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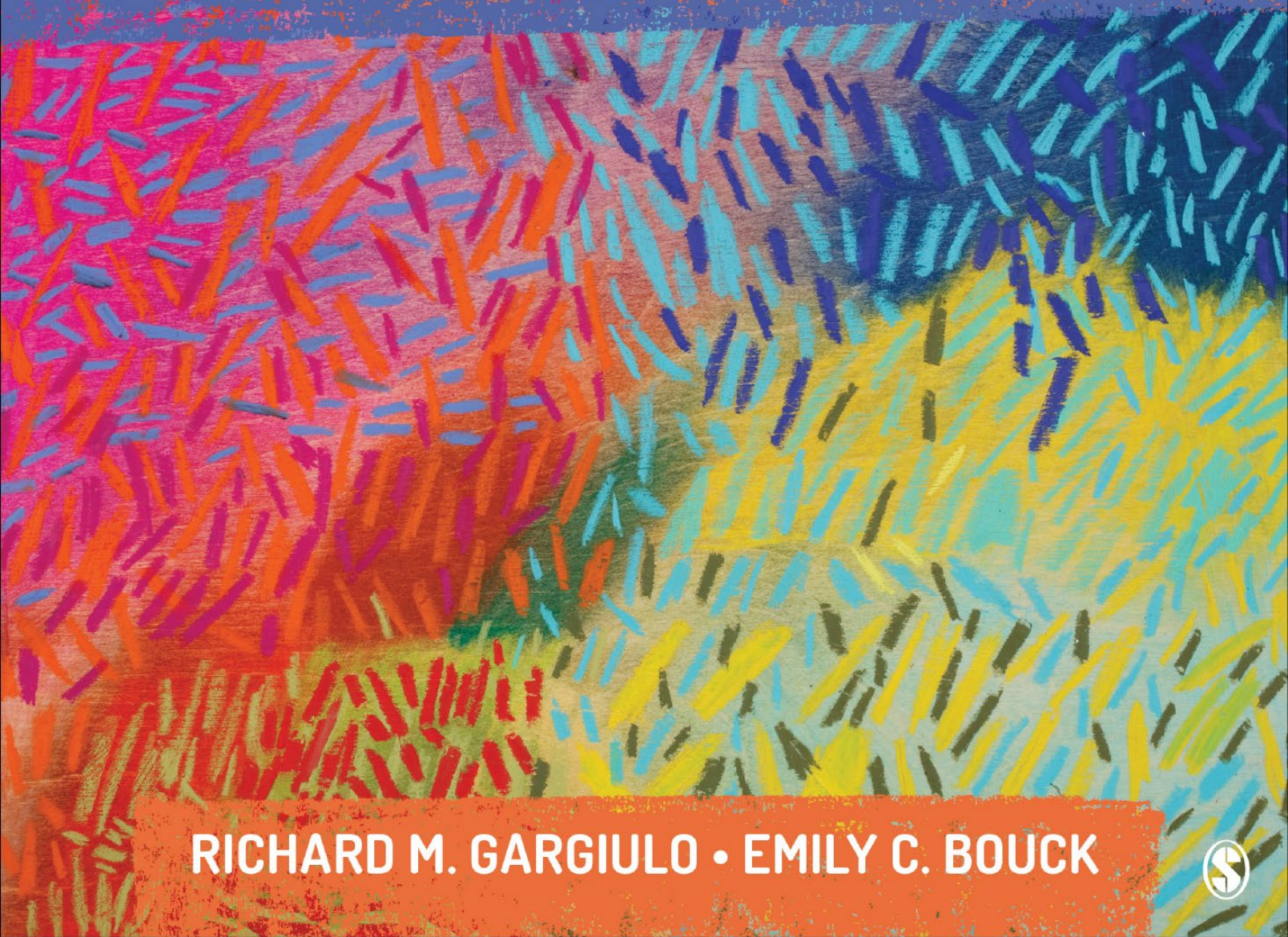
• seventh edition •

An Introduction to Exceptionality



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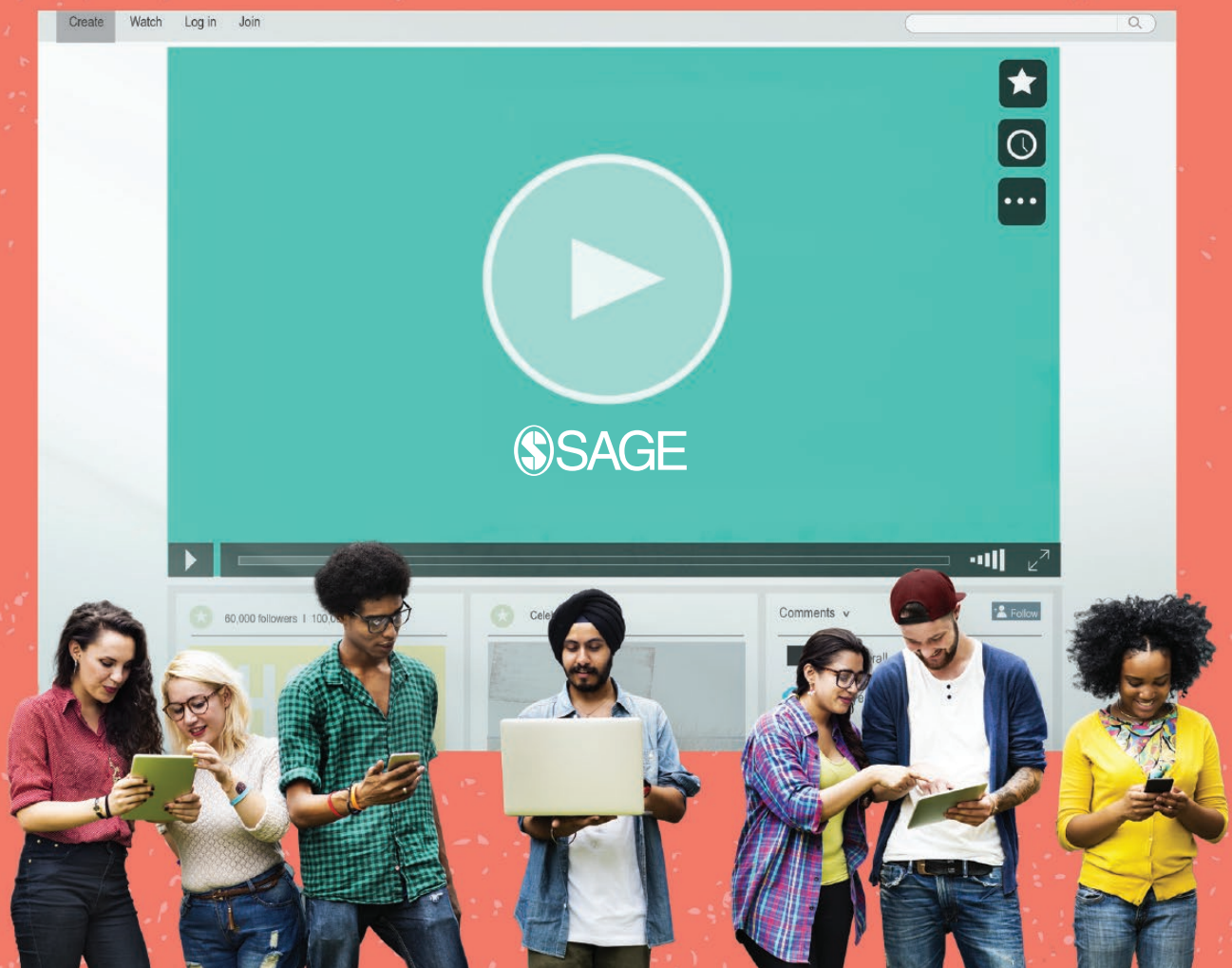

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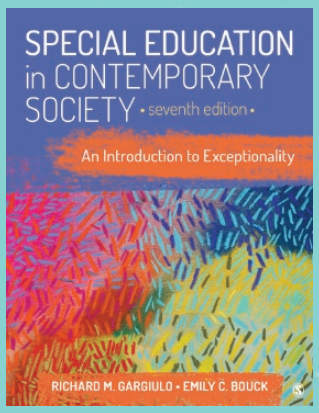

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A NOTE FROM THE AUTHORS

Dear Professor:

Special Education in Contemporary Society is first and foremost a textbook about people—individuals who, in many ways, are very similar to their peers without a disability. Second, this book serves as a comprehensive introduction to the dynamic field of special education and the children and young adults who benefit from receiving a special education.

