Tenth Edition

Adapting Early Childhood Curricula for Children with Disabilities and Special Needs

Ruth E. Cook | M. Diane Klein | Deborah Chen

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Director and Publisher: Kevin M. Davis
Content Producer: Janelle Rogers
Media Producer: Lauren Carlson
Portfolio Management Assistant: Maria Feliberty
Executive Field Marketing Manager: Krista Clark
Executive Product Marketing Manager: Christopher Barry
Manufacturing Buyer: Carol Melville
Full-Service Project Management: Thistle Hill Publishing Services, LLC
Cover Designer: Alisha Webber
Cover Image: Arman Zhenikeyev/Shutterstock
Composition: Pearson CSC
Text Font: Palatino LT Pro 9.5/13

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Library of Congress Control Number: 2018959626
Library of Congress Cataloging-in-Publication Data is available upon request.

10 9 8 7 6 5 4 3 2 1

Pearson

ISBN 10: 0-13-520445-3
ISBN 13: 978-0-13-520445-0

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Foreword

For over three decades, *Adapting Early Childhood Curricula for Children with Disabilities and Special Needs* has educated the next generation of teachers not only here in California, but also throughout the nation. It provides a foundation for professionals seeking a career working with children with disabilities whether in general education, inclusive, or special education classrooms. When I reach into my bag and take out this book during a coaching session, I am not surprised, as I've heard it often, when teachers say, "I love that book." They frequently explain that their edition is older, highlighted throughout, and dog-eared. We laugh and then turn to a page that reminds us of a specific practice that could help support a child in need. This text and I have a long and productive history, as I have utilized it throughout my professional career as a student, inclusion trainer, and professor.

When I was a student, this text was the foundation for many of my classes while securing my early childhood special education credentials, completing an internship, and obtaining a special education master's degree. The text went everywhere with me, living as it did in the trunk of my car because I never knew when I was going to need it. I would refer to the book often in my special education classroom to remind me about the characteristics of disabilities and how to implement task analysis and make adaptations to my curriculum. I would pull it out to find evidence in support of my college reports and to discuss concepts and collaboration techniques with coworkers, colleagues, and fellow college students. After I left the classroom as a student, the text did not just sit on my shelf. It came with me and found a new home in my office.

As an inclusion training specialist and coach, I used this text as a resource for evidence-based practices that were incorporated into trainings for general and special education teachers. From the concepts of this foundational book, support materials were created to accompany trainings for teachers, coaches, and families. Now as a professor, I use this text along with the helpful online supports and the Instructor's Manual to guide the next generation of early childhood special educators. I know that college students will receive comprehensive information from this text to support both children and families, as every edition is up-to-date with the latest legislation and trends as well as evidence-based practice.

This one example of a career path shows the exponential influence that *Adapting Early Childhood Curricula for Children with Disabilities and Special Needs* has had—moving beyond serving the small number of students and families in a special education classroom to teaching college students who are using this text to make a difference in the lives of ALL their children and families.

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Preface

This book is written with you, the student of either early childhood or special education, in mind. Whether you are studying to become a teacher of young children with disabilities or are an early interventionist with a related background who wishes to develop greater versatility in your chosen field, we have designed this to be an easy-to-read, interesting, and comprehensive resource for you. It provides extensive use of examples, dialogues, practical illustrations, and vignettes, and a focus on the best practices in the field.

When this text was originally published, intervention with young children with disabilities was in its formative years. Since that time the field has expanded, and this book has successfully grown with it. Young children with disabilities are now enrolled in a variety of settings and are served by professionals and paraprofessionals with diverse backgrounds. Our objective now, as it was in the first nine editions, is to present a text that will play a major role in the development of all who serve young children. The focus is on the skills necessary to assist infants, young children, and their families to meet their special challenges and develop to their fullest potential.

Distinguishing Features

This book has four main strengths that make it a compelling self-teaching resource:

1. It emphasizes the importance of understanding the natures of all young children and how they learn. Adapting curricula and intervention approaches for children with disabilities works effectively only when professionals build on a strong foundation of understanding what is common to all young children. On the basis of this necessary foundation, students can consider strategies for meeting the developmental and educational needs of infants and young children who have disabilities or who experienced circumstances and conditions that potentially interfere with optimal growth and adjustment.
2. The approach taken in this text stresses the absolute necessity of understanding young children within the context of the family. Every family is unique and complex, reflecting the many influences of history, culture or ethnicity, economics, and family dynamics. Early interventionists must focus not on the detailed analysis of these many factors, but on ways of supporting families that will maximize their day-to-day fulfillment as caregivers of their young children. As explained in the text, your job, in part, is to help parents develop a sense of competence in their own abilities to nurture their children regardless of family circumstances. Appreciation of families' roles in the development of children and respect for families' concerns and priorities are critical to effective curriculum design and program development.
3. A significant portion of the text is organized according to traditional developmental domains: social-emotional, motor, communication, and cognitive skills. As an early childhood special education professional, you will seek to develop these growth areas in the children entrusted to you. Thus, you must develop a thorough understanding of each of these complex domains.
4. Finally, you must ultimately understand that all the growth areas and individual and family background factors must be synthesized into a view of the whole child. As in any other form of synergy, the whole child is much greater than the sum of his or her parts. This holistic view relates directly to the book's emphasis on activity-based and play-based approaches to intervention. You will learn how to integrate goals and objectives for all domains into developmentally appropriate and motivating activities in inclusive, community-based settings. You will also learn how to work collaboratively with others in inclusive community-based settings in an itinerant consultation role. Throughout, best practices are explained for home, center, or classroom application.

The four points just mentioned suggest the framework and approach that have consistently made this book appealing to readers of nine previous editions. They have been time tested and consistently found to be helpful.

New in This Edition

- Issues related to collaborating with families of diverse cultural and linguistic backgrounds, teaching dual-language learners, and the influence of poverty are embedded in many chapters.
- Evidence-based practices were updated based on the most current research available.
- Activities to encourage reflection and application of topics and strategies are provided at the end of each chapter.
- The glossary has been updated with relevant terms and definitions for new topics covered in the chapters.

- The appendix includes a new graphic illustrating the roles and responsibilities of special education staff in relation to general education staff within inclusive settings.

Organization

The text opens with a presentation of our philosophy for working with children who have disabilities. It explores human likenesses and value differences and discusses our belief in the importance of providing services in the most normalized settings possible. Chapter 1 highlights the historical contributions of the fields of early childhood education and special education. Important features and implications of Public Laws 94-142, 99-457, 101-336, 101-476, 102-119, 105-17, 108-446, 110-134, and 110-335 are summarized. Attention is given to the continual collaboration between professional groups involved in early childhood special education, especially the Division for Early Childhood (DEC) and National Association for Education of Young Children (NAEYC). Evolving trends in the field and alternative approaches to service delivery including the unique challenges involved in supporting inclusion are discussed. Key findings from research on preschool inclusion and the necessity of using person first language are highlighted. Finally, the challenges presented by those who are dual-language learners and the increasing number of children living in poverty receive consideration.

Chapter 2 explores the process involved in the adjustment required to successfully parent a child with disabilities. It presents techniques to involve families in a collaborative partnership with the variety of professionals with whom they must interface. In developing a family-focused approach, students are encouraged to view families from a systems perspective. Special attention is given to the various methods of parent involvement that can accommodate cultural diversity, language differences, and unique family situations. The complexities involved in developing a truly collaborative relationship with parents are examined in greater detail in this edition. Additional suggestions on how to successfully involve fathers have also been included.

Within Chapter 3, the importance of becoming a skilled observer of children is stressed as students are encouraged to link curriculum to assessment and the monitoring of progress. The components of individualized family service plans (IFSPs) and individualized education programs (IEPs) are discussed in detail, while techniques for writing goals and objectives are illustrated. New to this edition are suggestions on how to make outcome statements on IFSPs more functional. Readers are also introduced to Robert McWilliam's unique approach to truly understanding the needs of families.

Strategies for collaborative programming and transition planning are outlined. Chapter 4 focuses on curriculum development within a framework of generic instructional strategies and introduces the principles of the Universal Design for Learning. Communicative interactions, facilitation of play, the development of appropriate schedules, and optimal environmental arrangement contribute to the success of early intervention. Chapter 5 focuses on considerations and strategies for teaching young children with specific disabilities, including those with low incidence and multiple disabilities, autism, and fetal alcohol spectrum disorders. The chapter also now includes a series of questions to promote collaboration with support specialists such as speech and language pathologists. Additional topics include assistive technology, functional vision assessments, and learning media assessments.

Chapter 6 begins by describing the stages of psychosocial development as a precursor to understanding how to facilitate social skills through the medium of play. Considerable attention is given to helping children who experience particular emotional and behavioral challenges resulting from adverse childhood experiences. The use of positive behavioral supports is discussed in detail.

After describing the sequence of typical development of gross and fine motor skills, Chapter 7 examines atypical motor development, the assessment of motor skills, and techniques for collaborating with physical and occupational therapists. Practical intervention strategies are offered, including handling and positioning guidelines, as well as techniques for facilitating self-care skills and encouraging healthy diets. The role of movement education and music in the development of motor skills is considered.

Chapters 8 and 9 focus on the development of communication, literacy, and cognitive skills. The importance of caregiver–child interactions and the role of play in optimal development are recognized throughout. Special attention is devoted to specific strategies for enhancing communication skills in children with severe disabilities, autism, visual impairments, and hearing impairments. Consideration is given to young dual-language learners. The section devoted to understanding the social and linguistic factors related to children's emergent literacy skills and strategies for encouraging these skills is a valuable resource. Facilitation of phonological and phonemic awareness along with a brief synthesis of premath skills is included in this section.

The final chapter provides an overview of models, strategies, and challenges for providing inclusion support to young children with disabilities who are included in community-based early childhood settings. Consideration is now also given to transitional kindergarten, which is new to some communities. This chapter goes into depth on how to facilitate the collaboration and problem solving so necessary to the shared decision making necessary to success in early childhood special education. Productive teaming with the many specialists and paraprofessionals is essential to effective facilitation of the development of young children with disabilities.

As in previous editions, the appendices include a wealth of practical information, such as developmental guidelines, curricular adaptations for children with specific needs, modifications, and checklists to assist facilitation of inclusion. A sequence of steps for milieu approaches is included. New to this edition is an example of the roles and responsibilities of special education staff as related to general education staff in inclusive educational settings. Finally, the appendix includes a list of competencies that we hope each and every reader will develop as a result of studying this text.

Acknowledgments

We present this book with gratitude to the hundreds of children and parents who have been our teachers. From them we have learned to value and nurture the uniqueness of each child regardless of background, skills, or abilities. We believe we have found a way to meet children's unique needs in whatever setting they appear. It has been our purpose to convey the essence of this process to anyone interested in working with young children.

We wish to sincerely thank the many colleagues and friends who assisted and supported us throughout the many years since the original edition of this book. We are especially grateful for the conscientious efforts of those who so kindly read and commented on the prospectus and rough drafts of the present edition. Special gratitude goes to the following reviewers for their time, attention, and feedback: Sarah Hamsher, Malone University; Kai Kaiser, Saddleback College; Ellen Lynch, University of Cincinnati; Megan Purcell, Purdue University; Sandra C. Nichols, University of Alabama; and Allison Turner, Johns Hopkins University.

There are many people who enrich and enhance one's personal as well as professional life along the way. As indicated in the dedication that appeared in a previous edition of this text, we want to again acknowledge the support of Dr. Annette Tessier, who was a coauthor of six of the previous editions, and continues to inspire and enliven us. We will be forever grateful to her.

We also want to express our very sincere admiration and thanks to Dr. Marci Hanson, who graciously wrote the forewords to previous editions of this text. Given Dr. Hanson's recent retirement, we turned to a current user of the text to share insight into why she finds this text so useful in a variety of settings. Thank you, Laurie Nielsen Dotson, for sharing your thoughtful comments. It is gratifying to know that, after many years, our text continues to inspire and promote best practices.

Deep appreciation is extended to the parents, children, and outstanding staff of Centro de Niños y Padres, at California State University at Los Angeles, the California State University, Northridge Child and Families Studies Center, and the CHIME Early Education Program for their effective implementation of evidence-based practices that support the learning of all young children. Appreciation also goes to Sandra Hovancik and Barbara Porter for their skills as graphic artists.

Over the years, the personal support of those with whom we live and work has been invaluable. Very special thanks go to Erin Klein, Christopher Cook, and Kimberly Cook Bodemar (and, of course, our grandchildren), without whom our understandings of child growth and development would have been superficial, at best. Sincere gratitude goes to Curtis Cook, whose patience, tolerance, and editorial skills helped make this project possible.

The editors and staff at Pearson Education have worked hard to keep us on target. Particular praise and gratitude go to our editor, Kevin Davis, and our content producer, Janelle Rogers, for their attention and prompt responses have been invaluable throughout the acquisition and development of this manuscript.

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Chapter 1

Educating Young Children with Disabilities

The Challenge

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Learning Outcomes

After studying this chapter, you should be able to:

1.1 Recognize that a child who has a disability is a child first; the developmental delay or disability is secondary.

1.2 Summarize the historical and philosophical influences on the evolving field of early childhood special education.

1.3 Give examples of the enabling impact of public pressure and legislation.

1.4 Explain the foundational principles and recommended practices for quality early childhood special education.

1.5 Describe the unique challenges of providing services in inclusive settings.

Viewing the Child with Disabilities as a Child First

The culture in the United States places very high value and status on intelligence, beauty, and physical skill. Winning a beauty contest, being drafted as a quarterback for the NFL, achieving high SAT scores, and admission to Harvard are examples of our culture's notions of exceptional and highly valued achievements. The initial response to the birth of a baby who is at risk or compromised in some way is to hope and pray for the infant's survival. After this initial shock, there may be concerns about the baby's development. Parents who have had these experiences can often recall every detail for the rest of their lives.

