

RICHARD M. GARGIULO • EMILY C. BOUCK



SPECIAL EDUCATION in CONTEMPORARY SOCIETY • sixth edition •

An Introduction to Exceptionality





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



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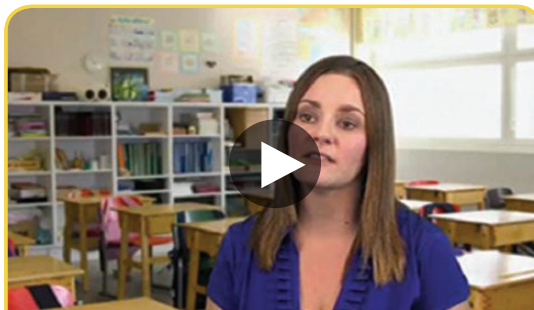
TAKES YOU INTO THE CLASSROOM

“ Richard Gargiulo is a gifted writer, and combined with his passion for preparing professionals for special education, ***Special Education in Contemporary Society, Sixth Edition***, becomes a valuable asset for educator preparation. A RICH COLLECTION of information, implications, and detail offered in a personal, almost CONVERSATIONAL STYLE.”

—Michael Wiebe, *Texas Woman's University*

VIDEO CASES

- Powerful video cases filmed in **REAL CLASSROOMS**
- Accessible via the **INTERACTIVE eBook**
- **QUESTIONS FOR REFLECTION** to connect each video to content and classrooms



Cooperative Teaching With Jessica Leonard

What model or models are the co-teaching teachers in this video demonstrating?

What are the benefits of the model—or each model—for students and teachers in the co-teaching setting?



Classroom Strategies

What are the strategies the teacher suggested for not letting paraprofessionals help students with disabilities too much?

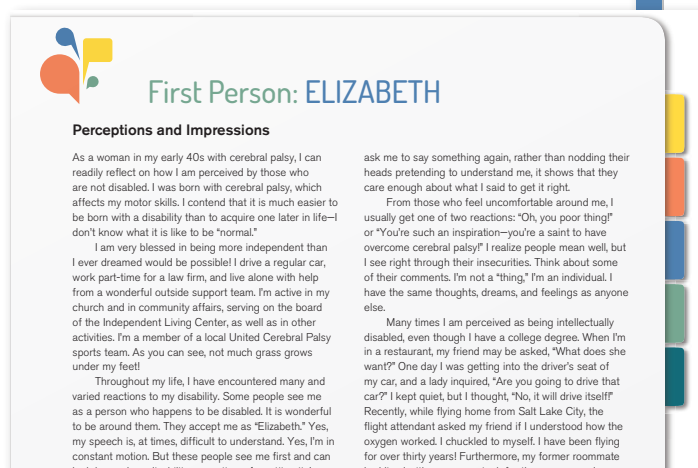
In your opinion, why would teachers not want students with disabilities to become too dependent—or codependent—on a paraprofessional?

- Additional videos throughout the book include **INTERVIEWS** with parents, students, and teachers, as well as footage from **SPECIAL EDUCATION** and **INCLUSIVE CLASSROOMS**, filmed exclusively for SAGE.

TOOLS FOR IMPROVING TEACHING AND LEARNING

STRATEGIES FOR EFFECTIVE TEACHING AND LEARNING

Found at the end of each chapter, these useful boxes contain **INSTRUCTIONAL STRATEGIES, TIPS, TECHNIQUES**, and **IDEAS** to take to the classroom.



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."

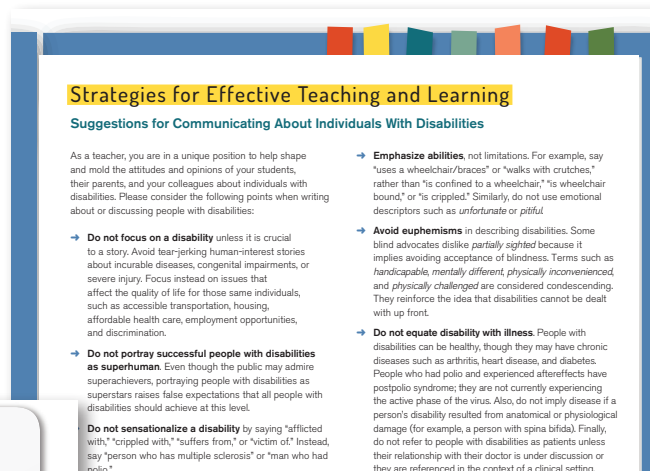
I am very blessed in being more independent than I ever dreamed would be possible! I drive a regular car, work part-time for a law firm, and live alone with help from a wonderful outside support team. I'm active in my church and in community affairs, serving on the board of the Independent Living Center, 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

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 you



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."
- ➔ **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 *handicapped*, *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.

REAL STORIES FROM REAL PEOPLE

“I think the **FIRST PERSON STORIES** are also enjoyable for students to read. It breaks up their reading of the text and allows them to form a connection to an example of how each disability affects students.”

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—Kristine A. Camacho, *Northwestern
Connecticut College and Tantasqua
Regional School District*



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*This book is dedicated with love to my family. Each of you, in your own very special way,
gives purpose and meaning to my life. You are my greatest blessing and treasure.*

—RMG
October 2016

*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 2016

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An Introduction to Exceptionality

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Preface



S*pecial 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 is recognized as exceptional: Three are gifted, and one has a disability. To him, special education is real. It is something he confronts 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.

