learn from other children (Allen and Cowdery, 2009).

Children without disabilities not only learn acceptance and empathy they also have the benefit of being a peer tutor. The child with and without disabilities reap many benefits from the experience. The child without disabilities gets to work on social interactions as well as enhancing their own academic learning. All children are given the chance to work on social interactions, acceptable play behaviors and developmentally appropriate use of classroom materials (Allen and Cowdery, 2009).

Odom (2000) also put together a synthesis paper on "what we know" so far from literature on the subject of preschool inclusion. This author will mention some of the findings and later in this paper talk about some specific studies that were found that support many of the findings. Odom (2000) has also found that there were positive outcomes for children with disabilities and typically developing children in inclusive settings. Odom (2000) had found literature which reported that on standardized developmental measures, children with disabilities perform as well in the inclusive setting as in the self-contained special education setting. Other studies Odom

(2000) found suggest that in some cases the child did better on these developmental measures in the inclusive setting. Studies have also been found which use observational methods. These studies state that the behavior of the children with disabilities appears to be positively affected by the participation in activities with typically developing peers. These typically developing peers are also positively affected by being in an inclusive environment. It seems to positively affect the attitudes that the child has toward the children with disabilities. Family members reported that their child benefited by learning sensitivity and acceptance of children with disabilities. The last finding this author takes from Odom's (2000) synthesis paper is negative. This is the literature finding of children with disabilities engaging less often in social interactions with peers than typically developing children in inclusive classrooms. This is a negative point, but there are many interventions that can be put in place that will change this to a positive outcome.

Odom (2005) wrote a study on Peer-related Social Competence in Young Children with Disabilities. A consistent finding is that children with disabilities interact less with their peers and are also less well accepted. Odom (2005) points out that social acceptance of peer-related social competence are associated with the type of disability and characteristics of each individual child. Children with communication problems who do have some communication skills are regularly well accepted by their peers. But, children with disabilities who possess aggressive behavior, very limited communication skills, limited social skills and/or limited motor skills are often socially rejected by their peers. Because of levels of funding and low levels of some types of disabilities investigators employed single-subject research methods which depend on documentation of treatment effects within subjects and replicated across subjects. Odom (2005) states:

That the primary research questions focus on the efficacy of individual intervention approaches for monitoring peer-related social competence of young children with disabilities. The research results show intervention approaches with evidence of efficacy in ascending order of intensiveness, include: 1) Inclusion in early childhood settings with typically developing peers. 2) Classroom-wide intervention procedures designed to promote pro-social skills for all children and prevent behavior problems from occurring. 3) Naturalistic interventions such as group friendship activities. 4) Social integration activities in which structured play groups are formed in inclusive classrooms and facilitated by teachers. 5) Explicit skills training in which children learn prosocial skills in small groups or peer-mediated approaches involving peers as facilitators. (p.3)

Implication: A key feature that determines the success of these interactions is access to a socially competent peer group and the policy implication is that inclusive programs should be the educational placement of choice for children with disabilities. Major limitations to this study are the funding and the low prevalence of some types of disabilities that have limited the use of a randomized experimental group design of peer related social competence interventions (Odom2005).

Hestenes and Carroll (2000) did a study on The Play Interaction of Young Children With and Without Disabilities: Individual and Environmental Influences. Hestenes and Carroll (2000) performed individual interviews of 21 typically developing children and observations of 29 children with and without disabilities were performed in the classroom and on the playground. It was found that both children with and without disabilities spent significantly less time interacting

with each other than was expected. In order for interactions to occur, young children must have the skills to enter and maintain an interaction as well as motivation to do so. In this study it is apparent that the children without disabilities had enough social skills available to enter and maintain interactions 64% of the time. Children with disabilities had enough social skills 42% of the time. It was also found that children with more understanding of disabilities indicated that they were more willing to play with their peers with disabilities. There are a few implications that come from this study. It was stated that the way the teacher structures the classroom, models appropriate social interactions and facilitates social interactions between children with and without disabilities can support children's interactions. Researchers reported (DeKlyen and Odom in Hestenes and Carroll 2000) increased peer interactions between children with and without disabilities when teachers introduced activities, established rules, assigned roles and provided materials. The increase in the interaction is attributed to the structure provided by the teachers. Activities that are more structured required fewer social skills for the children to interact, and better allow for children to participate together. One major limitation is the small sample from only two settings. There needs to be more work needs to be done on this topic.