As babies become toddlers and pre-schoolers, families often begin to face the possibilities that their child may not be "normal." They may worry that he or she may not be attractive, smart, or athletic. The diagnosis of a child with a "disability" can be an ongoing traumatic event for many families.

The U.S. provides some of the finest early intervention, special education, and rehabilitation services in the world. If you are reading this text, you have chosen one of the most important, challenging and rewarding fields of study. It is easy for professionals in special education to become intently focused on the details of the disability and the wide array of possible interventions. However, it is critical that families and practitioners in early childhood special education never lose sight of the fact that this infant or toddler **is a child first**—a unique and fascinating developing person for whom "disability" is but one feature of his or her identity. Ironically, the "disability" characteristics will contribute to the uniqueness and strengths of that child.

The disability features and the specific strategies you will learn in this text, and throughout your career, are important and valuable. However, they must not overshadow the importance of the unique characteristics and strengths of each child, and his or her relationships with family and caregivers. In support of creating and maintaining

Exhibit 1.1

How to Use Person-First Terminology When Communicating About Children with Disabilities

Respectful Language Sounds Like . . .	**Instead of . . .**
He has muscular dystrophy	He is afflicted with muscular dystrophy
She has cerebral palsy	She suffers from cerebral palsy
He uses a wheelchair	He is restricted to a wheelchair
She has a developmental delay	She's developmentally delayed
Students in special education	Special ed students
A child who is blind	A blind child
Students with disabilities	Disabled students
Parent of a child with disabilities	Parents of a disabled child

a respectful and positive view of each child, we begin by thinking about the importance of what language we use when we refer to children with disabilities.

Person-First Language

A disability is merely one of many natural human characteristics (Snow, 2013). Language that places the child before the disability is called **person-first language**. It acknowledges that the child is a child first with many characteristics, only one of which is a disability. For example, a child has a physical disability rather than is a "crippled" child. Another example would be to say "a child with Down syndrome" instead of "a Down syndrome child" or, worse yet, "a Down's child." This change in language acknowledges that the disability is what the child *has*, **not** *who the child is*. Nevertheless, an exception is that members of the Deaf culture may prefer the term "Deaf child" (Holcomb, 2013). Similarly, people with visual impairments prefer "a child who is blind" rather than "a child with blindness." In addition, Snow (2013) makes a case against using the term "special needs" because it evokes feelings of pity and attitudinal obstacles to true inclusion. She suggests that people should not be called names that they do not use about themselves.

Consider how outdated and disrespectful labels may negatively impact a child's view of him- or herself, the family's feelings, expectations of children and adults who interact with the child, and views of the general community. A medical diagnosis or eligibility label serves to qualify children for special education services. However, it should not be used to stigmatize a child. Therefore, we must choose language that models equity, acceptance, and respect when referring to children with disabilities. In 1990, the federal government, recognizing that language can negatively influence perception, adopted person-first language when the Education of All Handicapped Act (EHA) was reauthorized and renamed the Individuals with Disabilities Education Act (IDEA). Changing to more respectful language is a process that can take time to retrain the way we speak. See Exhibit 1.1 for more ways to use person-first terminology.

Inclusion of Young Children with Disabilities in Community-Based Settings

For over three decades, a fundamental shift in what is considered to be the most beneficial way to provide services to young children with disabilities and their families has been taking place. Intervention services have changed from a deficit-focused, child-centered, and professional-directed model to a strengths-based, family-centered, and relationship-based approach (Raver & Childress, 2015). This shift was initiated in 1986 with the passage of Public Law (PL) 99-457, which authorized educational services to preschoolers (3–5 years) and early intervention services to infants and toddlers (birth to 36 months). To the maximum extent effective, **early intervention services** should be provided in "natural environments"; that is, settings in which the child and family would engage if the child did not have a delay or disabilities, such as their homes, child care, and community settings. Similarly, preschoolers with disabilities should be included in "the least restrictive environments," such as typical early childhood settings, child care, Head Start programs, and public and private preschools.

With the encouragement of this legal mandate and professional "recommended practices," it was hoped that young children would receive a portion, if not all, of their early intervention in inclusive environments. However, realizing that children and their families continue to face significant barriers to accessing inclusive high-quality early childhood programs and that too many preschoolers with disabilities are only offered the option of receiving special education services in settings separate from their peers without disabilities, the U.S. Department of Health and Human Services and the U.S. Department of Education issued a joint policy statement in 2015 urging reflection on the work that needs to be done to fully implement equal opportunity for all Americans.

The intent of this text is to provide information and strategies that early childhood and special educators can use to support children's development, active participation in natural settings, and the establishment of collaborative, supportive partnerships with families and colleagues. It is hoped that through quality personnel preparation, a greater number of children will be served in inclusive environments.

The commitment to inclusive intervention and education for infants and young children is well established in federal law. Part C of the *Individuals with Disabilities Education Act of 1997* states: (1) "To the maximum extent appropriate, early intervention services are provided in natural environments; and (2) the provision of early intervention services occurs in a setting other than a natural environment only when early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment" (Sec. 635 [a] [16]). Part B addresses the needs of preschoolers by requiring that "to the maximum extent appropriate, children with disabilities are educated with children who are not disabled." This part also goes on to state in Section 612 that preschoolers are not to be removed from the regular educational environment unless "education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily." This law and the differences between Part B and Part C will become clearer later in this chapter.

The most recent reauthorization of this law, the **Individuals with Disabilities Education Improvement Act (IDEIA)** of 2004, continues to support the mandate that encourages services for infants and toddlers in **natural environments**, and it requires school districts to educate children in the **least restrictive environment (LRE)**. Some specifics of these educational shifts are noted in Exhibit 1.2.

Exhibit 1.2

Trends in Early Childhood Special Education

- Community-based inclusive settings
- Relationship-focused interventions
- Routines-based or embedded interventions
- Family-centered approaches
- Interdisciplinary collaboration
- Culturally responsive programs
- Coordinated, comprehensive services
- Response to Intervention (RTI) approaches
- Standards- and evidence-based practices
- Increased use of assistive technology
- Greater focus on school readiness
- Involvement of inclusion support specialists

Philosophy of This Text

This text emphasizes that the goal of early intervention is to optimize each child's learning potential and daily well-being as well as to increase opportunities for the child to actively participate in the community. We believe this is best accomplished by facilitating the child's underlying developmental processes by encouraging the child's active and dynamic interactions with the world around him or her, particularly the social world. Perhaps the term that best reflects this orientation is **transactional**. It is through the child's active and successful transactions with the social environment that optimal growth and development can best be achieved.

To achieve this end, practitioners in early childhood special education must first have a thorough understanding of how children learn. Programs for infants and young children with disabilities must be based on developmentally appropriate practices that are effective for *all* children. In addition, systematic planning to meet the individualized needs of each child is critical to the success of early childhood programs that include children with special challenges and disabilities. This cannot be accomplished without establishing mutually respectful partnerships between practitioners and families. Successful assessment and intervention require a thorough understanding of the child within the context of the family system and a respect for the diverse linguistic and cultural backgrounds and lifestyles of families.

The importance of collaboration among families, professionals, and community agencies is acknowledged throughout the text. Understanding the roles of various disciplines and specialists and the importance of assisting families in accessing community agencies and resources are also critical elements in the success of early childhood special education services.

Many tools and strategies are available to assist the early childhood special educator. This text describes the basic developmental domains of human learning and the principles of how children learn as well as specific teaching strategies. It also demonstrates applications of these principles and strategies to meet the needs of a wide range of children within inclusive environments. It is our belief that it is incumbent on all early childhood professionals to maximize our efforts to help all children acquire an authentic sense of **belonging** (Swinton, 2012). Appendix F reveals the competencies that must be developed to be an effective early childhood professional.

Early Childhood Special Education: An Evolving Field

Whereas the 1980s opened with concern for the rights of individuals with disabilities, the 1990s recognized the rights and needs of the *families* of children with disabilities. The 2000s recognize the value of serving young children with disabilities in what has become known as their natural environment. Children with disabilities are no longer viewed in isolation. It is recognized that *all* children should have the opportunity to be served in environments where they would naturally function if they did not have a disability.

Early intervention services gained new momentum as the nation recognized its responsibility to provide services from the moment of birth. However, the field of early childhood special education is still evolving. Its historical roots are derived not only from typical early childhood education, compensatory education, and school-aged special education but also from allied fields such as medicine, psychology, human development, nursing, and sociology. A few of the major historical forces shaping the expanding field of early childhood special education are outlined in this section.

Pioneering Influences and History of Early Childhood Special Education

Jean-Marc Itard undertook one of the first documented efforts to provide intervention services to a child with severe developmental disabilities. In 1800, a child approximately 12 years old was found living in the forest near Aveyron, France. The boy, named Victor, was thought to have been raised by animals and was described as "an incurable idiot." Itard refused to accept the idea that Victor's condition was incurable and irreversible. Itard believed in what later became known as an "interactionist viewpoint" (Bijou, 1977). That is, Victor's learning potential could be enhanced through intervention that changed the stimulation in his environment. Therefore, Itard undertook to humanize Victor through a series of carefully planned lessons stimulating the senses.

Itard's feelings of optimism, frustration, anger, hope, and despair were published in a 1962 edition of *The Wild Boy of Aveyron*. Teachers today who work with children who have complex and severe disabilities may easily recognize these feelings. Although Itard did not achieve the success he visualized, his efforts had a significant impact on the future of special education. Itard was one of the first to demonstrate and record an attempt to understand empathically the needs of a child with disabilities. It is Itard's student Edouard Sequin who could be considered a pioneer in the area of special education and a proponent of early intervention. This is evident in his statement, "If the idiot cannot be reached by the first lessons of infancy, by what mysterious process will years open for him the golden doors of intelligence?" (quoted in Talbot, 1964, p. 62).

Casa dei Bambini

About a century later, another physician in Italy, Maria Montessori, created a nursery school, Casa dei Bambini, that revolutionized the notion of early education. Because of her training, early interests, and the nature of the school she was asked to develop, Montessori stressed cleanliness, order, and housekeeping skills as well as reading, writing, and arithmetic. Aspects of both the discovery approach to learning and programmed instruction can be found in the techniques developed by Montessori. She suggested that teachers observe the natural, spontaneous behavior of children and then arrange learning experiences to encourage their development (Lillard, 2017).

Like Itard, Montessori believed in developing the child's natural curiosity through systematic training of the senses. Both proceeded with optimism and determination to train those whom some might believe to be beyond hope. Today, Montessori's "sensorial" materials are advocated for use with children with disabilities because they are manipulable, three-dimensional, and concrete. Advocates cite the emphasis on task analysis, sequencing, and individualization evident in the Montessori approach as worthy for use with children who have limited abilities as well as those who are gifted.

Piaget's Theory of Cognitive Development

Until his death in 1980 at the age of 84, Jean Piaget continued to influence our understanding of cognitive development. Piaget proposed an inborn tendency toward adaptation that, in its encounter with the environment, results in categories of knowledge that are remarkably similar among all human beings. Piaget's concept of child development and his stages of cognitive development are considered again in Chapter 9. His prolific writings and those of his followers continue to remind us of the need to be aware of the unfolding internal mental capacities of children.

According to Piaget, the purpose of education is to provide opportunities that allow a child to combine experiences into coherent systems (schemes) that constitute the child's knowledge (Mooney, 2013). Therefore, each child's capacity to learn is thought to be derived from experiences. Piaget's concept of the child as an active learner stimulated by inborn curiosity has prompted the development of preschool programs designed to allow the child to become an active initiator of learning experiences. From a developmental point of view, a child's strengths, rather than deficits, receive emphasis. Most notable of the Piagetian-based programs is the Perry Preschool Project developed in the late 1950s in Ypsilanti, Michigan. An extension known as the High/Scope First Chance Preschool served as a model program for those desiring to integrate preschoolers with disabilities into programs with their typical peers (Hohmann & Weikart, 2002).

Recognition of the Role of Early Experiences

Even though Sequin recognized the critical importance of early intervention, it was the work of Skeels and Dye that drew attention to the impact of early relationships. One of the earliest attempts to demonstrate the close relationship among nurturing, environmental stimulation, and mental growth processes developed from the Iowa growth studies in the late 1930s. Skeels and Dye (1939) transferred 12 children under 3 years of age from an orphanage to an institution for individuals with intellectual disabilities. In the institution, the children were cared for with great affection by adolescent girls who were considered to have intellectual disabilities. A comparison group of children remained in the orphanage, where they received no specialized attention. Follow-up testing demonstrated that the intelligence scores of those placed in the stimulating environment increased, whereas those of the children who remained in the orphanage decreased (Skeels, 1942). Twenty-one years later, Skeels (1966) found dramatic differences between those who had been placed in the enriching environment and those who had not. The 12 children in the experimental group were found to be self-supporting. Of the comparison group, four had been institutionalized and one had died. Educationally speaking, four of those who had been in the enriching environment completed college, and the others had a median high school education. In contrast, the median education for the comparison group was only at the third-grade level.