Our intention in writing this book is to provide you and your students with a readable, research-based text that also stresses learning in inclusive settings and classroom application. By blending theory with practice, our aim is to provide preservice educators and practicing professionals with the knowledge, skills, attitudes, and beliefs that are so crucial to constructing learning environments that allow all students to reach their full potential.

We also want to portray the "human" side of special education. The field of special education is about children and their families—their frustrations and fears—but perhaps more importantly, it is also about their accomplishments, successes, and triumphs. To us, special education is very real. One author lives with it on a daily basis—it is his passion. The other author is motivated by a passion to make a difference and improve the teaching and learning for all children.

With our best regards,

Richard M. Gargiulo
Emily C. Bouck

SPECIAL EDUCATION in CONTEMPORARY SOCIETY • seventh edition •

This book is dedicated to my family with gratitude—thank you for your unwavering support, continual encouragement, and never-ending love throughout the years. Each of you has immeasurably enriched my life.

—RMG
October 2019

This book, like all my work, is dedicated to my two children. Anything that takes me away from them must be worth doing—this book was worth doing.

—ECB
October 2019

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SPECIAL EDUCATION in CONTEMPORARY SOCIETY • seventh edition •

An Introduction to Exceptionality

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BRIEF CONTENTS

Special Features xxiii

Preface xxvi

Acknowledgments xxx

A Special Thank-You to Our Filming Participants xxxiii

About the Contributors xxxiv

About the Authors xxxvi

PART 1 • FOUNDATIONS OF SPECIAL EDUCATION

Chapter 1 • Special Education in Context: People, Concepts, and Perspectives 3

Chapter 2 • Policies, Practices, and Programs 39

Chapter 3 • Cultural and Linguistic Diversity and Exceptionality 75

Chapter 4 • Parents, Families, and Exceptionality 99

Chapter 5 • Assistive Technology 125

PART 2 • A STUDY OF INDIVIDUALS WITH EXCEPTIONALITIES

Chapter 6 • Individuals With Intellectual Disability 147

Chapter 7 • Individuals With Learning Disabilities 193

Chapter 8 • Individuals With Attention Deficit Hyperactivity Disorder 233

Chapter 9 • Individuals With Emotional or Behavioral Disorders 261

Chapter 10 • Individuals With Autism Spectrum Disorders 299

Chapter 11 • Individuals With Speech and Language Impairments 333

Chapter 12 • Individuals With Hearing Impairments 367

Chapter 13 • Individuals With Visual Impairments 409

Chapter 14 • Individuals With Physical Disabilities, Health Disabilities, and Related Low-Incidence Disabilities 447

Chapter 15 • Individuals Who Are Gifted and Talented 497

Postscript 543

Appendix A: Federal Definitions of Disabilities 544

Appendix B: Professional Standards: Council for Exceptional Children 546

Glossary **551**

References **561**

Author Index **593**

Subject Index **602**

DETAILED CONTENTS

Special Features xxiii

Preface xxvi

Acknowledgments xxx

A Special Thank-You to Our Filming Participants xxxiii

About the Contributors xxxiv

About the Authors xxxvi

PART 1 • FOUNDATIONS OF SPECIAL EDUCATION

Chapter 1 • Special Education in Context: People, Concepts, and Perspectives 3

Definitions and Terminology 3

Exceptional Children 4

Disability* Versus *Handicap 5

Developmentally Delayed* and *At Risk 6

• **First Person:** Elizabeth: Perceptions and Impressions 6

Special Education 8

• **Strategies for Effective Teaching and Learning:** Suggestions for Communicating About Individuals With Disabilities 8

Categories and Labels 9

Prevalence of Children and Young Adults With Disabilities 11

Number of Children and Young Adults Served 12

A Brief History of the Development of Special Education 14

Pioneers of Special Education 14

The Establishment of Institutions 15

Special Education in the Public Schools 16

Professionals Who Work With Individuals With Exceptionalities 17

• **Insights:** A Timeline of Key Dates in the History of Special Education in the United States 18

Consultative Services 20

Service Delivery Teams 20

Cooperative Teaching 22

One Teach, One Observe 23

One Teach, One Support 23

Station Teaching 23

Parallel Teaching 24

Alternative Teaching 24

Team Teaching 25

Universal Design for Learning 27

Exceptionality Across the Life Span 28

Infants/Toddlers and Preschoolers With Special Needs 29

Adolescents and Young Adults With Disabilities 30

Chapter 2 • Policies, Practices, and Programs **39**

Litigation and Legislation Affecting Special Education 39
Key Judicial Decisions **40**
Individuals With Disabilities Education Act: 1975–1997 **43**

Educational Reform: Standards-Based Education 46
No Child Left Behind Act of 2001 **46**
Individuals With Disabilities Education Improvement Act of 2004 **47**
Every Student Succeeds Act **48**
Charter Schools and Students With Disabilities **49**

Civil Rights Legislation 49
Section 504 of the Rehabilitation Act of 1973 **49**
• **First Person:** Lisa: Teaching in the Age of Accountability 51
Public Law 101–336 (Americans With Disabilities Act) **51**
Public Law 110–325 (Americans With Disabilities Act Amendments of 2008) **52**

Identification and Assessment of Individual Differences 53

Referral and Assessment for Special Education 53
Prereferral **54**
Referral **55**
Assessment **56**
Instructional Programming and Appropriate Placement **57**
• **Insights:** Assessment Accommodations 58

Designing Individualized Instructional Programs 59
Individualized Education Program **59**
• **Insights:** Elements of a Meaningful Individualized Education Program 60
• **Strategies for Effective Teaching and Learning:** Suggested Individualized Education Program Meeting Agenda 61
Individualized Family Service Plan **61**

Service Delivery Options: Where a Special Education Is Provided 63
Educational Placements **63**
A Cascade of Service Delivery Options **63**
A Contemporary Challenge **65**

Chapter 3 • Cultural and Linguistic Diversity and Exceptionality **75**

Cultural Diversity: The Changing Face of a Nation 75
• **Insights:** Cultural and Linguistic Diversity Quiz 76
Cultural Diversity in the Teaching Profession **77**
From Assimilation to Cultural Pluralism **77**
Terminology of Cultural Differences **78**
Describing Diversity **79**

Multicultural Education, Bilingual Education, and Student Diversity 80
Multicultural Education: Concepts and Characteristics **80**
Bilingual Education: Concepts and Characteristics **80**
Bilingual Special Education: Concepts and Characteristics **82**
• **Insights:** Instructional Options for Students Who Are Bilingual 83
• **First Person:** Jenny: Teaching English Learners 83

Disproportionate Representation of Minority Students in Special Education Programs 84
Factors Contributing to Over- and Underrepresentation **87**
Consequences of Disproportionate Representation **88**

Issues in Assessing Students From Culturally and Linguistically Diverse Groups 89
Assessment Challenges **90**
Assessment Safeguards **90**
Assessment Innovations **91**
Contemporary Assessment Strategies **92**
Assessment Recommendations **92**
• **Strategies for Effective Teaching and Learning:** Recommendations for Assessing Culturally and Linguistically Diverse Pupils 93
Educational Programming for Students With Exceptionalities Who Are Culturally and Linguistically Diverse 93
• **Strategies for Effective Teaching and Learning:** Guidelines for Selecting and Evaluating Instructional Materials 94