Rafferty, Piscitelli and Boettcher (2003) did a study called The Impact of Inclusion on Language development and Social Competence Among Preschoolers with Disabilities. Rafferty, Piscitelli and Boettcher (2003) describes the progress in language development and social competence among 96 preschoolers with disabilities in inclusive and segregated classes. Testing was done on language development, social competence and cognitive ability background data. The pretesting showed that children with not severe disabilities were more likely to be placed in inclusion classes than in segregated classes. Children with severe disabilities in inclusion classes showed substantially greater developmental abilities at posttest than their peers in segregated

classes. Rafferty, Piscitelli and Boettcher's (2003) finding was consistent for auditory comprehension, expressive language, and social skills. In contrast, children with severe disabilities in segregated classes showed fewer problem behaviors at posttest than their peers in segregated classes. The limitations of this study are first that the children were draw from only one preschool which was homogeneous in both ethnic composition and socioeconomic status. Second, the two groups were not equal. The children in the segregated class were much more severe than the inclusion class. Last, the operational definition was very narrow because of the limits of the children. The implications of this study bring up the importance of placement decisions for children. Some children might not be able to perform in an inclusion setting. Each child has to be looked at on an individual bases when it comes to school placement.

Holahan and Costenbader (2000) wrote an article called A Comparison of Developmental Gains for Preschool Children with Disabilities in Inclusive and Self-Contained Classrooms. The article consists of two studies that examined developmental outcomes associated with services in inclusive and self-contained preschool classrooms. In Holahan and Costenbader's (2000) first study, the effects of classroom inclusion on the developmental and social growth of preschool children with disabilities were investigated on 15 pairs of children matched for age, gender, initial level of functioning, related services received, and attendance schedules. Progress was measured with the Brigance Diagnostic Inventory of Early Development-Revised using a pre-post design. The results showed that children functioning at a lower level of social and emotional functioning performed equally well in inclusive and specialized settings. The children functioning at a relatively higher level performed better in inclusive settings than in specialized settings. In Holahan and Costenbader's (2000) second study, the relationships between developmental progress, the length of the school day and the amount of related services received

per week were studied on 66 children. The children in the full-day classrooms had greater developmental delays but they achieved higher rates of progress than the half-day children in the areas of social and emotional development. There are several limitations to this study. First, a criterion-referenced test was used makes it harder to when wanting a group comparison. A norm referenced test should be used. Second, the adult-child ratio was different. Third, the naturally occurring setting was utilized children could not be assigned to specific groups. Finally, the study was limited to two settings in the same geographic region. The implication of this study reminds us how every child is unique. Work needs to be put in to find the most appropriate setting for each individual and the continuum of service for the young is crucial.

The Ideal World of Inclusion

This one word "Inclusion" and how it affects children with disabilities, their families, peers, teachers, service coordinators, therapists, policy makers and society is not simple. The word inclusion sounds wonderful. It means belonging and everyone wants to belong. In order for there to be a successful inclusion of a child with a disability in an EI program, childcare center or school many people have to come together to collaborate. Each person brings a piece of a puzzle that will someday be a beautiful picture. The child and the family are the first to bring a piece of the puzzle to EI and ask for help. The EI service coordinator and team of therapist bring out several pieces over time and try different ones to see which will fit. The EI service coordinator and team teach the family how to help their child and include the child into their family and society. The EI Team then helps the family bring all the pieces that the child and family have acquired to their local school department. Here the administration, teachers and therapist look at

what the family has put together so far and brings out many pieces of puzzles to start to figure out what the child needs to build their picture. What is best for the child will be decided as a team. Supports and accommodations will be set up with plenty of peer role models to learn from. The teacher and teacher aid will have had plenty of training in early childhood preparation which will be a national requirement. The therapist will keep the child with a disability in the room with the child's peers during all therapies if possible while including the other children. The teacher will embed learning experiences throughout the day that will focus on the child's strengths. The children without disabilities will act as peer-tutors. Both children will teach each other lifelong lessons. Since everyone is unique the IEP plan will be individualized. There will be an open door of communication as we work on the lifelong process of inclusion. Every piece of the puzzle will someday be found.