Kirk (1958) also conducted experiments on the influence of early experiences on the development of young children with intellectual disabilities. In his textbook, Kirk's suggestion that an inadequate cultural environment might be a cause of intellectual disabilities helped to convince politicians of the need for compensatory educational programs for young children. Perhaps more convincing was the conclusion reached by Bloom (1964), who claimed that about "50% of the [intellectual] development takes place between conception and age 4, and about 30% between ages 4 and 8, and 20% between ages 8 and 17" (p. 88).

Bloom's argument was built on J. McVicker Hunt's popular book *Intelligence and Experience* (1961), which argued eloquently against the notion of fixed intelligence. Attempting to lay to rest the heredity-versus-environment controversy, Hunt supported well his contention that heredity sets the limits, whereas environment determines the extent to which the limits will be achieved. And so, under the belief that children's intelligence develops early and rapidly and that enrichment early in life can have profound influences on the child's development, federal funding for Project Head Start was provided in 1965.

Project Head Start: A Breakthrough

The primary purpose in passing the Economic Opportunity Act of 1964 was to break the cycle of poverty by providing educational and social opportunities for children from low-income families. The result was the implementation of Head Start during the summer of 1965 with approximately 550,000 children in 2,500 child development centers. Parent involvement both within the Head Start classroom and on policy committees set a precedent. This has, no doubt, influenced legislators to require parent involvement in current decisions involving children with disabilities.

The Head Start program had a significant impact on the development of early childhood special education. It was the first major public exposure to the importance of early educational experiences. Legislation enacted in 1972 required Head Start programs to include children with disabilities to the extent of at least 10% of their enrollment. Including children with disabilities in classrooms with typical children has become a major activity of Head Start. In fact, even as early as 1985, Head Start enrollment of preschoolers with disabilities exceeded 60,000.

Head Start (through its local agencies and grantees) is the largest provider of early childhood services in the United States. A total of 837,657 preschoolers were enrolled in Head Start in 2015–2016, of which 104,740 (12.5%) have disabilities (Office of Head Start, n.d.a). The addition of Early Head Start in 1994 definitely has increased efforts to promote positive prenatal outcomes for pregnant women, enhance the development of very young children (birth to 3 years), and promote healthy family functioning. A total of 190,898 children, birth to 3 years, were enrolled in Early Head Start in 2015–2016, of which 23,907 (12.5%) have a developmental delay or disability (Office of Head Start, n.d.b).

Doubts

After the extreme optimism that accompanied the establishment of Head Start, it came as a shock to those who worked daily with the children and their parents that the program failed to produce long-term gains. The Westinghouse Report of 1969 cited data suggesting that measured gains made by Head Starters faded rapidly. By the end of the first grade, there often were no significant differences between the overall academic performance of children who had attended Head Start programs and those from the same kinds of homes who had not. Doubting the validity of this investigation, influential people fought for a stay of execution (Gotts, 1973). Among them was Edward Zigler, a member of the original planning committee that conceptualized Head Start and later director of the Office of Child Development. Zigler (1978) retorted, "I ask my colleagues in the research community to forgo the temptation of delivering definitive pronouncements concerning the fade-out issue and await instead the collection and analyses of more data" (p. 73).

Although the most recent impact study of 3- to 4-year-olds in Head Start revealed minimal long-term effects on children's cognitive and social emotional development at the third-grade level (Puma et al., 2012), other studies have reported the positive effects of being in Head Start. At the end of the Head Start program, children demonstrated gains in language, literacy, and math skills, and well as increased social skills and impulse control (Aikens, Klein, Tarullo, & West, 2013). In kindergarten, compared to children who did not attend preschool, Head Start children demonstrated higher cognitive and social-emotional skills and fewer attention or behavioral difficulties (Zhai, Brooks-Gunn, & Waldfogel, 2011). As adults, Head Start graduates have been found to have an increased likelihood to graduate from high school, attend college, and receive a degree, license, or certification (Bauer & Schanzenbach, 2016). In addition, they are less likely to be unemployed or in poor health (Deming, 2009).

Impact of Early Education

Indeed, Zigler was to be rewarded for his faith. It was not long until great attention was given to the work of Lazar and Darlington (1982) and the Consortium on Developmental Continuity. These researchers conducted longitudinal investigations into the persistence of the effects of early education programs throughout the United States. The evidence from the projects clearly indicated there were long-lasting positive effects from programs of early education. Tracing children who had been involved in preschool programs into their teens or early 20s, Lazar found that children with some form of early education were far less likely to require special education or to be held back a grade.

A powerful case for federal support of early education programs is strengthened by well-designed longitudinal studies of the effects of the Perry Preschool Project (Schweinhart et al., 2005), the Abecedarian Child Care Study (Campbell et al., 2014), and the Chicago Longitudinal Study (Reynolds, Temple, Ou, Arteaga, & White, 2011). Studies of these high-quality early childhood programs have found positive long-term effects on the participants' lives, evidenced by increased employment and decreased criminal activities during adulthood (Schweinhart, 2016).

Recently, another report by Cannon and colleagues (2017) on the valuations of 115 early childhood programs has provided additional evidence of the effectiveness of these programs. Although a few programs included evaluations for the past 50 years, most programs had evaluation data of cohorts of participants from the 1990s and 2000s. Most of these programs found positive economic effects and developmental outcomes. Children demonstrated improvement in one or more areas of development. The most frequent positive outcomes were in behavior and emotional skills, cognitive development, and health.

Exhibit 1.3

Effects of Early Education

Children who have participated in early education programs:

1. Are less likely to be assigned to special education classes or to be held back a grade.
2. Have more positive attitudes toward high school and are more likely to graduate.
3. Are less likely to be arrested as youth and young adults.
4. Are less likely to experience teen pregnancy.
5. Are more likely to secure gainful employment after leaving school.

Exhibit 1.3 lists some of the gains attributed to the early education of children who are primarily at risk and disadvantaged. Although children in these programs did not have disabilities, they were considered to be at risk. More recently, Barnett and Frede (2010) discussed a meta-analysis of findings from 123 studies conducted since 1960. The findings were clear: Experience in preschool education does positively affect learning and development. Long-term findings include increased high school graduation rates, increased earnings, decreased crime and delinquency, and better mental health. Even though there has been a debate surrounding the impact of preschool education, national and international studies continue to reinforce the call for universal preschool for all by finding that "all children benefit substantially, but disadvantaged children gain more, making preschool an excellent means of increasing overall achievement while narrowing our troubling gaps" (p. 29).

Early Education for Children with Disabilities

In interpreting the findings of research, it is important to keep in mind the diversity with which this field deals. Here, we use the term *early intervention* broadly to refer to providing services to infants and young children who have disabilities or are at risk for disabilities. When policymakers ask, "What are the benefits of early intervention?," the response will inevitably be, "It depends." This is not because researchers lack agreement or because of the limitations of research methods, but because of the great diversity among children and families and the circumstances in which they live. There is no one best intervention for everyone all of the time. There is not even one best intervention for a very narrowly defined group such as infants with Down syndrome and their families. Infants with Down syndrome differ so much from one another that any specific intervention for a group of these infants probably would not be very successful. Research does provide some pieces of this complex, highly individualized puzzle, indicating that early intervention can yield important benefits. Because of the complexities involved in documenting the positive effects of early intervention, professionals in the field do not yet know enough to put together the complete picture.

Nevertheless, a longitudinal study resulting in the now-famous volume *From Neurons to Neighborhoods*, edited by Shonkoff and Phillips (2000), sheds a spotlight on the very early years and critical influence of quality early education. The following conclusion is worthy of considerable reflection:

> Model early childhood programs that deliver carefully designed interventions with well-defined objectives and that include well-designed evaluations have been shown to influence the developmental trajectories of children whose life course is threatened by socioeconomic disadvantage, family disruption, and diagnosed disabilities. Programs that combine child-focused educational activities with explicit attention to parent-child interaction patterns and relationship building appear to have the greatest impacts. In contrast, services that are based on generic family support, often without a clear delineation of intervention strategies matched directly to measurable objectives, and that are funded by more modest budgets, appear to be less effective. (p. 11)

There is also evidence of long-term effects, as demonstrated in the 18-year follow-up study conducted by McCormick and colleagues (2006). This well-designed follow-up study found that adolescents who had received early education were more likely to have higher achievement scores in math and reading and fewer risky behaviors such as drug use and antisocial behavior. As studies begin to follow early education "graduates" for a longer period of time, we may even find more impressive long-term outcomes such as higher educational achievement and impressive occupational status and eventual income.

Changing Policies: The Impact of Public Pressure and Legislation

Concerned citizens and active parent and professional associations have played a vital role in changing public policy toward children with disabilities, as discussed in this section.

Development of Professional Groups

It has been said that Alexander Graham Bell, inventor of the telephone and a strong advocate of oral education of the Deaf, should be given credit for organizing professional advocates of special education. He petitioned the National Education Association (NEA) to establish a division to be concerned about the needs of people with disabilities. In 1897, the NEA established such a division and named it the Department of Education of the Deaf, Blind, and the Feeble-Minded. As attitudes toward and knowledge of this population changed, this name was later changed to the Department of Special Education.

The formation of the international Council for Exceptional Children (CEC) in 1922 provided the impetus for what some believe to be the most influential advocacy group continuing to provide national leadership on behalf of children with disabilities. The 1930 White House Conference on Child Health and Protection was a milestone in marking the first time that special education had received national recognition. In 1973, the Division for Early Childhood (DEC) of the CEC was established. As of 2017, more than 27,000 members turned to the CEC as a continuing source of professional development and advocacy for children with disabilities.

The Power of Private Citizens

Several factors came together after World War II to give rise to the development of strong parent organizations in the late 1940s. Professional knowledge was expanding, Americans felt responsible for aiding their wounded, and prominent people such as Pearl Buck, Roy Rogers and Dale Evans, and the Kennedy family were visibly calling for better education of individuals with disabilities. Parents no longer felt it necessary to hide their children with disabilities. Pressure groups such as the United Cerebral Palsy Association, the National Association for Retarded Citizens, and the American Foundation for the Blind began to demand alternatives other than institutionalization for the education of their children with disabilities.

Professional groups joined parent groups in capitalizing on the historic Supreme Court decision in *Brown v. Board of Education* (1954). Although primarily a racial integration initiative, the Court ruled that state laws that permitted segregated public schools were in violation of the Fourteenth Amendment's "equal protection under the law" clause. Realizing that decisions applicable to one minority group must be applicable to another, pressure groups sought to secure legislation that would create significant educational changes on behalf of children with disabilities. However, little actually occurred until after the publication of an article by Dunn (1968) that provided a blueprint for changes recognizing the rights of students with disabilities.

The First Chance Program

In 1968, Congress recognized the need for seed money to develop model programs to spur the development of services for children with disabilities from birth through age 8. Legislation in the form of PL 90-538 was enacted to establish the Handicapped Children's Early Education Program (HCEEP), better known as the First Chance program. These projects were required to include parents in their activities, run in-service training, evaluate the progress of both the children and the program, coordinate activities with public schools, and disseminate information on the project to professionals and the public. In 1980, the total number of funded projects was 177, with 111 including infants in their population (Swan, 1981). These projects served two basic purposes: (1) to provide models of exemplary services that could be replicated for young children with disabilities, and (2) to disseminate information to encourage this replication. The HCEEP funds were highly effective. Hebbeler, Smith, and Black (1991) reported that 80% of demonstration projects continued operation beyond the federal funding period. After 10 years, 140 outreach projects resulted in 1,991 reported replications that served nearly 108,000 children and families.

Civil Rights Legislation

Section 504 of the Rehabilitation Act of 1973. This enactment was the first public law designed to protect children and adults against discrimination resulting from a disability. Unlike education law, this civil rights legislation uses a functional rather than categorical model to determine if a disability exists. In addition, it has no age restrictions. Any program receiving federal funds must provide equal opportunities for all individuals who have a physical or mental disability that substantially limits one or more life functions. Therefore, schools are expected to make *reasonable accommodations* for students to be able to participate in educational programs experienced by other students.

Public Law 94-142: The Education for All Handicapped Children Act of 1975

In 1975, with the passage of PL 94-142 (EHA), the right to a **free appropriate public education (FAPE)** was mandated for all children of school age. This law was limited in that it did not require states to offer services to young children with disabilities, but it did provide financial incentives for states to provide services to children with disabilities as young as 3 years of age.

Purpose. The purpose of PL 94-142 is to ensure “that all handicapped children have available to them . . . a free, appropriate public education which includes special education and related services designed to meet their unique needs, to insure that the rights of handicapped children and their parents or guardians are protected, to assist States and localities to provide for the education of all handicapped children and to assess and insure the effectiveness of efforts to educate handicapped children” (Sec. 601 [c]). In addition, the National Center for Clinical Infant Programs was founded in 1977 to recognize and promote the health and development of very young children and their families.

Free Appropriate Public Education (FAPE). The law requires that a qualified school representative, teacher, the parents or guardian, and, whenever possible, the child join together in the development of an **individualized education program (IEP)**. This written statement must include (1) a statement of the child’s present level of academic functioning; (2) a declaration of annual goals complete with appropriate short-term instructional objectives; (3) a description of specific educational services to be provided to the child and the degree to which the child will participate in regular educational programs; (4) the proposed date for initiation and estimation of the required length of services; and (5) annual evaluation procedures specifying objective criteria designed to determine whether the short-term instructional objectives have been met (Sec. 602, 19).