Chapter 4 • Parents, Families, and Exceptionality **99**

Parent–Professional Relationships: Changing Roles 99
Antagonistic and Adversarial Relationships **100**
Working Partnerships **102**
Parent Empowerment and Family-Centered Relationships **102**
A Family Systems Approach 104
The Effects of a Child's Disability on Parents and the Family 106
Stages of Parental Reaction to Disability 107
• **First Person:** A Parent's Perspective on Denial 109
Disability and the Family 110
Marital Relationships **111**
Mothers of Children With Disabilities **111**
Fathers of Children With Disabilities **111**
• **First Person:** Kristina: Day Dreams 112
Siblings of Children With Disabilities **112**
• **First Person:** A Mother's Personal Perspective: Eight Things Siblings of Children With Special Needs Struggle With 114
Grandparents of Children With Disabilities **115**
Working With Families Who Are Culturally and Linguistically Diverse 116
Cultural Reactions to Disability 117
• **Strategies for Effective Teaching and Learning:** Recommendations for Providing Families With Culturally Sensitive Services 118
Suggestions for Facilitating Family and Professional Partnerships 118

Chapter 5 • Assistive Technology **125**

Technology in Education 125
Assistive Technology 126
History and Legislation of Assistive Technology 126
Assistive Technology Decision Making 128
Assistive Technology and the IEP 129
Assistive Technology Categorization 130
Devices and Tools 131
• **First Person:** Matthew: Teaching in the Age of Technology 132
• **First Person:** Whitney: Teaching in the Twenty-First-Century Classroom 137
Issues With Assistive Technology 138
Assistive Technology Future Trends 139

PART 2 • A STUDY OF INDIVIDUALS WITH EXCEPTIONALITIES 145

Chapter 6 • Individuals With Intellectual Disability 147

Defining Intellectual Disability: An Evolving Process 150
Historical Interpretations 150
Contemporary Viewpoints 153
Assessing Intellectual Ability and Adaptive Behavior 154
Intellectual Ability 154
Adaptive Behavior 155
Classification of Individuals With Intellectual Disability 156
An Etiological Perspective 156
Intellectual Deficits 156
An Educational Perspective 157
Levels of Support 157
A Brief History of the Field 158
Early Civilizations 158
The Middle Ages 158
Early Optimism 159
Protection and Pessimism 159
The Emergence of Public Education for Students With Intellectual Disability 159
Prevalence of Intellectual Disability 160
Etiology of Intellectual Disability 161
Prenatal Contributions 162
Perinatal Conditions 165
Postnatal Factors 166
Characteristics of Individuals With Intellectual Disability 167
Learning Characteristics 167
Social and Behavioral Characteristics 169
Educational Considerations 170
Where Are Students With Intellectual Disability Educated? 171
Educational Programming Options 172
Instructional Methodology 174
- **Strategies for Effective Teaching and Learning:** Teaching Pupils With Intellectual Disability 175
- **Strategies for Effective Teaching and Learning:** Using Scaffolding in the Classroom 178
- **Making Inclusion Work:** Individuals With Intellectual Disability 178

Technology and Individuals With Intellectual Disability 180
- **Spotlight on Technology 180**

Services for Young Children With Intellectual Disability 180
Transition Into Adulthood 182
Adults With Intellectual Disability 184
Family Issues 185
- **First Person:** Meredith: In Her Own Words 185

Issues of Diversity 186
Trends, Issues, and Controversies 186

Chapter 7 • Individuals With Learning Disabilities 193

Defining Learning Disabilities 195
Federal Definition of Learning Disabilities 195

Association for Children With Learning Disabilities 197
The Continuing Debate 197
A Brief History of the Field 197
Foundation Phase 198
Transition Phase 199
Integration Phase 199
Twenty-First-Century Issues 200
Prevalence of Learning Disabilities 200
Etiology of Learning Disabilities 200
Acquired Trauma 201
Genetic/Hereditary Influences 202
Biochemical Abnormalities 202
Environmental Possibilities 202
Characteristics of Individuals With Learning Disabilities 203
Learning Characteristics 203
• **Insights:** Understanding Dyslexia: A Quick Look 205
Social and Emotional Problems 208
Attention Problems and Hyperactivity 208
Assessment of Learning Disabilities 209
Assessment Decisions 209
Response to Intervention 210
Assessment Strategies 212
Educational Considerations 213
Where Are Students With Learning Disabilities Educated? 214
Instructional Approaches 214
• **Strategies for Effective Teaching and Learning:** Supporting Mathematics Problem Solving for Students With Learning Disabilities 215
• **Strategies for Effective Teaching and Learning:** Suggestions for Teaching Students With Learning Disabilities 219
• **Making Inclusion Work:** Individuals With Learning Disabilities 219
Technology and Individuals With Learning Disabilities 220
• **Spotlight on Technology** 221
Services for Young Children With Learning Disabilities 221
Transition Into Adulthood 222
• **First Person:** Christopher: In His Own Words 223
Adults With Learning Disabilities 224
Family Issues 226
Issues of Diversity 226
Trends, Issues, and Controversies 227
Challenges in Service Delivery: The Full Inclusion Movement 227
• **Insights:** Learning Disabilities Association of America 228

Chapter 8 • Individuals With Attention Deficit Hyperactivity Disorder 233

Defining Attention Deficit Hyperactivity Disorder 235
A Brief History of the Field 236
Prevalence of Attention Deficit Hyperactivity Disorder 237
Etiology of Attention Deficit Hyperactivity Disorder 238
Neurological Dysfunction 238
Hereditary Factors 239
Environmental Factors 239

Characteristics of Individuals With Attention Deficit Hyperactivity Disorder 239
Behavioral Inhibition and Executive Functioning **240**
Social and Emotional Issues **240**
• **First Person:** Helen: Good Things Come in Small Packages 241
Comorbidity **242**
Assessment of Attention Deficit Hyperactivity Disorder 242
Medical Evaluation **242**
Behavioral/Educational Evaluation **243**
Educational Considerations 244
Where Are Students With Attention Deficit Hyperactivity Disorder Educated? **244**
Functional Behavioral Assessment **245**
• **Strategies for Effective Teaching and Learning:** Accommodations to Help Students With Attention Deficit Hyperactivity Disorder 245
Self-Regulation/Monitoring **247**
Home–School Collaboration **248**
Instructional Modification **249**
• **Making Inclusion Work:** Individuals With Attention Deficit Hyperactivity Disorder 250
Medication **252**
• **Insights:** Myths and Misunderstandings About Stimulant Medication: A Quiz for Teachers 254
Technology and Individuals With Attention Deficit Hyperactivity Disorder 255
• **Spotlight on Technology** **255**
Adolescents and Adults With Attention Deficit Hyperactivity Disorder 255
Educational/Vocational Outcomes **257**
Issues of Diversity 257

Chapter 9 • Individuals With Emotional or Behavioral Disorders 261

Defining Emotional or Behavioral Disorders 263
Federal Definition **263**
An Alternative Definition **264**
• **First Person:** My Eagle Scout 265
Classification of Individuals With Emotional or Behavioral Disorders 267
Clinically Derived Classification Systems **267**
Statistically Derived Classification Systems **267**
A Brief History of the Field 268
Prevalence of Emotional or Behavioral Disorders 270
Etiology of Emotional or Behavioral Disorders 270
Biological Risk Factors **271**
Psychosocial Risk Factors **271**
Prevention of Emotional or Behavioral Disorders 273
Research on Resiliency **273**
Research on Positive Behavioral Support **274**
Characteristics of Children and Youth With Emotional or Behavioral Disorders 276
Learning Characteristics **276**
Social Characteristics **276**
Language/Communication Characteristics **276**
Assessing Students With Emotional or Behavioral Disorders 276
Assessment Strategies **277**
Recent Trends in Assessment of Students With Emotional or Behavioral Disorders **277**