Personal Insight

As a parent with one child with many disabilities and the other with mild disabilities I have experienced inclusion. Inclusion doesn't fit into a neat little package. It is totally different for each child. My daughter was in a preschool inclusive setting as a community peer when we started noticing problems which turned out to be ADHD and signs of aspergers. This was a great setting for her because of the diverse population and the many resources available to her. She ended up a 504 plan in regular classes receiving honors. My son was born with Down syndrome and was very sick when he was young. We were first seen by a service coordinator from Meeting Street Early Intervention when he was 5 weeks old. The EI coordinator became such an important person in our lives. Our world was upside down and we were scared of this new upside down world. The dreams we had for our first child were nowhere to be found and I was

afraid every day that I was going to lose him. She coordinated all his therapists and helped us connect with other families. When Ryan turned two she helped us pick a childcare center so he could have the experience of other children and learning experiences. I loved the way the therapies were done. I was included in his therapies which made me feel good and I could then help him at home. When Ryan left EI and entered the school system I felt a little lost. I wasn't included in his therapies and didn't know anymore what was happening or if he was getting all of his therapies. Ryan was placed into a self-contained classroom next door to the integrated room. The teacher wasn't even told we were coming that day and didn't hide her frustration. Ryan spent his time on the floor crying in a room full of strangers. He didn't understand much and could only say a few words. I left feeling horrible and couldn't wait to pick him up. Luckily it was May and he got a new teacher a few months later that had a great educational background, experience and personality. The self-contained class with this teacher and her amazing assistants was the best place for Ryan. Ryan could not have handled the inclusive class at that point. It isn't for everyone. We did not know at the time but he had ADHD, autism and apraxia. At age 6 Ryan was partially integrated and things were going well. He loved his peers. They all took care of him and would say hi to him in the community. This meant so much to me. He had a 1:1 aid until fifth grade when the administration decided to cut back and take that away without informing us. They had hired a brand new teacher without a severe disabilities certification and any experience with children who had severe disabilities. The teacher in the regular education class he was supposed to be included into and the principle did not seem accepting. Ryan's behavior went downhill fast that year. He would come home crying and I had to carry him to the bus in the morning. I then gave up the fight to keep him in an inclusive setting and searched for

an outside placement. I found Meeting Street and they accepted Ryan with open arms. It took him one week to turn back into the happy boy he had been 7 months earlier.

In my professional life I have worked in one school system for 11 years as a substitute teacher and paraprofessional. The last 2 years I mostly worked in the special ed. preschool classes which consist of 1 self-contained and 3 inclusion classes. The children with more severe disabilities seem to be placed in the self-contained class and as they make progress are put in the inclusive class half day. In the self-contained class the children that are a little higher in functioning are taught how to help their peers that need total care. The class is highly structured with the adults working 1:1 to 3:1 most of the time. All 4 classes follow the same general curriculum emphasizing independence and cooperation. The 3 inclusion classes are less structured but have set times for different daily activities. They have centers where the special needs children play side by side with their peers as role models. The biggest differences in the classes are the personalities of the teachers and the assistants. Some are much stricter than others. I believe that overall that these classes are working out well. I have seen many wonderful changes in the children over the years. An inclusive class is a great environment for most children with disabilities but sometimes a self-contained class is the best fit for a child with multiple disabilities.

I have a great tolerance and compassion for children with disabilities because of growing up with a mildly disabled brother, a best friend with a physical disability who passed away as a child and having children with disabilities. But I also have biases that I need to work on. I feel that many parents do not try hard enough with their children. They send their children to school so that the teachers can educate them but don't put in much time at home with their child. I feel

that I have worked so hard with both my children to help them be as successful as they can be with the disabilities that they have. I taught my daughter to read by age 4 and tutored her after school most nights as she struggled through the years to have her finally receive high honors last year. I have worked even harder with my son dealing with his many mental and physical disabilities and the behaviors that stem from them. My husband and I have used behavior programs we had learned from working at Bradley Hospital before our children were born. We have learned that consistency and structure helps him and the family work together successfully. I believe that the child's parents and family are the first and most important teachers. I know that not all parents have the capabilities to fulfill all their child's needs and I have to keep that in mind. But I will do my best to foster a relationship between the parent and child that enhances the child's learning and being successful.

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