Procedural Safeguards. The law requires that children with disabilities be served in the least restrictive environment (LRE) appropriate to their educational needs. Children can be placed in separate classes or schools only when their disabilities are so severe that regular school placement is considered inappropriate. The act also requires nondiscriminatory testing and the use of multiple criteria in the determination of placement

(Sec. 612, 5, C). This requirement implies the need for all teachers to become skilled in the education of children who exhibit a variety of educational needs. PL 94-142 provided for the right of parents or guardians to examine all records, obtain independent evaluation, and require written notification in their native language when there are plans to change a child's educational program. The intent is to ensure that the child's rights are legally protected. Parents or guardians are entitled to a hearing before termination, exclusion, or classification of a student into a special program.

Public Law 99-457: The Education of the Handicapped Act Amendments of 1986

Some believe PL 99-457 is the law that legitimized the field of early childhood special education (Bricker, 1988). At the very least, it created a national agenda that has federal, state, and local planners collaborating with parents in unprecedented efforts to develop new and expanded services for infants and young children who have disabilities or are at risk and their families. Part B of the law required all states to extend all of the provisions of PL 94-142 to children 3 to 5 years old by the 1990–1991 school year. States that did not comply were to lose federal monies they had been receiving for other preschool services.

Part H. Part H of PL 99-457 established a discretionary program for states to facilitate the design and implementation of comprehensive systems of early intervention services for infants and toddlers with developmental delays or disabilities. As defined by the law, early intervention services "are designed to meet a handicapped infant's or toddler's developmental needs in any one or more of the following areas: physical development; cognitive development; language and speech development; psychosocial development; or self-help skills" (Sec. 672).

Part H defined the eligible population as all children from birth through age 2 (up to the third birthday) who have developmental delays, have conditions that typically result in delay, or are at risk for significant developmental delay. States have had to make independent decisions about the definition of developmental delay and "at risk" as well as the criteria used to make these determinations. Therefore, the populations of children eligible for services vary from state to state. To design "a statewide, comprehensive, coordinated, multidisciplinary, interagency program of early intervention services for all handicapped infants and their families" (Sec. 671), each governor appointed a lead agency and established an interagency coordinating council. States continue to struggle through the conceptual morass and face the political challenges that determined the nature of early intervention services in 2000 and beyond. Major features of Part H of PL 99-457 are listed in Exhibit 1.4.

Public Law 101-336: The Americans with Disabilities Act of 1990

The **Americans with Disabilities Act (ADA)** is the most significant federal law ensuring the full civil rights of individuals with disabilities. Whereas the laws described previously focused primarily on education and related services, this law is particularly important because it is broad-reaching in guaranteeing equal opportunity in employment, public accommodation, transportation, state and local government services, and telecommunications. Of particular significance is the fact that child-care centers and family child-care homes are included in the law's definition of public accommodations. According to the ADA, child-care centers must make reasonable modifications in their policies and procedures to accommodate children and adults with disabilities. This may mean that centers that do not normally accept children who are not yet toilet trained may have to make accommodations to do so if a disability is an obstacle to the

Exhibit 1.4

Major Features of PL 99-457

- Establishes state-level interagency councils on early intervention.
- Requires an individualized family service plan (IFSP), which identifies the services necessary to address the needs of the infant and enhance the family's capacity to facilitate the child's development.
- Provides case management services to families.
- Maintains a public awareness program that includes a comprehensive child-find system and a central early intervention resource directory.
- Establishes a single line of responsibility for general supervision and monitoring of services.
- Requires the development of a multidisciplinary, coordinated interagency model of service delivery.
- Establishes procedural safeguards.
- Acknowledges the family to be the central focus of service.
- Provides for smooth transitions as a family moves from one service or system to another.
- Facilitates development of a comprehensive system of personnel development.

toilet training. A center must also provide auxiliary aids and services when they are necessary to ensure communication with children or parents with hearing, vision, or speech disabilities. Physical access to the center is also required. Although this law creates many questions to clarify its full impact, the intent, nevertheless, is clear. Society is expected to move toward full inclusion of individuals with disabilities in all aspects of daily living. The ADA was amended in 2008 as the **Americans with Disabilities Act Amendments Act (ADAAA)**. This act sought to clarify that the term *disability* is to be interpreted broadly.

Public Law 101-476: The Education of the Handicapped Act Amendments of 1990

PL 101-476, an amendment to PL 99-457, changed the title of the EHA to the **Individuals with Disabilities Education Act (IDEA)**. By dropping the phrase "handicapped children" and replacing it with "individuals with disabilities," Congress intended that children with disabilities be recognized as children first and, if necessary, as children with disabilities second. Throughout the law, all phrases putting the term *handicapped* before *children* or *youth* were rewritten or deleted. This law became known for its "person-first" language. It also reauthorized and expanded the discretionary programs and mandated transition services and the inclusion of assistive technology services.

Public Law 102-119: The Individuals with Disabilities Education Act Amendments of 1991

IDEA was amended again in 1991 in the form of PL 102-119. Two sections of the amended IDEA contributed to the expansion and improvement of the mandate for services to infants, toddlers, and preschoolers with disabilities and their families. The first is Part H, initially included in the 1986 amendments as discussed earlier. Recall that it created a new discretionary program designed to provide the incentive to states to develop and implement a statewide system of comprehensive, coordinated, multidisciplinary, interagency services for all children from *birth to age 3* with disabilities and their families. The second section of direct interest is Part B, Section 619, also included in the 1986 amendments, which extended the mandate to full provision of a free and appropriate public education to *3- to 5-year-olds* and increased funding through the Preschool Grant Program. IDEA places special emphasis on the provision of services designed to facilitate a smooth transition from services required through Part H to services provided through Part B.

Public Law 105-17: The Individuals with Disabilities Education Act Amendments of 1997

Amendments were made to IDEA again in 1997 that became effective in 1998. These amendments repealed the old Part H and reauthorized the early intervention program under a revised Part C. The new Part C allows states greater flexibility to serve at-risk infants and toddlers. It also requires individualized family service plans (IFSPs) to contain statements about the natural environments in which early intervention services will be provided. The IFSP must include a statement of justification when services are not provided in the natural environment.

States were also encouraged to employ appropriately trained paraprofessionals to help provide early intervention services. Part B now requires that school districts must participate in transition planning when children move from early intervention into preschool special education services. It also allows states to use the term *developmental delay* for children aged 3 to 9 instead of more detrimental labels such as *mental retardation*. In addition, Part B funds can be used for special education and related services as required on IEPs even if children without disabilities benefit from these services.

Public Law 108-446: The Individuals with Disabilities Education Improvement Act of 2004

Improvements were again made to IDEA in 2004. Of particular importance to early education is the requirement that services to young children be developed from "scientifically based research." To that end, the authors of this text continue to include and emphasize strategies and techniques substantiated by empirical research as best practices. This reauthorization of IDEA also allows states to continue early intervention services from age 3 until a child enters kindergarten. Parents and providers are therefore given the flexibility to determine when a child is ready developmentally to move from Part C (formerly referred to as Part H services) to Part B services. The arbitrary age of 3 no longer dictates that move. Under IDEIA 2004, short-term objectives are only required for the small percentage of children (less than 10% of those with disabilities) with the most significant disabilities. However, parents may request the IEP team to identify short-term objectives as steps toward making progress on annual goals. Other improvements are discussed at appropriate points in this text. Exhibit 1.5 is offered to assist in clarifying the differences between Part C and Part B services, while the most significant legislation is summarized in Exhibit 1.6.

Exhibit 1.5

Comparison of Part C and Part B of IDEA

	Part C	**Part B**
Lead Agency	**Designated by State**	**State Department of Education**
Ages Served	Ages: birth to 3 years of age	Ages: 3–21
Services	Early intervention services for the child as well as services for the *family*, such as counseling to enhance their ability to meet the needs of their child. Services are to be provided in the child's *natural environment* such as the home and community locations to the maximum extent possible. Services are developed in collaboration with the family to be respectful of their unique culture, customs, and daily routines.	Specially designed instruction to meet the unique needs of the child along with any related services, such as physical occupational therapy, to allow the child to participate in the general education curriculum to the maximum extent possible. Services are to be delivered with children who are not disabled in the *least restrictive environment* possible.
Family Involvement	Participate on all teams making decisions about services for the child. Recipient of services designed to improve the family's ability to meet the needs of their child.	Encouraged to participate on all teams making decisions about services for the child.
Individualized Plans	Individualized Family Service Plan (IFSP)	Individualized Education Program (IEP)

Exhibit 1.6

Significant Legislation Influencing Infants and Young Children with Disabilities

1968	Public Law 90-538 Handicapped Children's Early Education Assistance Act	Significant to the education of preschool children with disabilities; established experimental early education programs through the Handicapped Children's Early Education Program (HCEEP).
1972	Public Law 92-424 Economic Opportunity Act Amendments	Established a preschool mandate requiring that not less than 10% of the total number of Head Start placements be reserved for children with disabilities.
1974	Public Law 93-380 Education Amendments, Buckley Amendment, Title V	Preceded PL 94-142 and established a total federal commitment to the education of children with disabilities; concerns included education within the least restrictive environment, nondiscriminatory testing, and privacy rights.
1975	Public Law 94-142 Education for All Handicapped Children Act	Revised and expanded PL 93-380; provided a free and appropriate public education with related services to all children with disabilities between ages 3 and 21.
1983	Public Law 98-199 Education of the Handicapped Act Amendments of 1983	Provided financial incentives for states to extend service levels down to birth.
1986	Public Law 99-457 Education of the Handicapped Act Amendments of 1986	Extended PL 94-142 to include 3- to 5-year-olds; added a grant program to assist states in establishing a comprehensive system of early intervention services for infants and toddlers with disabilities and their families.
1990	Public Law 101-336 Americans with Disabilities Act (ADA)	Ensures full civil rights for all individuals with disabilities, including reasonable accommodations in preschools and child-care centers.

(*continued*)

1990	Public Law 101-476 Individuals with Disabilities Education Act (IDEA)	Reauthorization of PL 94-142 to reflect a change in philosophy away from labeling children as "handicapped children" to referring to them as individuals first, with "disabilities" following as a secondary description.
1991	Public Law 102-119 Individuals with Disabilities Education Act of 1991	Reauthorization of PL 101-476 ensuring comprehensive early intervention services to young children and their families.
1997	Public Law 105-17 Individuals with Disabilities Education Act of 1997	Reauthorization of PL 102-119 authorized comprehensive services for infants and toddlers under Part C and for preschoolers under Part B; LRE for infants and toddlers defined as "natural environment."
2004	Public Law 108-446 Individuals with Disabilities Education Improvement Act of 2004	Reauthorization of PL 105-17 continuing preschool services under Part B and early intervention services for infants and toddlers under Part C with allowance to continue early intervention services until kindergarten. Assumes preschool services will be provided in inclusive early education classroom unless evidence and rationale for placement in a special education classroom are clearly documented in the IEP.
2007	Public Law 110-134 Reauthorization of the Head Start Act	Further aligned Head Start with IDEA to ensure that children with disabilities have an individualized education program (IEP) or individualized family service plan (IFSP) as defined by IDEA regulations.
2008	Public Law 110-335 The Americans with Disabilities Act Amendments Act (ADAAA) of 2008	To restore the intent of Public Law 101-336 Americans with Disabilities Act. Broadens the definition of disability and expands the categories of major life activities.

Note: For reliable and useful information related to special education law and policy, the reader is referred to the Wrightslaw website: www.wrightslaw.com. The website is an easily accessible, accurate source of information and materials, including articles, cases, forms, and other practical resources for families, teachers, lawyers, and advocates.

Foundational Principles of Early Childhood Special Education

After reviewing the major public policy changes influencing the field of early childhood special education, it is important to note the trends that continue to evolve as policy is being implemented. Major philosophical changes are discussed next.

Relationship-Focused Models of Early Intervention

The mechanism that maintains child change over time has become obvious. The parent or caregiver is the factor that assists the child in maintaining the advantage stimulated by early intervention. Findings provide support for assumptions underlying a **relationship-focused intervention model**. Research shows that when family-centered intervention provides emotional and informational support, positive outcomes for children and families are increased (Barfoot, Meredith, Ziviani, & Whittingham, 2015; Mahoney & Perales, 2005). Even though a great deal of additional research is needed to explore how specific interventions can influence caregiver–child relationships, research results suggest a cumulative transactional model of development (Sameroff, 2009).

If the mechanism that facilitates and maintains the impact of early intervention services is the caregiver, intervention programs need to focus on the caregiving environment as much as on the infant or child. Changes in the child may enhance parental attitudes as well as improve the interactional nature of the parent–child relationship. Conversely, changes in parent responses can reinforce and build desired responses in the child. Thus, a mutually reinforcing cycle of parent–child interactions will help to maintain the impact of early intervention services. As Meisels stated as early as 1985, "The primary intervention target should not be the child, but the child within the context of the family" (p. 8).

This recommendation was underscored more recently in a policy statement on family engagement issued by the U.S. Department of Health and Human Services and the Department of Education in 2016:

> The lives and experiences of young children are intertwined with those of their families. Families are children's first and most important teachers, advocates, and nurturers. Strong family engagement in early childhood systems and programs is central—not supplemental—to promoting children's healthy development, learning and wellness. Effective family engagement practices are a marker of quality early childhood programming. (p. 18)

Therefore, throughout this text, the importance of family–professional collaboration is emphasized, especially in Chapter 2.

Family-Centered Services

The original framers of PL 99-457 recognized the family as the constant in the life of the child as evidenced in their mandate for a family-centered approach to implementation of the law. Rather than the traditional focus on the child, a **family-centered approach** views the child's development within the context of the family system. Increasingly, it is recognized that effective service delivery is guided by a thorough understanding of family systems—including family stresses, factors influencing family functioning, and the family's ability to cope with the challenges of raising a child who has a disability. Professionals are being urged to reexamine traditional agency roles and practices as they promote the collaborative, family-directed partnerships essential to success in planning processes such as assessment, prioritizing goals, and designing and implementing intervention plans.