Educational Considerations 278
Where Are Students With Emotional or Behavioral Disorders Educated? 278
Physical Environment Interventions 279
• **Strategies for Effective Teaching and Learning:** Suggestions for Effective Scheduling 280
Academic and Instructional Interventions 282
• **Making Inclusion Work:** Individuals With Emotional or Behavioral Disorders 283
Behavioral and Cognitive-Behavioral Interventions 284
• **Strategies for Effective Teaching and Learning:** Representative Behavioral Principles 285
Other Interventions 286
• **Strategies for Effective Teaching and Learning:** Guidelines for Establishing Classroom Rules 287
Technology and Individuals With Emotional or Behavioral Disorders 289
• **Spotlight on Technology 289**
Services for Young Children With Emotional or Behavioral Disorders 290
Transition Into Adulthood 291
Adults With Emotional or Behavioral Disorders 291
Family-Centered Interventions 292
Issues of Diversity 292
Trends, Issues, and Controversies 293

Chapter 10 • Individuals With Autism Spectrum Disorders 299

Defining Autism Spectrum Disorders: An Evolving Process 301
The Early Years 302
Individuals With Disabilities Education Act 302
American Psychiatric Association Definition 303
A Brief History of the Field 305
Psychogenic Theories 305
Organic Theories 306
Behavioral Theories 306
Prevalence of Autism Spectrum Disorders 306
Etiology of Autism Spectrum Disorders 307
Characteristics of Individuals With Autism Spectrum Disorders 308
Intellectual Functioning 308
Theory of Mind 309
Social Interaction 309
Communication 310
Repetitive and Restrictive Behaviors 310
Other Characteristics 311
Assessment of Autism Spectrum Disorders 312
Intellectual Assessment 312
Screening and Diagnosis 312
Screening for Asperger Syndrome 313
Educational Considerations 313
Where Are Individuals With Autism Spectrum Disorders Educated? 313
Instructional Approaches 313
• **Strategies for Effective Teaching and Learning:** Tips for Teaching High-Functioning Individuals With Autism Spectrum Disorders 316
• **Making Inclusion Work:** Individuals With Autism Spectrum Disorders 317

- **Strategies for Effective Teaching and Learning:** Social Stories™ 318
- **Strategies for Effective Teaching and Learning:** Using Applied Behavior Analysis in the Classroom: A Token Economy 319

Technology and Individuals With Autism Spectrum Disorders 320
- **Spotlight on Technology** 321

Services for Young Children With Autism Spectrum Disorders 323
Early Intervention Services 323
Preschool Children With Autism Spectrum Disorders 323

Transition Into Adulthood 324
- **Insights:** Transition Planning: Questions to Consider 325

Adults With Autism Spectrum Disorders 325
Employment Options 326

Family Issues 326

Issues of Diversity 327

Trends, Issues, and Controversies 327

Chapter 11 • Individuals With Speech and Language Impairments 333

The Nature of Speech, Language, and Communication 335
- **Insights:** The Genetics of Speech 338

Defining Speech and Language Impairments 339

Classifying Speech and Language Impairments 340
Speech Disorders 340
- **Insights:** Questions and Answers About Articulation Problems 342
- **Insights:** Questions and Answers About Stuttering 343

Language Disorders 344
Central Auditory Processing Disorder 345

Historical Perspectives 347

Prevalence of Speech and Language Impairments 348

Etiology of Speech and Language Impairments 348

Prevention of Speech and Language Impairments 349

Characteristics of Individuals With Speech and Language Impairments 350

Assessing Speech and Language Impairments 351
- **First Person:** Emily: A Journey Toward Success 352
- **Strategies for Effective Teaching and Learning:** Teaching Language Skills 355

Educational Considerations 356
Where Are Students With Speech and Language Impairments Served? 356
- **Making Inclusion Work:** Individuals With Speech and Language Impairments 357

Technology and Individuals With Speech and Language Impairments 358
- **Spotlight on Technology** 359

Services for Young Children With Speech and Language Impairments 359

Adolescents and Adults With Speech and Language Impairments 360

Family Issues 360

Issues of Diversity 361

Trends, Issues, and Controversies 362

Chapter 12 • Individuals With Hearing Impairments 367

Definitions and Concepts of Hearing Impairment 368
The Anatomy of the Auditory System 369
Classifications of Hearing Loss 370

Measurement of Hearing Impairment **371**
Other Types of Hearing Assessment **373**
Age of Onset **374**
A Brief History of the Field 374
Prevalence of Hearing Impairment 376
Etiology of Hearing Impairment 376
Genetic/Hereditary Factors **377**
Infections **377**
Developmental Abnormalities **378**
Environmental/Traumatic Factors **378**
Characteristics of Individuals With Hearing Impairments 379
Intelligence **379**
Speech and Language **379**
Social Interactions **380**
Educational Achievement **380**
Assessment of Individuals With Hearing Impairments 382
Cognitive Assessment **382**
Communication Assessment **382**
Personal/Social/Behavioral Assessment **382**
Educational Considerations 383
- **Strategies for Effective Teaching and Learning:** Suggestions for Teaching Students With Hearing Impairments 385

Where Are Students With Hearing Impairments Served? **387**
- **First Person:** Mindy: Believing in Yourself 387

Instructional Interventions **389**
- **Making Inclusion Work:** Individuals With Hearing Impairments 390

Technology and Individuals With Hearing Impairments 392
Hearing Aids and Auditory Training Devices **392**
- **Spotlight on Technology** **394**
- **Insights:** How to Check a Hearing Aid 395

Computers **396**
Alerting Devices **396**
Telecommunication Devices **396**
Cochlear Implants **396**
Services for Young Children With Hearing Impairments 398
- **Strategies for Effective Teaching and Learning:** Promoting Language Development in Young Children With Hearing Impairments 399

Transition and Individuals With Hearing Impairments 399
Services for Adults With Hearing Impairments 400
Family Issues 401
Family Reaction **401**
Siblings and Grandparents **402**
Issues of Diversity 402
Trends, Issues, and Controversies 402

Chapter 13 • Individuals With Visual Impairments **409**

Defining Visual Impairments 411
The Eye and How It Works 412
Classification of Visual Impairments 413
A Brief History of Visual Impairments 414
Prevalence of Visual Impairments 417

The Vision Process and Etiology of Visual Impairments 417
Prevention of Visual Impairments 419
Early Detection **419**
Eye Safety **419**
Characteristics of Individuals With Visual Impairments 420
Academic Performance **421**
Socialization **421**
Travel Skills **421**
Vocational Skills **422**
Assessment of Students With Visual Impairments 422
Functional Vision Evaluation **424**
Learning Media **425**
Educational Assessment and Program Planning **426**
Eligibility Determination **427**
Educational Considerations 428
Where Are Students With Visual Impairments Educated? **428**
Instructional Considerations **429**
- **First Person:** Carrie: The Face of "Different" 430
Orientation and Mobility 431
- **Strategies for Effective Teaching and Learning:** Accommodations for Students With Visual Impairments 433
- **Making Inclusion Work:** Individuals With Visual Impairments 433
- **Strategies for Effective Teaching and Learning:** Orientation and Mobility Tips 434
Technology and Individuals With Visual Impairments 434
Technology and Literacy **435**
- **Spotlight on Technology** **436**
Technology and Mathematics **436**
Mobile Computing Devices **437**
Technology Competency **437**
Young Children With Visual Impairments 438
Transition Into Adulthood 439
Adults With Visual Impairments 439
Family Issues 440
Issues of Diversity 440
Trends, Issues, and Controversies 441

Chapter 14 • Individuals With Physical Disabilities, Health Disabilities, and Related Low-Incidence Disabilities **447**