Community-Based Inclusive Settings

One of the basic premises of IDEA is the inclusion of young children with disabilities in the least restrictive environment. Indeed, Part C states that early intervention services for children from birth to age 3 are to be provided in "natural environments, including the home, and community settings in which children without disabilities participate" (PL 105-17, 1997). Each child's individual plan must state the degree to which the child will receive services in "natural environments." Natural environments include not only the child's home but also neighborhood play groups, child development centers, Head Start programs, and any other setting designed for children without disabilities.

The practice of fully including children with disabilities in programs and settings designed primarily for children without disabilities received a boost through the 1990 passage of the ADA. The challenge of providing services sufficient to enable all young children to function as optimally as possible within normal environments appears to be the challenge of the new millennium. At the very least, early childhood special educators are being asked to move outside the walls of a self-contained classroom and to become integrated into early education programs within the community.

Interdisciplinary Collaboration

In addition to the mandate of delivering coordinated multiagency services, the field of early childhood special education is confronted with the need to avoid the difficulties inherent in a strict categorical response to the needs of young children and their families. Part C mandates service coordination designed to provide the critical mechanism for coordinating among complex and diverse human services personnel. Deliberate service coordination reduces duplication of intake procedures, assessment of child and family needs, and direct service delivery.

This focus on interagency and interdisciplinary collaboration facilitates the learning of skills necessary to work in teams comprising various disciplines, sometimes from several agencies. As discussed further in Chapter 3, the **transdisciplinary team approach** allows the child and family to benefit from the expertise of several disciplines without necessarily having to be handled by, or meet face to face with, myriad professionals. Professionals from various disciplines work together cooperatively to educate one another so that any one professional can provide a broader range of essential services. For example, a teacher or caregiver may, on the advice of a speech-language pathologist, redirect an informal playground activity to facilitate language development. (See Chapter 3 and the Glossary for definitions of *interdisciplinary* and *transdisciplinary*.)

Culturally Responsive Practices

The United States is a land of immigrants with a rich diversity of ethnicities, cultures, languages, and lifestyles. The families of young children with disabilities naturally reflect the diversity of families in the general population. Increasingly, definitions of the family conceptualize it as any unit that defines itself as a family. A family includes any persons who are related by blood or marriage as well as those who have made a commitment to share their lives (Hanson & Lynch, 2013). Family characteristics continue to become more diverse and include the complexity of the family's social-economic and educational backgrounds. In the United States, more than 1 out of 4 children (5,975,717) under 6 years of age lives below the federal poverty level, and 1 in 18 (1,266,605) experiences homelessness (Administration for Children and Families, 2017).

Given the great diversity found among families, moving from a child-oriented view to a child and family service orientation creates a continuing challenge for change. Viewing the family as the primary mediator of child development necessitates a reconsideration of service goals. Part C recognizes this need by requiring parents to be the primary decision makers when outcomes or goals are targeted in the service plan. A culturally pluralistic, sensitive orientation is essential to service-delivery mechanisms that can respond to constantly changing family characteristics.

Across the country, children bring various experiences, abilities, talents, and challenges. Between 2004 and 2013, the number of U.S. children living in households where a language other than English was spoken increased from 20 million to 23 million children. That represents an increase from 28 to 32% (Child Trends, 2014). Early childhood special education services must respect and respond to not only a variety of languages, but also the beliefs, values, and child-rearing practices of families of diverse backgrounds that are likely to differ from those of mainstream U.S. culture. Furthermore, program staff should seek ways to extend their competence in working with families of diverse backgrounds and provide materials that address the families' cultures, values, and languages.

Coordinated Comprehensive Services

Collaboration between parents and professionals and among agency professionals is essential to the provision of coordinated comprehensive services as required by the law. Definite challenges are created by significant shifts in role emphasis as professionals develop partnerships not only with families but also with an increasing array of community service providers. The literature increasingly discusses the shift away from one-on-one infant/toddler training to a paradigm reflecting the ecological view of the child and family embedded within the larger community (Noonan & McCormick, 2014).

To meet the demands of this paradigm shift, personnel training programs have moved away from curricula that follow traditional disciplinary boundaries toward curricula that foster multiagency and multidisciplinary collaboration. Such programs enable professionals from several disciplines to work together with families through a variety of approaches, integrating the best of the consultant, transdisciplinary, and multidisciplinary models with the recommended practices from special and "regular" early childhood education.

Evidence-Based Practices

Over time, the focus on educational standards and outcomes has resulted in federal policies that increasingly emphasize evidence-based practices in early childhood special education. The most easily recognized policy is the No Child Left Behind Act of 2001 (NCLB; PL 107-110), which advanced the position that educational practices should be derived from "scientifically based" research (Buysse & Wesley, 2006). Despite the frequent use of the term **evidence-based practice (EBP)** in early childhood special education, the field of special education has struggled to agree on how to identify evidence-based practices. However, there has been considerable progress in identifying standards that EBPs must meet, including research design, quantity, and quality. Cook and Odom (2013) state: "[F]or a practice to be considered evidence-based it must be supported by multiple, high-quality, experimental or quasi-experimental studies demonstrating that the practice has a meaningful impact on consumer (e.g., student) outcomes" (p. 136).

Routines-Based and Embedded Interventions

The terms **activity-based intervention, embedded intervention, routines-based intervention**, and **natural learning opportunities** refer to everyday activities in which the child's interventions can be embedded or infused. *Embedded learning opportunities (ELOs*) result from "the intentional incorporation of specific learning objectives into play and routine classroom activities" (Allen & Cowdery, 2015). Moreover, teachers as well as family members are more likely to work on skills that can be elicited naturally during daily activities rather than having to remember to allocate a particular time to "work" on a special activity with a young child (Johnson, Rahn, & Bricker, 2015).

Standards-Based Curriculum

All 56 states and territories have developed curriculum standards for 3- to 5-year-olds, and most have standards for children from birth to 3 years old. The number of items included in the list of standards differs from state to state, and the standards are given various titles. California developed and adopted the *Infant/Toddler Learning and Development Foundations* and the *Preschool Learning Foundations*. In Colorado, they are called *Early Learning and Development Guidelines*, whereas Connecticut has the *Connecticut Preschool Assessment Framework*. Although it is not important to remember the title given to the list of standards, it is critical to remember that they are considered to be the expectations for the learning and development of young children. That is, they articulate the specific knowledge or skills that children should acquire and demonstrate through performance.

Some time ago, the National Association for the Education of Young Children (NAEYC) and the National Association of Early Childhood Specialists in the State Departments of Education (NAECS/SDE) adopted four essential features for success in creating high-quality early education programs. A summary of these is given in Exhibit 1.7.

Child Outcomes

Related to the current emphases on evidence-based practices and standards-based curriculum, early childhood special education focuses on positive outcomes for children and families. As early as 2007, the Office of Special Education Programs of the U.S. Department of Education required states providing IDEA Part C and Part B services to report outcome data on the percentage of infants and toddlers with IFSPs and

Exhibit 1.7

Realizing the Conditions for Success

1. Programs should adhere to standards and expectations that are developmentally appropriate, address all areas of development, and be flexible enough to embed culturally and individually relevant experiences that create success for all children.
2. Programs should embrace standards that have been developed by experts, involve all stakeholders including parents, and are kept current by interactive review of evidence-based practices.
3. Programs should include standards-related assessment strategies that are technically, developmentally, ethically, and culturally valid while they yield information useful to educators and parents.
4. Programs should create opportunities for professional development, coaching, and mentoring that also recognize the positive impact of partnering with families.

preschoolers with IEPs who demonstrate (1) positive social relationships; (2) acquisition and use of knowledge and skills, including thinking, reasoning, problem solving, and early literacy and math skills; and (3) use of appropriate behaviors to meet their needs, including eating, dressing, self-care, and following rules related to health and safety. Family outcomes under Part C services are identified in Chapter 2.

NECTAC (2013) reported that in 2011–2012, children served under IDEA demonstrated greater-than-expected developmental progress, with 80–81% of the children studied showing greater-than-expected growth and 53–66% exiting from their programs having met age expectations. However, data collection continues to be a complex process that regularly requires improvement. Even so, the data available indicate reason for optimism.

Response to Intervention (RTI) or Tiered Instruction

The reauthorization of IDEA in the Individuals with Disabilities Education Improvement Act (IDEIA, 2004) introduced the provision of "early intervening services" for K–12 students in an effort to reduce or eliminate the possible later need for special education services. Professionals in the fields of early childhood education and early childhood special education have considered ways in which "early intervening" concepts might be applied to pre-K populations. Commonly used early intervening frameworks provide multi-tiered, gradually increasing individualized supports, such as **Response to Intervention (RTI)** and Multi-tiered Systems of Support (MTSS) (NECTAC, 2012). Additionally, an example of an early childhood framework is the Pyramid Model, which addresses social and behavioral needs (Fox & Hemmeter, 2011). The core of RTI is tiered instruction or intervention.

In 2013, the Division for Early Childhood (DEC), National Association for the Education of Young Children (NAEYC), and National Head Start Association (NHSA) produced a joint paper designed to provide guidance in understanding the implications of RTI for use in early childhood programs. This joint paper emphasized the following positive features of RTI: By providing differentiated support developed through a data-based decision-making process to all young children, RTI offers a means of providing high-quality teaching and responsive caregiving.

Tiered instructional approaches in early childhood are often based on RTI that typically consist of three tiers of instruction. Tier 1 is the well-designed, evidence-based core instructional program that meets the needs of a majority of children. Tier 2 is designed for children who fall below the expected levels of achievement and require supplemental intervention such as small-group instruction and more frequent progress monitoring. Tier 3 is designed for children who need more intensive support, such as smaller groups or individual instruction, and more frequent progress monitoring than children in Tier 2. In some RTI models, Tier 3 is considered special education services; other models view special education services as provided in Tier 4, whereas still other RTI models view special education services not as a separate tier but as integrated into Tiers 2 and 3. Key to this approach are universal screening and progress monitoring—that is, the gathering of information about a child's skills and needs, the implementation of evidence-based interventions to meet these needs, and continual monitoring of the child's progress.

Although RTI was not specifically mentioned in IDEIA 2004, the practice of RTI is in keeping with the spirit of the law and is intended to be initiated within general education programs and implemented collaboratively with special education. The hope was that future special education services might not be necessary if students who show evidence of needing additional instruction or intervention receive the support required to be successful early in their general education setting. Although provision of RTI may be primarily focused on K–12 programs, the joint paper (DEC, NAEYC, & NHSA, 2013) noted that the RTI principles just discussed encompass principles that are at the core of recommended practices in early childhood, such as assessment, intentional teaching, differentiated instruction, and ongoing progress monitoring (Copple & Bredekamp, 2009).

At the date of publication of this text, actual implementation of RTI programs, in both K–12 education and pre-K education, has yet to be fully realized, and there is variation across programs. A unique challenge faced at the preschool level is the absence of universal preschool programs and practices in the United States. Also, as pointed out in the DEC, NAEYC, and NHSA (2013) joint statement, there are several challenges in early childhood education that are not characteristic of K–12 education. Examples include involvement of a variety of different agencies, diverse settings, variable preparation of personnel, limited resources, and the much broader scope of developmental needs expected to be addressed.

Pre-K Response to Intervention

Given the success of RTI with K–12 students and given that RTI practices are generally consistent with recommended practices in early childhood education, several districts are adapting the RTI approach for pre-K children. Coleman, Roth, and West (2009) discuss attempts at a downward extension of RTI. They suggest that the following early childhood practices are natural facilitators of pre-K RTI (p. 7):

- emphasis on quality early childhood education;
- implementation of a tiered approach to meeting the needs of children;
- focus on standards-based curriculum and evidence-based practices;
- utilization of intentional instructional strategies such as embedded instruction; and
- increasing use of progress monitoring and data-driven instruction.

Research appears favorable in regard to a fairly recent practice named **Recognition & Response (R&R)** with origins in RTI (Buysee & Peisner-Feinberg, 2010). Key components of this model include:

Recognition = Universal screening and progress monitoring
Response = Curriculum, intentional teaching, and targeted interventions

The success of this model is partially dependent on the development of opportunities for collaborative problem solving to support instructional decision making. R&R is a framework for linking assessment to instruction, and thus may also be a promising approach for instruction of second-language learners. Further studies are needed to confirm this approach as an evidence-based practice. Our field will be anxious to learn of the results.

Universal Design for Learning (UDL)

The origins of Universal Design (UD) are in the field of architecture. The premise of **Universal Design for Learning (UDL)** understands that more than just the learning environment can be designed in such a way that all children are more likely to learn (Center for Applied Special Technology, 2014). When curbs were cut to accommodate wheelchairs, it was quickly apparent that others, such as adults with strollers and bicyclists, also benefited. UDL applies this concept to the education of children of varying disabilities, linguistic diversities, and varied learning styles. Gargiulo and Metcalf (2010) define UDL as follows: "Curriculum and instruction that includes alternatives to make it accessible and appropriate for individuals with different backgrounds, learning preferences, abilities, and disabilities in widely varied learning contexts" (p. 450). *Universal* implies the need for multiple means of representation, expression, and engagement to meet diverse needs within the classroom. This means offering learners various ways of acquiring information (through books being read during circle time, information presented on a screen, hands-on materials, etc.). It includes providing multiple means for learners to express themselves (e.g., artwork, singing, verbal expression, actions). Finally, it also means building on children's natural interests, backgrounds, and learning styles (Stockall, Dennis, & Miller, 2012). UDL is further discussed in Chapter 4.

Building on Recommended Practices

Two major professional groups that address early education and intervention services have issued definitive statements of **recommended practices**. NAEYC (2009) describes a **developmentally appropriate practice (DAP)** as an "approach" in which teachers "meet young children where they are" developmentally. DAP includes three core considerations:

1. ***Thorough knowledge of what is typical at each age and stage of child development.*** Our thorough knowledge of child development will help us select appropriate experiences to facilitate learning and development.
2. ***Knowing what is characteristic of each individual child's interests, abilities, and developmental progress.*** By thoroughly understanding each child, we can individualize our caring and instruction.
3. ***Knowing what is culturally appropriate.*** With understanding of the values and expectations of each child's family and community, we can provide meaningful and respectful learning experiences for all children and families.

These position statements on DAP and other practices are frequently updated and available on the NAEYC website (http://www.naeyc.org; from the home page, click on the "Position Statements" link).

Although the NAEYC's developmentally appropriate practices serve as the primary context in which to develop curriculum, age appropriateness and individualization are essential to the understanding of effective practices within early childhood special education. As Noonan and McCormick (2006) state,

> Infants and young children with severe disabilities, however, will not always be ready to learn the same activities as their age peers with mild or no disabilities. To support the integration of infants and young children with and without disabilities, however, curricular activities should be age appropriate, even when the activities do not correspond to readiness levels. The activities should serve as a context for instruction. Specific objectives, or the way in which children with disabilities participate in activities, are individualized to address unique needs. (p. 85)

It is useful to consider some key recommendations that emerged from the NAEYC framework related to curriculum (see Exhibit 1.8). The NAEYC also offered essential noncurricular recommendations that focus on adult–child interactions, family involvement, and evaluation (see Exhibit 1.9).

Collaboration Between Early Childhood Education and Early Childhood Special Education Professionals

A second major professional group, the Division for Early Childhood (DEC) of the Council for Exceptional Children, issues its own recommended practices for the field of early childhood special education (DEC, 2014). Although there is substantial overlap between the developmentally appropriate practices from the NAEYC and the recommended practices from the DEC, certain differences exist.

Exhibit 1.8

NAEYC Curriculum Recommendations

- Curriculum development is responsive to families' goals and priorities as well as the individual needs of children.
- Educational goals are incorporated into all daily activities. Objectives are not taught in isolation but are integrated into meaningful activities and events.
- To the maximum extent possible, educational experiences are derived from research-based practices.
- Curriculum planning and intervention are based on specific observations of each child made by parents and the intervention team in natural contexts.
- Learning is an *interactive* process. Children's interactions with adults, peers, and the physical environment are all important.
- Learning activities and materials must be concrete and *relevant* to children's lives. Teachers should make use of real-life objects and activities (e.g., make a trip to the fire station, not just read a story about fire engines).
- Programs must be able to meet a wide range of interests and abilities. Teachers are expected to *individualize* instructional programs.
- Teachers must increase the difficulty and challenge of activities gradually and skillfully.
- Teachers must be able to facilitate the *engagement* of each child by offering choices, making suggestions, asking questions, and describing events in ways that are meaningful and interesting to the child.
- Children should be given opportunities for *self-initiation*, *self-direction*, and *repeated practice*.
- Teachers must accept and appreciate cultural differences in children and families and avoid ethnic and gender stereotypes.
- Programs must provide a balance between rest and activity and should include outdoor activities each day.
- Outdoor activities should be *planned*, not simply be opportunities to release pent-up energy.
- Programs must create careful *transitions* from one activity to the next. Children should not be rushed, and schedules should be flexible enough to take advantage of impromptu experiences.

Exhibit 1.9

NAEYC Noncurricular Recommendations

Adult–Child Interaction

- Adults should respond quickly and directly to children's needs and attempts to communicate. Whenever possible, adults should be at eye level with children.
- Children must be provided with a variety of opportunities to communicate. Interaction is best facilitated on a one-to-one basis or in groups of two to three children. Large-group instruction is less effective in facilitating communication.
- Professionals must be alert to signs of stress and provide sensitive, appropriate assistance to children.
- Adults must facilitate the development of self-esteem by being respectful and accepting of children, regardless of the children's behavior.
- Adults must use disciplinary techniques that enhance the development of self-control. These include setting clear, consistent limits; redirecting inappropriate behavior; valuing mistakes; listening to children's concerns and frustrations; helping children solve conflicts; and patiently reminding children of rules as needed.
- Adults must be responsible for all children at all times. Health and safety issues must be addressed constantly.
- Adults must plan for gradually increasing children's independence.

Family Involvement

- Families have the right and the responsibility to share in decision making regarding their children's care and education. Families are considered to be equals in a partnership and their vision guides program planning. Professionals must maintain frequent contact, and families should be encouraged to participate.
- Professionals must regularly share information and resources with parents, including information regarding stages of child development. They must also obtain and respect caregivers' views of individual children's behavior and development.

Evaluation

- Child evaluations should not rely on a single instrument.
- Evaluations should identify children with disabilities and provide information that will lead to meaningful early interventions.
- Evaluations must be culturally appropriate.

The NAEYC guidelines for DAP were generated by early childhood education (ECE) professionals who were dismayed at the growing emphasis on academic performance and structure in preschool and kindergarten classrooms. Thus, the major focus of the original guidelines was on expectations and learning environments that were appropriate for the developmental levels of typical young children. There was also a negative reaction to strongly teacher-directed approaches and to the teaching and tracking of specific skills. The NAEYC practices valued the *process* rather than the *products* of learning. Ironically, due to concern for the so-called U.S. achievement gap, there is once again a significant trend toward emphasis on academics and school readiness within early childhood education. The focus is on ensuring that young children enter kindergarten "ready to learn" (Duncan & Murnane, 2011). This focus can sometimes be at odds with the principles of developmentally appropriate practice, particularly for young children with developmental delays and disabilities.

Early childhood special education (ECSE) professionals, in contrast, have been strongly influenced by the values and tenets of special education and PL 94-142.

Exhibit 1.10

Comparison of Selected NAEYC and DEC Key Recommended Practices

Early Childhood Special Education Recommended Practices

1. A stronger emphasis on collaboration with families and other professionals
2. Greater emphasis on supporting the specific needs of individual children
3. Greater emphasis on the birth-to-3 age range
4. Viewing teacher-centered versus child-centered approaches not as a dichotomy but as a continuum; understanding that child-centered approaches do not exclude the use of teacher-directed strategies in certain situations
5. Greater emphasis on transition planning
6. Integration of developmentally appropriate practices with individually appropriate practices to address a child's specific learning needs

Early Childhood Developmentally Appropriate Practices

1. Training in natural environments, particularly within the context of play
2. Importance of child-initiated activities
3. De-emphasis on standardized assessment; integration of assessment and curriculum
4. Importance of active child engagement throughout the day in naturally occurring routines and activities
5. Emphasis on social interaction
6. The importance of cultural sensitivity and competence

The DEC-recommended practices emphasize the identification of specific expected outcomes, the accountability of professionals for ensuring steady progress toward these outcomes, the importance of direct instruction, and the necessity of a strong commitment to individualized instruction. The field of ECSE also places strong emphasis on parent–professional collaboration and family empowerment, transition planning and training for the next environment, interdisciplinary and interagency collaboration, appropriate assessment, and use of technology. The DEC also regularly updates its position statements, which are available on the DEC website (http://www.dec-sped.org; from the "Publications" tab on the home page, select "Position Statements and Papers").

Historically, the contrast in the developmentally appropriate approach characteristic of ECE versus the disability-specific approach characteristic of ECSE has created extensive discussion. Luckily, these differences in approach currently do not interfere with collaboration between these two disciplines. Joint position papers resulting from the collaborative efforts of these very influential groups, such as the one released back in 2009, have received considerable attention. In an effort to assist personnel preparation programs in creating more effective training, Chandler and colleagues (2012) compared the personnel preparation standards issued by the DEC and NAEYC. Collectively, these practices are summarized in Exhibit 1.10.

The Importance of Ongoing Pursuit of Evidence-Based Practices

Students of ECSE must realize that, as is the case with any progressive field, early childhood special education is constantly evolving. The ideas and notions that make up today's best or recommended practices may be very different from those that evolve a decade from now. Early intervention professionals must have a thirst for discovering and understanding evidence-based knowledge and a genuine desire to better understand and implement best practices in meeting the needs of young children with disabilities.

Practitioners must be responsible for maintaining an important two-way dialogue with researchers in their field. They must help identify important research questions, insist on the use of research methods that are appropriate to answer those questions, and then apply the findings of that research by incorporating evidence-based techniques into their daily instructional routines whenever possible. Current examples of robust ongoing research and application of evidence-based practices are those in the areas of autism spectrum disorders (National Autism Center, 2010) and early literacy learning for young children (Trivette, Dunst, & Hamby, 2010a, b).

Service Delivery

Unlike K–12 education, in ECSE there are many ways in which services are delivered. For example, in early intervention, service delivery may target the caregiver or may directly intervene with the child. PL 99-457 and subsequent reauthorizations and amendments clearly intend for the family to be the primary focal point and context within which the infant or toddler is viewed. However, even within this family-centered framework, some interventionists and specialized therapists may focus solely on intervention for the infant or child with relatively less concern for the role of the family in the child's development. With preschool-age children, therapists may prefer to pull the child from the classroom and provide direct intervention to the child, rather than incorporating teachers and peers.

Services for Infants and Toddlers

The primary emphasis of this text is on providing educational and developmental services for *preschool*-age children with disabilities. However, as mentioned earlier in this chapter, an equally important component of the field of early childhood special education is providing services for **infants and toddlers** with developmental delays or disabilities (i.e., age birth to age 3, who have disabilities or who are at risk for disabilities) *and* their families. These services must be carefully delineated in a legal document referred to as the **Individualized Family Service Plan (IFSP)**. As noted earlier, Part C of IDEA states that early intervention services are to be provided in *natural environments*, including the child's home and a variety of community settings. To provide the most appropriate option for each child and family, communities develop what is sometimes referred to as a "menu of services." For infants who have severe and/or complex disabilities, **home-based services** are often considered to be the "least restrictive" because they take place in the most natural or typical environment for infants. Home-based services may also be offered in the home of a relative or child-care provider.

Home-based programs are tailored to the individual needs of the child and family, as determined through assessment of each family's priorities and resources. Such assessment is sensitive to the functional demands of the child's environment. Home visitors include a wide variety of professionals from various community agencies. For young infants, early intervention services may be provided by a public health nurse who focuses on health-care issues. A nutritionist may work with a family when their child has unique nutritional needs. Or, the visits may focus on sensory processing and integration, or motor activities modeled by an infant educator or provided by an occupational or physical therapist. Perhaps the most important early intervention is the facilitation of quality caregiver–child interactions and the influence of parental mental health on these interactions (Cook & Sparks, 2008).

High-quality and effective home-based services should reflect recommended and evidence-based practices such as facilitating parent–child interactions (Dunst, Gorman, &

Hamby, 2010; Chen & Klein, 2008), using routine-based interventions and natural learning opportunities that occur in everyday activity settings or natural environments, using modeling and coaching to assist caregivers to implement interventions with their infants (Rush & Shelden, 2011; Chen, Klein, & Haney, 2007), and establishing supportive relationships with families. In-home service delivery for infants with disabilities is a complex, multifaceted phenomenon, which includes a variety of strategies and approaches to caregiver–child interactions, demonstration of disability-specific skills, and infant and caregiver mental health. As the scope of this text does not allow a thorough examination of research and practice related to in-home service delivery, the reader is referred to specific texts on this topic, such as McWilliam (2010) and Cook and Sparks (2008).

Some toddlers attend center-based early intervention programs. These are specialized group settings to which families bring their children. Such programs provide important access to parent-to-parent support. They may also provide important "one-stop-shopping" access to a variety of service providers within the same setting. Center-based programs can provide more frequent interdisciplinary contact than in-home programs. Some service-delivery models combine home- and center-based services. For example, children may be enrolled in a center three days per week and receive a monthly home visit. There continues to be ongoing discussion about whether such settings can be considered "natural environments." The case might be made that if children without disabilities are also welcomed in the center, *and* a family member attends the center with the child, it meets the requirements of a "natural environment."

Public and private *child-care* settings may also be considered natural environments. In these settings, infants and toddlers may receive specialized itinerant services, or one-to-one support. Some children may experience dual enrollment by attending an agency-sponsored segregated center-based program for children with disabilities for part of the day and participating in a typical child-care setting for the remainder of the day. As PL 101-336 (ADA) increases in influence, a greater number of infants and toddlers will be served in typical child-care settings.

Special Considerations for Infant and Toddler Group Care. Any group-care programs for children from birth to 3 years of age must be designed to create and sustain *intimacy*. Exhibit 1.11 summarizes six key components of group care for infants and toddlers offered by Lally, Torres, and Phelps (2010) that remain relevant.