Defining Physical Disabilities, Health Disabilities, and Related Low-Incidence Disabilities 449
A Brief History of the Field 451
Early History **451**
Emergence of Public Education **452**
Prevalence of Physical Disabilities, Health Disabilities, and Related Low-Incidence Disabilities 452
Etiology of Physical Disabilities, Health Disabilities, and Related Low-Incidence Disabilities 453
Chromosomal and Genetic Causes **453**

Teratogenic Causes **454**
- **First Person:** Virginia: One Day at a Time 454

Prematurity and Complications of Pregnancy **455**
Acquired Causes **455**

Characteristics of Individuals With Physical Disabilities, Health Disabilities, and Related Low-Incidence Disabilities 455
Characteristics of Students With Orthopedic Impairments **456**
Characteristics of Students With Multiple Disabilities **462**
Characteristics of Students With Traumatic Brain Injury **462**
- **Strategies for Effective Teaching and Learning:** Strategies That May Be Used for Students With Traumatic Brain Injury 464

Characteristics of Students With Other Health Impairments **465**
- **Strategies for Effective Teaching and Learning:** Steps for Teachers to Take When a Tonic-Clonic Seizure Occurs 467

Characteristics of Students With Deaf-Blindness **469**

Assessment of Students With Physical Disabilities, Health Disabilities, and Related Low-Incidence Disabilities 469
Assessment of Students With Deaf-Blindness **470**

Educational Considerations 470
Where Are Students With Physical or Health Disabilities Educated? **471**
Impact on School Performance **471**
- **Making Inclusion Work:** Individuals With Physical Disabilities, Health Disabilities, and Related Low-Incidence Disabilities 474

Meeting Educational Needs **475**
- **Strategies for Effective Teaching and Learning:** Teaching Students With Physical or Health Disabilities 479

Meeting the Educational Needs of Students Who Are Deaf-Blind **479**

Technology and Individuals With Physical Disabilities, Health Disabilities, and Related Low-Incidence Disabilities 481
Computer Access **482**
- **Spotlight on Technology** **483**

Augmentative and Alternative Communication **484**
Positioning and Seating Devices **484**
Mobility Devices **485**
Environmental Control and Assistive Technology for Daily Living **485**
Assistive Technology for Play and Recreation **485**

Services for Young Children With Physical Disabilities, Health Disabilities, and Related Low-Incidence Disabilities 486

Transition Into Adulthood 487

Adults With Physical Disabilities, Health Disabilities, and Related Low-Incidence Disabilities 488

Family Issues 489

Issues of Diversity 489

Trends, Issues, and Controversies 490

Chapter 15 • Individuals Who Are Gifted and Talented 497

Defining Giftedness: Refining the Meaning 498
- **Insights:** Common Questions About Students Who Are Gifted and Talented and Their Education 499

Talent Development Definition **501**
- **Insights:** Using a Rubik's Cube as a Metaphor to Understand Giftedness 503

Assessing Giftedness and Talent 504
Differences Among Children Who Are Gifted and Talented 507
A Brief History of the Field of Gifted and Talented Education 508
The First Half of the Twentieth Century: Pioneering the Field 508
The 1950s, 1960s, and 1970s: Establishing Foundations for the Field 508
The 1980s and 1990s: The Field Matures and Provides Focus for School Reform 509
The Twenty-First Century: Challenges and Promise 510
Prevalence of Giftedness and Talent 511
Etiology of Giftedness and Talent 511
Characteristics of Individuals Who Are Gifted and Talented 512
• **Insights:** Myths and Truths About Gifted Students 515
Educational Considerations 515
Differentiation 516
• **Strategies for Effective Teaching and Learning:** Differentiated Instruction 516
Instructional Strategies 517
• **First Person:** Patrice: One Size Does Not Fit All 519
Service Delivery Options 520
• **Making Inclusion Work:** Individuals Who Are Gifted and Talented 523
Self-Contained Classes and Special Schools 525
• **First Person:** Graham: Summer Programming 525
Technology and Individuals Who Are Gifted and Talented 526
• **Spotlight on Technology 526**
Services for Young Children Who Are Gifted and Talented 527
Adolescents Who Are Gifted and Talented 528
Family Issues 529
Issues of Diversity 529
Students With Gifts and Talents and Disabilities 530
Girls Who Are Gifted and Talented 531
Identifying and Serving Children From Diverse Backgrounds 532
Trends, Issues, and Controversies 535
The Excellence Gap 535
Striving for World-Class Standards 536
Equity and Excellence 536
Full Inclusion 537
Services for Gifted Students Instead of the Gifted Program 537
Talent Development 538

Postscript 543
Appendix A: Federal Definitions of Disabilities 544
Appendix B: Professional Standards: Council for Exceptional Children 546
Glossary 551
References 561
Author Index 593
Subject Index 602

SPECIAL FEATURES

FIRST PERSON

Elizabeth: Perceptions and Impressions 6

Lisa: Teaching in the Age of Accountability 51

Jenny: Teaching English Learners 83

A Parent's Perspective on Denial 109

Kristina: Day Dreams 112

A Mother's Personal Perspective: Eight Things Siblings of Children With Special Needs Struggle With 114

Matthew: Teaching in the Age of Technology 132

Whitney: Teaching in the Twenty-First-Century Classroom 137

Meredith: In Her Own Words 185

Christopher: In His Own Words 223

Helen: Good Things Come in Small Packages 241

My Eagle Scout 265

Emily: A Journey Toward Success 352

Mindy: Believing in Yourself 387

Carrie: The Face of "Different" 430

Virginia: One Day at a Time 454

Patrice: One Size Does Not Fit All 519

Graham: Summer Programming 525

INSIGHTS

A Timeline of Key Dates in the History of Special Education in the United States 18

Assessment Accommodations 58

Elements of a Meaningful Individualized Education Program 60

Cultural and Linguistic Diversity Quiz 76

Instructional Options for Students Who Are Bilingual 83

Understanding Dyslexia: A Quick Look 205

Learning Disabilities Association of America 228

Myths and Misunderstandings About Stimulant Medication: A Quiz for Teachers 254
Transition Planning: Questions to Consider 325
The Genetics of Speech 338
Questions and Answers About Articulation Problems 342
Questions and Answers About Stuttering 343
How to Check a Hearing Aid 395
Common Questions About Students Who Are Gifted and Talented and Their Education 499
Using a Rubik's Cube as a Metaphor to Understand Giftedness 503
Myths and Truths About Gifted Students 515

MAKING INCLUSION WORK

Individuals With Intellectual Disability 178
Individuals With Learning Disabilities 219
Individuals With Attention Deficit Hyperactivity Disorder 250
Individuals With Emotional or Behavioral Disorders 283
Individuals With Autism Spectrum Disorders 317
Individuals With Speech and Language Impairments 357
Individuals With Hearing Impairments 390
Individuals With Visual Impairments 433
Individuals With Physical Disabilities, Health Disabilities, and Related Low-Incidence Disabilities 474
Individuals Who Are Gifted and Talented 523

STRATEGIES FOR EFFECTIVE TEACHING AND LEARNING

Suggestions for Communicating About Individuals With Disabilities 8
Suggested Individualized Education Program Meeting Agenda 61
Recommendations for Assessing Culturally and Linguistically Diverse Pupils 93
Guidelines for Selecting and Evaluating Instructional Materials 94
Recommendations for Providing Families With Culturally Sensitive Services 118
Teaching Pupils With Intellectual Disability 175
Using Scaffolding in the Classroom 178
Supporting Mathematics Problem Solving for Students With Learning Disabilities 215
Suggestions for Teaching Students With Learning Disabilities 219
Accommodations to Help Students With Attention Deficit Hyperactivity Disorder 245

Suggestions for Effective Scheduling 280
Representative Behavioral Principles 285
Guidelines for Establishing Classroom Rules 287
Tips for Teaching High-Functioning Individuals With Autism Spectrum Disorders 316
Social Stories™ 318
Using Applied Behavior Analysis in the Classroom: A Token Economy 319
Teaching Language Skills 355
Suggestions for Teaching Students With Hearing Impairments 385
Promoting Language Development in Young Children With Hearing Impairments 399
Accommodations for Students With Visual Impairments 433
Orientation and Mobility Tips 434
Strategies That May Be Used for Students With Traumatic Brain Injury 464
Steps for Teachers to Take When a Tonic-Clonic Seizure Occurs 467
Teaching Students With Physical or Health Disabilities 479
Differentiated Instruction 516