Exhibit 1.11

Key Components of Group Care for Young Children

1. **Group size:** The adult-to-child ratio in programs serving young children under age 3 should be no greater than 1:3 for infants to 18 months in a group of 6–9 and 1:4 for toddlers to 3 years of age in a group of 12. However, the issue of group size is not simply the need to maintain a low adult-to-child ratio. Total group size is at least as important as this ratio. As group size increases, so does the level of stimulation. This creates a stressful environment for both infants and staff. A noisy, chaotic environment makes it difficult for staff to be sensitive and responsive to child cues and decreases the opportunity for quiet, intimate interactions.
2. **Physical environment:** Arrangement of the physical environment can either facilitate or interfere with flexible, individualized, responsive care and relationships between children and adults. For example, easy and frequent access to food and to outdoor space allows greater individualization. Furniture that is comfortable for adults, such as rocking chairs and couches, encourages holding and reading to

(*continued*)

infants. Reduction of off-limits items and areas minimizes discipline problems and negative adult–child interactions. Small, safe, well-defined areas for certain types of play help control overstimulation and help young children focus.

3. **Assignment of primary caregiver:** An extremely important factor in center-based care for young children is the assignment of a primary caregiver to each child. This facilitates the development of trust and intimacy. This does not mean that the child interacts *exclusively* with one adult; rather, on most days, there will be a familiar and "special" person on whom the child can rely. The assignment of a primary caregiver also increases the likelihood that at least one staff person knows each child well. A knowledge of temperament, communication cues, likes, dislikes, and fears can be shared with other staff members. This, in turn, increases the opportunity for responsive and appropriate interactions with the infant.
4. **Continuity of care:** Primary caregiving facilitates special relationships. Changing caregivers every 6 to 9 months can have a negative effect on infants and young children. Changing the caregiver (or teacher in an early intervention program) is also difficult for the child's parents, as it requires the reestablishment of trust and communication patterns.
5. **Cultural and familial continuity:** Ideally, programs should employ staff whose cultural backgrounds match those of the families they serve. Children and parents are sensitive to significant mismatches in the child-rearing values and practices of family and staff.
6. **Meeting the needs of individuals in a group:** Flexible scheduling allows individual infants to sleep, eat, and play when they need to do so. Responsiveness to an infant's biological rhythms may require a caregiver to monitor a sleeping infant, watch one who is engaged in play, and actively interact with another. This flexibility accommodates children with disabilities.

It is imperative that individuals working with young children from cultures different than their own carefully examine the roots of their own biases and values. They must also be knowledgeable about the values and attitudes of the cultural groups in their community and work to avoid being judgmental when significant differences do exist.

Services for Preschoolers

The emphasis of this text is on preschool-age children. Special education services for preschoolers begin at age 3 years and extend to kindergarten entry. They are delineated in Part B of IDEA and are governed by the same requirements and provisions as K–12 education—that is, a free and appropriate education provided in the least restrictive environment (LRE). The "least restrictive environment" must be understood as a *continuum*. The LRE continuum refers to a range of possible placements. The *least* restrictive environment is the one that can meet the child's educational needs, *and*, in cases where the general education classroom is deemed "not appropriate" by the IEP team, is as similar as is reasonable to a typical general education classroom for same-age peers. For example, Sandra is a preschool-age child with severe and complex developmental and health needs. The IEP team determined that Sandra's health and medical needs cannot be met in a typical early childhood setting (such as Head Start, or community early education center). Even though one member of the IEP team feels she should receive home schooling because of her health needs, the team may determine that this would be too restrictive. In this case, the least restrictive environment for Sandra might be a special education preschool class where staff members are available to address her health needs. Another child, Wen Li, has low vision and mild cerebral palsy. With itinerant supports from a vision specialist and a physical therapist, the IEP team determines that he can be well supported in the inclusive community-based early childhood education center in his neighborhood.

Educating Young Children with Disabilities in Inclusive Settings

As mentioned earlier, IDEA requires that services for children with disabilities be provided in the *least restrictive environment*. This provision starts with the assumption that children will be served in settings with their same-age peers. For infants and toddlers, these settings are referred to as "natural environments." For preschoolers, these settings are typical early childhood settings, such as Head Start classrooms or early childhood education centers. If, due to the child's disabling condition, his or her learning and social needs cannot be met in the typical ECE classroom, then a setting as similar to that as possible must be identified. An example of such a program might be a reverse integration classroom in which same-age peers attend the special education classroom for a portion of the day, and ECE and ECSE teachers collaborate as co-teachers.

Settings in the early years should be optimized to include children with disabilities for several reasons. First, most early education programs expect children to mature at varying rates during these years of enhanced growth and development. Differences in skills are expected and accommodated within the curriculum. The range of so-called normalcy in early education is much broader than that usually found in elementary school classrooms.

Unlike teachers of older children, early childhood educators tend to focus on the *process* more than the *product* of learning. They are busy setting up centers to allow for exploration and problem solving, rather than grading spelling papers or preparing the next day's language test. In addition, the methods and materials usually found in early education centers are conducive to the development of all young children. Exploration, manipulation, expression, sharing, and active involvement provide easy opportunities for educators to structure and reinforce meaningful interaction between children with disabilities and those without. However, with the current emphasis on school readiness and standards-based education, this tradition may be changing, as noted in the previous discussion on standards-based practices.

All who have worked with young children are readily aware of their natural abilities to accept and even appreciate individual differences. Children respond to one another without making judgments and comparisons. Spontaneous friendships abound with little in the way of ongoing expectations. When differences are observed, questions reflect a natural curiosity. If such questions are answered in genuine, thoughtful ways, children tend to accommodate and accept those who are perceived to be different. Early childhood is the ideal time to help all young children fully acquire a sense of belonging.

Unique Challenges Involved in Supporting Early Childhood Inclusion

Despite these favorable conditions for successful inclusion, there are also several challenges to successful inclusion in early childhood settings. Common examples of these challenges include lack of availability of quality child care, low pay for child-care staff, and differences in administrative structure and educational philosophies among early childhood programs.

It is also important to acknowledge that simply placing children with disabilities in educational settings with nondisabled children does not, automatically, accomplish the goals of inclusion. Although much has been written about **inclusion support** strategies in K–12 education, less attention has been given to inclusion support in early childhood settings. As Richardson-Gibbs and Klein (2014) point out, several challenges are unique to early childhood inclusion. Some of these are as follows:

1. In the K–12 inclusive classroom, the general education teacher is credentialed at the same level as the special educator who provides support to the children with

disabilities. There is generally "parity" in terms of training background, level of academic degree, credential/license status, and pay. This is very often not the case in early childhood settings. The lack of support as a society for quality child care results in inadequate resources and low staff salaries, particularly in urban communities. This can result in little motivation for advanced training in early childhood education, thus creating a "parity gap" between the training and salary levels of ECE and ECSE teachers. This difference can lead to significant challenges for the inclusion support specialist. It requires understanding and perspective-taking skills to bring about successful collaboration and effective team building.

2. The level of experience and understanding of disabilities among ECE teachers (i.e., non–special education teachers) and staff are highly varied. The inclusion support specialist must be able to explain the nature of a child's disability and learning style and to demonstrate specific strategies appropriate for that child. Thus, early childhood support specialists must have a certain level of disability-specific expertise.
3. Often the ECSE support specialist must take on the unfamiliar role of providing services on someone else's turf. The support specialist must manage his or her own role and avoid being intrusive while at the same time establishing a collaborative relationship. However, the ECE teacher may be uncomfortable with his or her own relative lack of knowledge and experience with disabilities. The ECE teacher may also be unaccustomed to having someone observing in the classroom. Thus, the ECE teacher may be understandably defensive or wary and experience additional stress in an already stressful job. The challenges posed to the development of a truly collaborative relationship in such situations can be significant.
4. Finally, even when the ECE staff is highly trained, there are sometimes significant philosophical differences between ECSE and ECE staff. Klein, Chen, and Haney (2000) found that this was perceived to be one of the major barriers to successful inclusion. These differences in philosophy and beliefs might include such issues as the following:
    - The *purpose* of early childhood education—for example, opportunities for socialization versus training in specific developmental skills or school readiness.
    - Beliefs about inclusion—for example, all children should be included regardless of severity or complexity of disability versus only certain children can be successfully included.
    - Strict adherence to a particular early childhood curriculum versus more flexible, adapted implementation of the curriculum.
    - The kinds of teaching and interaction strategies used—for example, very child-directed and unstructured approaches versus a combination of more structured, teacher-directed interventions.
    - Organization of daily activities—for example, fairly unstructured, flexible daily schedules versus predictable daily routines.

Key Findings from Research on Preschool Inclusion

Research on the benefits of inclusion for young children show that individualized, evidence-based strategies for children with disabilities are successful. In summarizing the scientific basis supporting inclusion in early childhood programs, the U.S. Department of Health and Human Services and U.S. Department of Education cited the following benefits in 2015:

1. Children with disabilities, even those with significant disabilities, can make significant developmental and learning progress in inclusive settings.
2. Some studies have shown that children with more significant disabilities have made more progress than children with similar disabilities in segregated settings.

3. Children with disabilities tend to have levels of engagement similar to peers who are typically developing.
4. High-quality inclusion that begins early and continues into kindergarten is likely to have the best outcomes.
5. Additional benefits of inclusion include fewer absences, stronger social-emotional skills, and eventually higher likelihood of employment.
6. Studies including children who develop typically also show positive development and demonstrate greater compassion and empathy as well as a better understanding of diversity.

The Role of the Early Childhood Special Educator

Inclusion does not supplant the mandate for individualized planning and services as needed by each child. Systematic intervention efforts guided by the teacher are necessary to promote successful inclusion. For children with disabilities to meet their developmental and educational goals, someone must be available to structure the environment, adapt the materials, determine the child's most profitable mode of learning, and select appropriate teaching strategies to encourage specific behaviors.

To fulfill such a multifaceted role, ECSE teachers must develop competencies characteristic of both the early childhood educator and the special educator. Fortunately, the skills needed include the same skills that are necessary to work with *all* young children. However, successful inclusion of children with disabilities requires additional skills and expertise.

The Case for Specific Training Related to Inclusion Support

A study by Dinnebeil, McInerney, Roth, and Ramaswamy (2001) offered support for the need for specific training in inclusion support. Dinnebeil et al. surveyed ECSE professionals serving in itinerant support roles for children in community-based settings and found that the primary strategy being used by these consultants was a direct instruction approach in which they simply carried out the teaching strategies they were accustomed to using in their segregated settings. They concluded that there is a significant need for training in collaborative consultation skills (see also Klein and Harris [2004]). Fortunately, over a decade later, we find the field of ECSE—including university teacher training programs—much more attuned to the importance of this skill set.

Exhibit 1.12 presents some examples of the kinds of support an inclusion specialist might need to be prepared to provide for a child placed in a community-based early childhood setting.

Exhibit 1.12

Examples of Inclusion Support Activities

- Providing in-service training and information to staff members regarding the characteristics of the child's specific disability (e.g., autism, Down syndrome, or multiple sensory disabilities) and other topics related to the child's learning needs
- Modeling or demonstration of specific intervention and teaching strategies
- Conducting ongoing observation and assessment of the child within the setting

(*continued*)

- Providing ongoing discussion and written feedback to teachers regarding all areas of a child's development and performance (e.g., preferences and interests, level of engagement, and participation or development across the developmental domains, such as language, self-help, social-emotional, etc.)
- Communicating regularly with families about the child's adjustment and progress
- Planning occasional individual work with the child as necessary to encourage achievement of specific goals (e.g., participation in group activities, appropriate communication with peers, or behavior management)
- Modeling of peer training and interaction techniques
- Creating or obtaining adapted equipment and other resources for the child's use in the classroom (e.g., photographs for communication or various types of adaptive equipment and technology to assist self-help and communication)
- Collaborative participation in team meetings, including regular staff meetings and IEP or IFSP meetings, to provide problem-solving and conflict resolution guidance as needed, and team leadership and coordination

For our discussion, we use the term *inclusion support specialist* to refer to an early childhood special educator who provides support for one or more children with disabilities within an inclusive early childhood setting. The inclusion support specialist role may differ from that of the discipline-specific therapist (e.g., occupational therapist, physical therapist, or speech-language pathologist) or the disability-specific specialist (e.g., teacher certified in visual impairment or the Deaf and hard-of-hearing areas) who provides specific direct services or consultative services related to a particular special need. *In this text, the role of the inclusion support specialist is to support the optimal participation of the child in the inclusive setting through collaboration and coordination with other service providers and team members*.

It is clear from examining the list in Exhibit 1.12 that the effective delivery of these services will depend not only on a wide range of knowledge and skills related to best practices in early intervention and ECSE, but also on skills in the area of collaboration, consultation, teaming, adult learning styles, and strategies specifically targeted to the child's participation in the early childhood environment. To provide optimal support, an individual should have knowledge and skills across the following broad competency areas:

- Typical child development and developmentally appropriate practice in ECE
- Disability-specific characteristics and best practices in early intervention and ECSE
- Specific strategies and methods that support inclusion of children with disabilities and interactions with typical peers
- Collaborative consultation and team building (discussed in Chapter 10)

The goal of this text is to provide not only information related to the characteristics and learning needs of children with disabilities but also the specific guidance necessary to address these needs in inclusive settings. The knowledge and recommendations included within this text reflect a long history of research, policy, and practice that are derived from the two fields of early childhood education and special education. For more detailed discussion of models and strategies for successful preschool inclusion, see Richardson-Gibbs and Klein (2014).

Summary

This chapter offers perspectives on the evolving field of early childhood special education, historically and theoretically, and provides an introduction to recommended practices. Over the past 100 years, the approach to children with disabilities has shifted from "hide and forget" to "identify and help." Jean-Marc Itard, Maria Montessori, and Jean Piaget were a few of the most notable pioneers in this field. Their contributions paved the way for the development of curricular adaptations to accommodate young children with disabilities in a variety of settings. More recently, significant federal legislation in the United States continued to support the evolution and solidify the future of the field of early childhood special education.