SPOTLIGHT ON TECHNOLOGY

Individuals With Intellectual Disability 180
Individuals With Learning Disabilities 221
Individuals With Attention Deficit Hyperactivity Disorder 255
Individuals With Emotional or Behavioral Disorders 289
Individuals With Autism Spectrum Disorders 321
Individuals With Speech and Language Impairments 359
Individuals With Hearing Impairments 394
Individuals With Visual Impairments 436
Individuals With Physical Disabilities, Health Disabilities, and Related Low-Incidence Disabilities 483
Individuals Who Are Gifted and Talented 526

PREFACE

Special Education in Contemporary Society is first and foremost a textbook about people—individuals who, in many ways, are very much just like you. Yet these individuals happen to be recognized as exceptional—either as someone with a disability or as someone with unique gifts and talents. Second, this book serves as a comprehensive introduction to the dynamic field of special education and the children and young adults who benefit from receiving a special education. Our intention in writing *Special Education in Contemporary Society* was to provide you with a readable, research-based book that also stresses classroom application. By blending theory with practice, our aim was to provide teachers-in-training and practicing professionals with the knowledge, skills, attitudes, and beliefs that are crucial to constructing learning environments that enable all students to reach their potential. We also wanted to portray the "human" side of special education. The field of special education is much more than meetings, forms, legal issues, or specific instructional strategies; it is about children and their families—their frustrations and fears—but perhaps more important, it is also about their accomplishments and triumphs. Richard is a father of four daughters who has traveled this rocky road. Each of his girls was recognized as exceptional: Three were gifted, and one had a disability. To him, special education is very real. It is something he has confronted on a daily basis—it is his passion. We hope that by studying this book you, too, will develop an appreciation for and understanding of the children whose lives you will touch.

AUDIENCE

Special Education in Contemporary Society was written for two primary audiences. First are those individuals preparing to become teachers, either general educators or special educators. Second, because meeting the needs of students with exceptionalities is often a shared responsibility, this book is also appropriate for professionals who work with individuals who have special needs. Physical therapists, school psychologists, orientation and mobility specialists, and speech–language pathologists are only a few of the individuals who share in the responsibility of providing an appropriate education.

ORGANIZATION OF THE TEXT

The first five chapters constitute Part 1 and focus on broad topics affecting all individuals with an exceptionality; these chapters are foundational for the remainder of the book. Chapter 1 introduces the field of special education, providing an overview of important terms, the prevalence of children and young adults with disabilities, and a framework for understanding exceptionality. An overview of important litigation and legislation, the identification and assessment of individual differences, the development of meaningful individualized instructional programs, and the issue of where students with exceptionalities are to be served are addressed in Chapter 2. In Chapter 3, we examine cultural and linguistic diversity and its relationship to exceptionality. Chapter 4 looks at issues confronting the parents and families of individuals with special needs. The final chapter of Part 1 explores the exciting field of assistive technology and the role it plays in the lives of individuals with exceptionalities.

Part 2 consists of ten chapters that thoroughly examine particular categories of exceptionality using a life span approach. We will talk about intellectual disability, learning disabilities, attention deficit hyperactivity disorder (ADHD), emotional and behavioral disorders, autism spectrum disorders,

speech and language impairments, hearing impairments, visual impairments, and physical disabilities, health disabilities, and related low-incidence disabilities; we conclude by looking at individuals who are gifted and talented. Despite the diversity of these topics, each chapter follows a fairly consistent format. You will learn definitions, historical information, prevalence, causes, characteristics, assessment techniques, educational considerations, the role of technology, services for young children as well as adults, family issues, diversity, and current trends and controversies. Each chapter in Part 2 begins with a vignette offering a personal perspective on the exceptionality you will be studying. These stories should remind you that you are learning about real people who confront myriad issues that most individuals will never have to deal with.

KEY FEATURES OF THE TEXT

In order to make this textbook meaningful, practical, and also enjoyable to read, we have incorporated several distinct features. These learning tools include the following:

- **Chapter-opening vignettes** in the categorical chapters, primarily written by parents of children with disabilities, offer personal stories on the exceptionality studied in a specific chapter. Through these vignettes, students gain a firsthand, vivid account of these parents, their fears and frustrations, their accomplishments and triumphs, and the issues they face on a daily basis.
- The **Strategies for Effective Teaching and Learning** feature provides instructional strategies, tips, techniques, and other ideas.
- The **Insights** feature contains relevant information that adds depth and insight to particular discussion topics.
- The **First Person** feature adds a human touch to the information students are learning. These stories, written by or about individuals with exceptionalities, provide an up-close and personal encounter with children, adults, and families.
- The **Making Inclusion Work** feature highlights special and general educators offering candid perspectives and practical advice about providing services to students with special needs in inclusive settings.
- The chapter-specific **Spotlight on Technology** feature illustrates the value of technology for individuals with exceptionalities.
- Each chapter concludes with **study questions** designed to help you focus on key chapter content and gauge your understanding of the material.
- A series of **learning activities** brings the content to life. Many of these suggested activities ask you to engage in a wide variety of meaningful and worthy tasks.
- Additionally, in Chapters 5–15, you will find a **list of professional organizations and associations** that you may wish to contact for additional information about a topic of particular interest.

NEW TO THIS EDITION

In addition to its key hallmarks, the seventh edition incorporates the following features and content:

Additions Found Throughout the Book

- References have been completely revised and updated to reflect the most current thinking in the field.
- Updated or new tables and figures illustrate current information.
- Several new chapter openers portraying individuals with an exceptionality are included.
- Expanded and numbered Learning Objectives at the beginning of each chapter guide the reader to the most important points to be gleaned from the chapter. Learning Objectives are also highlighted at the end of the chapter in each respective section of the Chapter in Review, reinforcing key concepts.
- End-of-chapter key terms include the page number where the term is initially introduced.
- Each chapter utilizes the Council for Exceptional Children (CEC) initial-level special educator preparation standards.
- A glossary of key terms in Spanish is available on the website and in the interactive eBook.

Chapter-Specific Additions

- Chapter 2 includes a discussion of the impact of charter schools on students with a disability.
- Chapter 4 offers two new First Person features addressing the impact of a disability on family dynamics.
- Chapter 5, "Assistive Technology," provides the most current ideas on using assistive technology with individuals with exceptionalities.
- Chapter 7 begins with a new chapter opener offering a personal accounting of what it is like to have a learning disability.
- Chapter 8 reflects the latest thinking found in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) on ADHD. A new feature of this chapter is the chapter opener where a sibling describes living with a brother with ADHD.
- Chapter 10, "Individuals With Autism Spectrum Disorders," incorporates the paradigm for classifying individuals on the spectrum as outlined in the DSM-5.
- Chapter 13, "Individuals With Visual Impairments," includes information about Unified English Braille, a recent replacement to English Braille, American Edition.
- Chapter 15 contains a new Making Inclusion Work feature written by a school administrator in addition to two new Insights features adding to our understanding of individuals with gifts and talents.
- All chapters in Part 2 incorporate a new Spotlight on Technology feature focusing on technological tools special educators can use in the classroom.
- Appendix B has been redesigned so that chapter content is aligned with the CEC teacher preparation standards.

DIGITAL RESOURCES

SAGE edge offers a robust online environment featuring an impressive array of tools and resources for review, study, and further exploration, keeping both instructors and students on the cutting edge of teaching and learning. SAGE edge content is open access and available on demand. Learning and teaching have never been easier!

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SAGE edge for Students provides a personalized approach to helping students accomplish their coursework goals in an easy-to-use learning environment.

- Mobile-friendly **e-flashcards** strengthen understanding of key terms and concepts.
- Mobile-friendly practice **quizzes** allow for independent assessment by students of their mastery of course material.
- **Multimedia content** includes video and multimedia content that appeals to students with different learning styles.
- Links to a sample individualized education program (IEP) and a sample individualized family service plan (IFSP) are provided.
- A glossary of key terms in Spanish is available for download.

SAGE coursepacks for Instructors makes it easy to import our quality content into your school's learning management system (Blackboard, Canvas, Brightspace by D2L, and Moodle). **Don't use an LMS platform?** No problem—you can still access many of the online resources for your text via SAGE edge.

SAGE coursepacks offer:

- **Intuitive, simple format** that makes it easy to integrate the material into your course with minimal effort
- Pedagogically robust **assessment tools including test banks and quizzing/activity options** that foster review, practice, and critical thinking, and offer a more complete way to measure student engagement, including:
- **Chapter-specific discussion questions** to help launch engaging classroom interaction while reinforcing important content
- **Assignable SAGE premium video** (available via the interactive eBook version, linked through SAGE coursepacks) that is tied to learning objectives, and curated and produced exclusively for this text to bring concepts to life and appeal to different learning styles, featuring:
  - **Video cases filmed in special education and inclusive classrooms** that allow students to observe real-life educators and provide teachers-in-training with a sense of what they can expect in their future classrooms
  - Additional **video interviews** feature **teachers, students, parents,** and other **education professionals** sharing their experiences and expertise in the field
  - A comprehensive, downloadable, easy-to-use ***Media Guide in the Coursepack*** **for every video resource**, listing the chapter to which the video content is tied, matching learning objective(s), a helpful description of the video content, and assessment questions
- Editable, chapter-specific **PowerPoint® slides** that offer flexibility when creating multimedia lectures so you don't have to start from scratch but you can customize to your exact needs
- **Sample course syllabi** with suggested models for structuring your course that give you options to customize your course in a way that is perfect for you
- **Lecture notes** that summarize key concepts on a chapter-by-chapter basis to help you with preparation for lectures and class discussions
- **Integrated links to the interactive eBook** that make it easy for your students to maximize their study time with this "anywhere, anytime" mobile-friendly version of the text (It also offers access to more digital tools and resources, including SAGE Premium Video.)
- **All tables and figures** from the textbook

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- Susan A. Brennan, Iowa Educational Services for the Blind and Visually Impaired, "Individuals With Visual Impairments"
- Mari Beth Coleman, University of Tennessee, "Individuals With Physical Disabilities, Health Disabilities, and Related Low-Incidence Disabilities"
- Julia Link Roberts, Western Kentucky University, "Individuals Who Are Gifted and Talented"

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The exciting footage can be found in the interactive eBook.

ABOUT THE CONTRIBUTORS

SUSAN A. BRENNAN

Susan A. Brennan is a regional director for Iowa Educational Services for the Blind and Visually Impaired and project director for Iowa's Deafblind Services Project. She has been working in the field of visual impairment and blindness for over twenty years.

Dr. Brennan has been a teacher of the visually impaired, statewide consultant, university faculty member, and special school administrator. Dr. Brennan won the Student of the Year Award from the Division on Visual Impairments of the Council for Exceptional Children in 1998 and received the Iowa Council of Administrators of Special Education (I-CASE) student scholarship in 2013. Dr. Brennan has presented at national and international conferences on topics related to visual impairments, blindness, and multiple disabilities. She holds a BS in elementary education from the University of North Dakota, an MA in education from the University of Alabama at Birmingham, and a PhD in human development and family studies from Iowa State University.

MARI BETH COLEMAN

Mari Beth Coleman is an associate professor in the Special Education Program in the Department of Theory and Practice in Teacher Education at the University of Tennessee. She teaches courses in physical and health impairments and assistive technology and directs master's-level applied research projects for interning teachers. Dr. Coleman received her BA and MEd degrees from the University of Georgia and her PhD from Georgia State University in 2008. Prior to joining the faculty at the University of Tennessee, she taught special education in Georgia for almost thirteen years and was a clinical instructor at Georgia State University for three years.

Dr. Coleman's research interests include the use of assistive technology to promote curriculum access, special education teacher preparation, and educational issues for students with physical and health impairments. She has coauthored numerous peer-reviewed publications in addition to many state, regional, national, and international presentations related to her research interests. She is especially interested in conducting research that has practical application for classroom teachers. Dr. Coleman is a past president of the Division for Physical, Health and Multiple Disabilities of the Council for Exceptional Children and continues to serve on and chair several committees for that organization in addition to being involved in numerous other service ventures. In her free time, she enjoys spending time with her husband and dogs, reading mystery novels, gardening, and obsessing about heirloom tomatoes.

JULIA LINK ROBERTS

Julia Link Roberts is the Mahurin Professor of Gifted Studies at Western Kentucky University. She is also executive director of The Center for Gifted Studies and The Carol Martin Gatton Academy of Mathematics and Science in Kentucky. She was honored in 2001 as the first recipient of the National Association for Gifted Children David W. Belin Advocacy Award. In 2011, she received the Acorn Award as the outstanding professor at a Kentucky university. Dr. Roberts serves on the boards of the Kentucky Association for Gifted Education and The Association for the Gifted, an affiliate of the Council for Exceptional Children, and she is president of the World Council for Gifted and Talented

Children. She has published several books, chapters, and journal articles and is a frequent speaker at state, national, and international meetings. *Strategies for Differentiating Instruction: Best Practices for the Classroom*, coauthored with Tracy Inman, received the Legacy Book Award for the 2009 outstanding book for educators in gifted education, awarded by the Texas Association for the Gifted and Talented. *Introduction to Gifted Education*, edited by Dr. Jennifer Robins, Dr. Inman, and Dr. Roberts, received the 2018 Legacy Award in the Scholar category. As the founding director of The Center for Gifted Studies, Dr. Roberts has initiated and implemented many programs and services for children and adolescents who are gifted and talented as well as for educators and parents. She earned a BA at the University of Missouri and an EdD at Oklahoma State University.

ABOUT THE AUTHORS

RICHARD M. GARGIULO

I have always wanted to be a teacher. I guess I am a rarity in that I never changed my undergraduate major or left the field of education. Teaching must be in my blood. I grew up in Staten Island, New York, in the shadows of Willowbrook State School, a very large residential facility serving individuals with developmental disabilities. As I recall, my initial exposure to people with disabilities occurred when I was about 10 or 12 years of age and encountered some of the residents from Willowbrook enjoying the park that was adjacent to their campus. This experience made a huge impression on me and, in some unknown way, most likely instilled within me a desire to work with people with disabilities.

I left New York City in 1965 and headed west—all the way to western Nebraska where I began my undergraduate education at Hiram Scott College in Scottsbluff. Three years later, I was teaching fourth graders in the Milwaukee public schools while working toward my master's degree in intellectual disability at the University of Wisconsin–Milwaukee. At the conclusion of my first year of teaching, I was asked to teach a class of young children with intellectual disability. I jumped at the opportunity and for the next three years essentially became an early childhood special educator. It was at this point in my career that I decided to earn my doctorate. I resigned my teaching position and moved to Madison, where I pursued a PhD in the areas of human learning, child development, and behavioral disabilities. Upon receiving my degree, I accepted a faculty position in the Department of Special Education at Bowling Green State University (Ohio), where for the next eight years I was a teacher educator. In 1982, I moved to Birmingham, Alabama, and joined the faculty of the University of Alabama at Birmingham (UAB), where, until my retirement, I served as a professor in the Department of Curriculum and Instruction. In November 2014, I was awarded professor emeritus status by the board of trustees of the University of Alabama system.