PL 94-142 mandated that appropriate public education be made available to all children with disabilities as early as possible. One significant provision of this law was that each child should have a written IEP. Children with disabilities also are to be served in the least restrictive environment that meets their needs. The law mandates inclusion in a regular classroom unless the child's disabilities are too severe. In effect, the thrust is to fit the schooling to the child rather than fit the child to the school. This goal is pursued through informed selection of intervention strategies, with preparation of the interventionist as the critical foundation.

PL 99-457 initiated legitimization of the field of early childhood special education. Federal, state, and local planners are collaborating with parents in unprecedented efforts to develop new and expanded services for infants and young children who have disabilities or are at risk and their families. Part H provides incentives for states to provide comprehensive, coordinated, family-focused interagency programs for children from birth through age 2. Unique to this law and the following amendments are the requirements for collaborative service coordination designed to implement IFSPs.

While PL 94-142 and PL 99-457 may have been the catalysts for the development of quality early childhood special education, attention must also be given to PL 101-336 and later amendments creating the Individuals with Disabilities Education Act (IDEA) that dropped the word "handicapped." IDEA and its amendments have added requirements that have significantly contributed to the quality of services for young children with disabilities.

Strategies for including children with disabilities in general early education settings have several theoretical origins. Current approaches to early childhood special education continue to combine influences from both early education and special education fields, especially in advocating for evidence-based practices. The child development and early education literature emphasizes the importance of child-directed methods that are developmentally appropriate and use play and social interaction as primary vehicles for teaching and learning. Special education legislation has mandated a focus on family involvement and education within integrated, community-based settings. The evolving delivery systems offer a variety of opportunities to meet the unique needs of each child and his or her family.

Reflect and Apply

1. Explain the rationale behind the use of person-first terminology. Practice using person-first terminology and work toward becoming self-aware of tendencies to slip into old habits of usage.
2. In many ways, Montessori's approach to early education is and was aligned with inclusive approaches today. Explore the elements of her philosophy and be prepared to discuss their current relevance.
3. Reflect on the evolution of education law for children with disabilities. Articulate how particular laws have helped to facilitate inclusion.
4. Research one or more of the principles considered to be the foundation of early childhood special education. Give specifics in stating how these principles could become operational in an early childhood classroom.
5. Outline and be prepared to discuss the differences in special education service delivery for infants and toddlers (0–3 years of age) and preschoolers (3–5 years of age).

Chapter 2

In Partnership with Families

Jaren Wicklund/Fotolia

Learning Outcomes

After studying this chapter, you should be able to:

2.1 Offer effective emotional support to families.

2.2 Realize that families are dynamic social systems.

2.3 Recognize the individual reactions and concerns of parents, siblings, and extended family members.

2.4 Explain how to facilitate a variety of options for family engagement.

2.5 Respect the richness of cultural diversity among families.

2.6 Identify and employ effective strategies for working with special family circumstances.

The essential role and impact of parents and other family members on the development of young children are well established and should not be underestimated. The significance of this role is even more evident when a child has learning challenges and disabilities. Establishing an effective family–professional partnership is a guiding principle of early childhood special education. This requires that practitioners understand and respect the critical role and inevitable impact family members and other caregivers have on the child's development and the success of the intervention process. Evidence of the family's influence on child development can be found in research with children with and without disabilities. For example, the Center on the Developing Child at Harvard University (2017) has emphasized the critical importance of positive caregiving relationships and responsive interactions on the healthy brain development of young children. Haven, Manangan, Sparrow, and Wilson (2014) reported that the parent's ability to follow the child's lead by responding to signals and interests such as physical closeness and turn taking is positively related to the social skill development of young children with autism. Tambyraja, Schmitt, Fraquharson, and Justice (2016) found that parents' home literacy practices positively influence reading skills in young children with language impairments.

As the tenth edition of this book is published, the importance of the ability to establish parent–professional partnerships has increased. Research, recommended practices, and experience continue to validate the field's commitment to supporting parents as they deal both with their own emotions and the day-to-day raising of their child. Young children spend the vast majority of their lives with their parents and families and, in comparison, a minuscule amount of time with practitioners. It is imperative that practitioners in early childhood special education value the significant role of parents and families and build collaborative partnerships with them to promote positive outcomes for children. There is good reason why studies continue to offer evidence that when schools and families work in partnership, children tend to be successful in school and afterward (Berns, 2016).

Collaboration with parents or other caregivers is also essential to the development of *families' awareness* of the importance of *their* role in facilitating, guiding, and supporting their child's development. Family–professional collaboration involves "practices that build relationships between families and professionals who work together to achieve mutually agreed upon outcomes and goals that promote family competencies and support the development of the child" (Division for Early Childhood [DEC], 2014, p. 10). Thus, a collaborative partnership with parents and caregivers is a significant requirement for the implementation of effective intervention practices. As in all relationships, the development and maintenance of the family–professional partnership require time, motivation, and effort.

(It should be noted that in this text, the terms *parents, families,* and *caregivers* refer to individuals who have primary caregiving responsibilities for, and consistent interactions with, a young child. We recognize that *parents* refers to adults who have legal parental responsibilities. *Families* refers to parents, siblings, relatives, and any one else who is considered to be *family*. The term *caregivers* includes anyone who may be providing care of the child under consideration.)

Over a decade ago, Fialka (2001) developed a metaphor that expresses the critical role a collaborative partnership plays in fostering the development of young children with disabilities. She discusses five distinct features that illustrate the complexities involved in this "dance of partnership." These include the fact that the need to collaborate extensively with a child's teachers is not a *choice* for parents, whereas professionals usually make the choice to work with children and parents. Second, parents are expected to work more intimately with professionals than is usually true of the caregivers of children without disabilities. In order for true collaboration to result, professionals must listen more intently and focus on the needs of the whole family, not just those of the child. In addition, parents are expected to "dance" with many professionals when consideration is given to all that might be involved with any one child. Even though parents may know their child better than anyone else, it is often the professionals who take the lead in the "dance." Finally, differing priorities make one think of the players wearing different headphones as they "dance" along.

More recently, Fialka, Feldman, and Mikus (2012) expanded on the parent–professional "dance" metaphor to describe three phases that parents and professionals experience in developing a partnership and five steps that promote such a relationship. At the beginning, "Phase 1: Colliding and Campaigning," each partner explains his or her own perspective about the child to persuade the other. This is solo dancing rather than a dance of partnership. At each phase, each partner must practice these steps: stop, look, listen, share, and take care to understand the other's goals and perspectives in order to move toward a collaborative partnership. In "Phase 2: Cooperating and Compromising," partners listen, developing trust and open cooperation, and there is "less stepping on toes" (p. 20). Many relationships may remain at this phase with commitment, problem solving, and some level of consensus. It takes time to develop "Phase 3: Creative Partnering and Collaboration," in which partners tend to share a common view and expectations for the child. "Power and decision-making tend to be balanced" (Failka et al., 2012, p. 27).

With time, understanding, and true collaboration, parents do become their child's best allies in interpreting his or her needs. The parent perspective that appears at the end of the chapter illustrates how time and professional concern helped enable one parent to develop the coping skills needed to face the day-to-day realities of parenting a young child with a disability. Although written several years ago, involved professionals unfortunately will attest to its continuing relevance.

Lisa Jerugim's personal perspective on raising a child with developmental challenges (see page 75) clearly illustrates that all children do affect, and are affected by, their families. When children with disabilities originally began to receive early intervention services, parents were expected to be passive bystanders watching their children "receive" therapy or infant stimulation. In 1975, PL 94-142 formalized parents' participation in the educational planning process of school-age children. Parents were encouraged to become involved, but the nature of the involvement was not clearly delineated. Parents of young children with disabilities often were trained to carry out therapeutic or instructional activities with their children. Although many found their role as "teachers" to be fulfilling, others became frustrated with these teaching expectations. Their lives were too demanding to cope with even one more expectation.

PL 105-17 of 1997 strengthened the recognition of families as integral partners in the early intervention process. The recognition of the family as the legitimate focus of early intervention services was spelled out in the formal requirements of family assessment, family outcomes, and family services within the regulations of PL 105-17. Currently, PL 108-446, the Individuals with Disabilities Education Improvement Act of 2004, further supports the critical role that families play in their child's development by requiring that families receive written notification of their rights and responsibilities annually, rather than just on the initiation of services.

Moving from a child-centered approach in early education to a family-centered approach over several decades has evolved, in concert, with an expanding diversity within our culture. Not only is there cultural and linguistic diversity, but there is greater diversity within the structure of families. Children may be raised by a single parent, two parents, grandparents, or extended family members. Parents may be foster, biological, or adoptive. They may be straight, gay, or lesbian. Our challenge as practitioners is to develop early childhood programs that demonstrate an appreciation of the family's composition and respect the diversity within the families that we seek to support.

The family is recognized as the essential component of the caregiving environment that influences and is influenced by the child over time, resulting in different outcomes for both the child and the family. To understand the reciprocal nature of the relationship between young children with disabilities and their families, the family is viewed as a system with interacting subsystems. No family member is thought to function in isolation from other family members. Therefore, after reviewing some of the needs and emotions that appear to be characteristic of families with disabilities, we explore family dynamics from a **family systems perspective** (Turnbull and Turnbull, 2014).

Emotional Supports for Families with Children Who Have Disabilities

Most new parents start out with little or no preparation to meet the unique, ongoing challenges of caring for a newborn. Even experienced parents must readjust their style of living whenever another child is added to the family. The birth of any child brings adjustments within family systems. According to the 2016 annual report of the Center on Birth Defects and Developmental Disabilities out of the Centers for Disease Control and Prevention, 1 out of 6 children in the United States has a developmental delay or disability (National Center on Birth Defects and Developmental Disabilities [NCBDDD], 2016). Parents of very young children with disabilities must deal not only with the usual adjustments of parenthood but also with additional stresses and concerns for which they likely will be unprepared. Each change in their child's condition brings about new questions, concerns, and challenges. Today, parents can obtain help and emotional support in many ways. For example, some parents may join support groups composed of other parents of children with disabilities. Participants offer support and encouragement to one another and exchange information about useful resources. Some agencies offer individual support through mentors who are experienced parents of children with disabilities. Part C of PL 108-446 mandates that psychological and service coordination services be provided to families of children from birth to 36 months who have developmental delays or are at risk for such delays. When emotionally supportive services are provided while children are very young, adjustments within family systems may be made more readily. However, it must be remembered that the emotional needs of families may be constantly changing, and the emotional and physical demands that accompany the advent of a child with disabilities should never be underestimated. The following description of basic family needs and possible emotional responses is offered to facilitate understanding of individual family reactions.

The Need for Professionals to Respect Families

The family-centered approach requires professionals to respect that parents are essential to a child's healthy development and learning. Early childhood special educators must learn about families, individualize practices and services according to family circumstances, and promote family confidence and competence in raising their child (Trivette & Keilty, 2017). First, parents should be recognized as responsible and caring people who love and want the best for their children. They need to be viewed as individuals capable of effective parenting, and they want to know they are seen in that way. Second, parents should receive the best and most up-to-date information possible that is relevant to their child's diagnosis and circumstances. They want to have confidence in those who profess to know how to help their child. Third, they want and urgently need guidance in what to do in the immediate *now.* Although they want positive opinions about what the future holds, they need to receive useful suggestions immediately. Parents of children with disabilities need encouragement from professionals to remain optimistic about their child's future (Harry, 2010).

Many of the emotional reactions attributed to families may be heightened by the failure of professionals to implement a family-centered approach that respects the family and considers the concerns of individual families that request help. There is no doubt that early education professionals, for the most part, have jumped wholeheartedly into practices designed to address the concerns of not only the child with disabilities but also other family members. However, although early educators may respond to parental concerns, they should realize that some parents may have experienced inadequate and insensitive treatment by other professionals. In these situations, early intervention becomes "early interference" when services dominate and disrupt the family's life (Snow, 2013). We cannot deny that there are professionals who may fail to recognize a disabling condition, convey negative attitudes, withhold important information, or ignore parents' concerns. This realization will help practitioners sustain the patience and develop the empathy necessary to work effectively and sensitively with parents who may be anxious, angry, or troubled.

The Need for Emotional Support

Parents of children with disabilities usually experience a higher level of stress than parents of children without disabilities (Peer & Hillman, 2014). Addressing the emotional needs of parents and other caregivers is essential to promoting a family–professional partnership. The parents' ability to cope effectively with stress will influence how responsive they can be to their child's needs. Parental responsiveness has, indeed, been shown to have a positive influence on child development and well-being (Cook & Sparks, 2008). Brotherson and colleagues (2010) summarize the emotional feelings of families as follows: "(a) a sense of hope in the child's progress, (b) a sense of urgency to provide timely early intervention and prevent or ameliorate the child's disabilities, and (c) a feeling of stress arising from multiple or complex challenges experienced by families" (p. 38).

Different Emotional Responses. In the following excerpt, a father discusses his perception of how fathers and mothers differ in their responses to distress:

> Stereotypically fathers—and men in general—tend to be characterized as unemotional or angry. While this may be true of some fathers, it's certainly not true of all. The fact is, mothers and fathers respond to distress in different ways. Fathers are typically more task-oriented while mothers are typically more relationship-oriented. Fathers tend to process emotions internally, while mothers tend to process emotions by expressing them directly. For example, if my wife is distressed, she'll immediately seek someone to talk to about how she's feeling. If I'm distressed, I need time to understand how I'm feeling; I might take a walk or hit golf balls. (Auer & Blumberg, 2006, pp. 77–78)