I have enjoyed a rich and rewarding professional career spanning more than four decades. During the course of this journey, I have had the privilege of twice serving as president of the Alabama Federation, Council for Exceptional Children (CEC); serving as president of the Division of International Special Education and Services (DISES), CEC; and serving as president of the Division on Autism and Developmental Disabilities (DADD), CEC. I was also fortunate to serve as the Southeast representative to the board of directors of DADD. I have lectured abroad extensively and was a Fulbright Scholar to the Czech Republic in 1991. In 2007, I was invited to serve as a Distinguished Visiting Professor at Charles University in Prague, Czech Republic.

I mentioned earlier that teaching has always been my passion. In 1999, I received UAB's President's Award for Excellence in Teaching. In 2007, I received the Jasper Harvey Award from the Alabama Federation of the CEC in recognition of being named an outstanding special education teacher educator in the state.

Because of my background in both educational psychology and special education, my research has appeared in a wide variety of professional journals including *Child Development*, *Journal of Educational Research*, *Journal of Learning Disabilities*, *American Journal of Mental Deficiency*, *Childhood Education*, *Journal of Visual Impairment and Blindness*, *British Journal of Developmental Psychology*, *Journal of Special Education*, *Early Childhood Education Journal*, *International Journal of Clinical Neuropsychology*, and *International Journal of Special Education*, among many others.

In addition to the present text, I have authored or coauthored ten books, several with multiple editions, ranging in topics from counseling parents of children with disabilities to child abuse, early childhood education, early childhood special education, and, most recently, teaching in inclusive classrooms.

EMILY C. BOUCK

In contrast to Richard, I tried to avoid entering the field of education. Both of my parents were educators—first working as middle and high school teachers (math and science) and then moving into administrative roles, including, between them, principal, curriculum director, and superintendent. I actually attended Northwestern University majoring in psychology and mathematical methods in the social sciences with the goal of becoming a developmental psychologist, but a summer job between my junior and senior years changed my trajectory. That summer, I worked as a one-on-one inclusion counselor for a young girl with autism; my job was to help include her in the activities of the day camp. After that summer, I was hooked.

Not knowing exactly how to proceed to continue working with children with disabilities, I attended the University of Michigan to obtain a master of social work degree, with an emphasis on school social work. Having limited exposure and knowledge of individuals with disabilities up until my summer job, my only understanding of how to work with children with disabilities was through school-based settings. As part of my master's program, I had two internships: one in a residential home for boys and men with intellectual and developmental disabilities in Chelsea, Michigan, and the other with a school social worker back where I grew up in Portland, Michigan. It was at the St. Louis Center that my passion and commitment for individuals with disabilities, but especially individuals with intellectual disability, autism, and other developmental disabilities, was cemented. It was also while obtaining my master's degree that my plan for obtaining a PhD in special education hatched.

After earning my master's degree, I worked in the rural, upper part of the Lower Peninsula of Michigan for a short time before entering my doctoral program in special education at Michigan State University (MSU) in East Lansing. After leaving MSU in 2006 with a doctorate in special education, I accepted a position at Purdue University in West Lafayette, Indiana. After eight years at Purdue, I took advantage of an opportunity to move "home" and accepted a position in the special education program at MSU. I am currently a professor in the Department of Counseling, Educational Psychology, and Special Education and director of doctoral studies for the special education program. At MSU, I teach the special education law class to undergraduates and the math methods course to our special education interns (i.e., student teachers).

In addition to my role as a faculty member, I have had the privilege of engaging in other ways in the profession. I am a past president of the Division on Autism and Developmental Disabilities (DADD) of the Council for Exceptional Children (CEC); I am still on the board of DADD through two appointed positions: communication chair and critical issues chair. I also previously served as a member-at-large for the Technology and Media Division (TAM) of the CEC. I have also authored two books: *Assistive Technology* (published by SAGE) and *Footsteps Toward the Future: Implementing a Real-World Curriculum for Students With Developmental Disabilities* (published by the CEC). My research has also been published in such journals as *Journal of Autism and Developmental Disorders*, *Research in Developmental Disabilities*, *Education and Training in Autism and Developmental Disabilities*, *Learning Disability Quarterly*, *Teaching Exceptional Children*, and *Remedial and Special Education*, to name a few. I continue to engage in research; my current projects involve exploring mathematics education for students with disabilities.

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FOUNDATIONS OF SPECIAL EDUCATION

PART 1

"We know that equality of individual ability has never existed and never will, but we do insist that equality of opportunity still must be sought."

—Franklin D. Roosevelt
Thirty-Second President of the United States

Chapter 1 • Special Education in Context: People, Concepts, and Perspectives

Chapter 2 • Policies, Practices, and Programs

Chapter 3 • Cultural and Linguistic Diversity and Exceptionality

Chapter 4 • Parents, Families, and Exceptionality

Chapter 5 • Assistive Technology

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1 SPECIAL EDUCATION IN CONTEXT

People, Concepts, and Perspectives

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

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

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

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

LEARNING OBJECTIVES

After reading Chapter 1, you should be able to:

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

DEFINITIONS AND TERMINOLOGY

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

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

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

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

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

Exceptional Children

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

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

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

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

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Children with disabilities are first and foremost children.

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

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

Disability Versus *Handicap*

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

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

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

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

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

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

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

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

Developmentally Delayed and *At Risk*

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

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

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

FIRST PERSON: ELIZABETH

PERCEPTIONS AND IMPRESSIONS

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

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

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

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

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

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

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

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

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

Source: E. Ray, personal communication.

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

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

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

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

Special Education

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

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

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

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

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

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

STRATEGIES FOR EFFECTIVE TEACHING AND LEARNING

SUGGESTIONS FOR COMMUNICATING ABOUT INDIVIDUALS WITH DISABILITIES

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

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

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

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

CATEGORIES AND LABELS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PREVALENCE OF CHILDREN AND YOUNG ADULTS WITH DISABILITIES

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

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

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

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

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

Number of Children and Young Adults Served

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

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

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

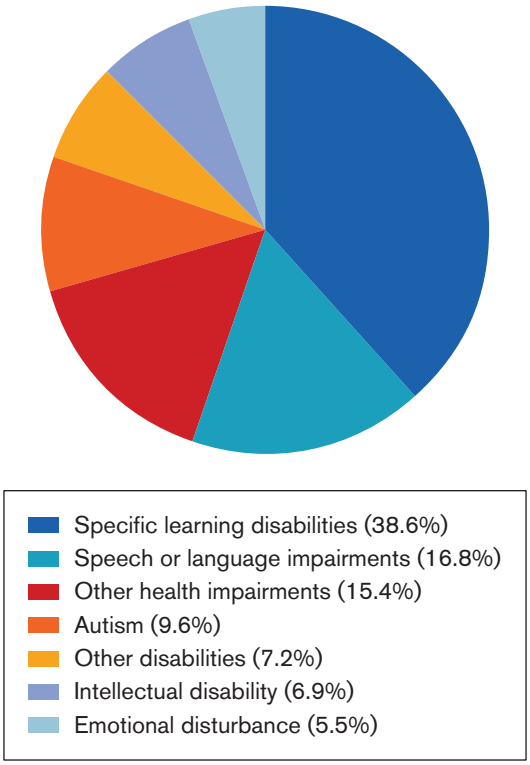
Disability	Number	Percent of Total
Specific learning disabilities	2,334,868	38.6%
Speech or language impairments	1,016,212	16.8%
Other health impairments	931,527	15.4%
Autism	580,692	9.6%
Intellectual disability	417,372	6.9%
Emotional disturbance	332,688	5.5%
Developmental delay	151,222	2.5%
Multiple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

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

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

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

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



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

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

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

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

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

A BRIEF HISTORY OF THE DEVELOPMENT OF SPECIAL EDUCATION

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

Pioneers of Special Education

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

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

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

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

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

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

The Establishment of Institutions

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

TABLE 1.3 ■ Pioneering Contributors to the Development of Special Education

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

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

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

Special Education in the Public Schools

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

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

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

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

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

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