Introducing

It is with tremendous pride that I introduce the reader to my colleague and friend, Emily C. Bouck, as a new co-author for the sixth edition. Readers may already be familiar with her work as she contributed the chapter on assistive technology to the fifth edition. Dr. Bouck brings a wealth of skill and knowledge to *Special Education in Contemporary Society*. Her deep understanding of the critical issues confronting today’s educators is unsurpassed. Emily’s dedication to and passion for individuals with disabilities can be found throughout the pages of this book. It is rare to find someone who shares your vision and values and who is willing to work to ensure that all students with exceptionalities receive a quality education that allows them to reach their full potential. I am honored that Dr. Bouck is joining me in this labor of love and I am confident that the legacy of this book is in very capable hands.

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, services for young children as well as adults, family issues, diversity, the role of technology, 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.
- 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, 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 sixth 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 portray current information.
- Learning Objectives at the beginning of each chapter guide the reader to the most important points to be gleaned from the chapter.
- 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 5, “Assistive Technology,” provides the most current ideas on using assistive technology with individuals with exceptionalities.
- Chapter 8 reflects the latest thinking found in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) on ADHD.
- Chapter 10, “Individuals With Autism Spectrum Disorders,” incorporates the new 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.
- 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.

- A customized online **action plan** includes tips and feedback on progress through the course and materials, which enables students to individualize their learning experience.
- **Multimedia content** includes video and multimedia content that appeal to students with different learning styles.
- *Exclusive!* Full-text **SAGE journal articles** have been carefully selected to support and expand on the concepts presented in each chapter.
- Links to a sample individualized education program (IEP), a sample individualized family service plan (IFSP), and state-specific special education standards are provided for easy access.

SAGE coursepacks

SAGE coursepacks for Instructors makes it easy to import our quality content into your school's LMS (Blackboard, Canvas, Brightspace by Desire2Learn (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:
 - **EXCLUSIVE**, influential **SAGE journal and reference content**, built into course materials and assessment tools, that ties important research and scholarship to chapter concepts to strengthen learning
 - 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

Acknowledgments



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CHIME Institute's Schwarzenegger Community School:

- Jennifer Hill, Director of Curriculum and Instruction
- Adie Buchinsky, Special Education Teacher, Kindergarten and First Grade
- Jessica Leonard, General Education Teacher, Fourth Grade
- Katie Palacios, General Education Teacher, Kindergarten
- Angela Rinnert, General Education Teacher, First Grade
- Aparna Tyagi, Special Education Teacher, Kindergarten
- Michael Young, Special Education Teacher, Fourth Grade
- Natalie Melanson, General Education Teacher, Fourth Grade

Triton Academy:

- Kristen Hardy, Principal
- Robert DeCandia, Special Education Teacher
- Nathan Dybvig, Special Education Teacher
- Denise Pannell, Special Education Teacher
- Adam Underberger, Special Education Teacher

Ventura High School:

- Brett Taylor, Principal, Ventura County Office of Education
- Beth Underberger, Special Education Teacher

The exciting footage from these classrooms, along with other exclusive SAGE content, can be found in the interactive eBook.

Look for these icons throughout the text  to see when there is a video that corresponds with the text!



About the Contributors



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Carol Allison is a former instructor in the Program for the Visually Impaired, Department of Curriculum and Instruction, University of Alabama at Birmingham (UAB). She also served as the project coordinator for the Alabama Deafblind Project and as a consultant to local and state education agencies as well as families of children with visual impairments. She received her MA from UAB and completed her postgraduate certification in the area of deaf-blind/multihandicapped. She served as an adjunct faculty member at UAB from 1979 until she became a full-time faculty member in 1999.

Ms. Allison is a native of Louisiana, where she earned her undergraduate degree and worked with children with hearing impairments and emotional disabilities. She has worked in both the public and private sectors of general and special education for the past forty years.

Ms. Allison's special interests focused on the development of a statewide program for creating and promoting arts programs for individuals with disabilities. She was also instrumental in establishing distance education teacher training programs in the field of visual impairments. Additionally, she has been involved in the development and implementation of a program providing vision services to individuals living in poverty in Alabama.

Ms. Allison has made numerous professional presentations to local, state, and international conferences and has served on advisory boards for many educational and civic organizations.

Susan Brennan

Susan Brennan is the project coordinator and consultant 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 Impairment 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.

Betty Nelson

Betty Nelson is a former associate professor in the Department of Curriculum and Instruction at the University of Alabama at Birmingham. Dr. Nelson has taught undergraduate and graduate students in special education and has teaching experience in programs serving children with disabilities ranging from early intervention to postsecondary education. Her experience includes working with children across all areas of disability within public schools, private institutions, home-based settings, and hospital-based settings. Assistive and instructional technology and innovative online instructional environments are the main focus of her teaching, research, and service activities.

Dr. Nelson has authored several books, monographs, teacher training modules, and multimedia resources. She has given numerous presentations to local, state, national, and international conferences. She also has served as president of the Technology and Media (TAM) Division of the Council for Exceptional Children. In addition, she has been the president of the Special Education Technology and Special Interest Group (SETSIG) of the International Society for Technology in Education (ISTE).

Julia Link Roberts

Julia Link Roberts is the Mahurin Professor of Gifted Education 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 for 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 a member of the Executive Committee 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. 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.

Mary Jean Sanspree

Mary Jean Sanspree was previously on the faculty of the School of Optometry at the University of Alabama at Birmingham (UAB). Dr. Sanspree was a research professor in the School of Education at UAB and an associate scientist in the UAB Vision Science Research Center. She served as president of the Division on Visual Impairments, Council for Exceptional Children, and is a member of the National Institutes of Health National Eye Institute Public Liaison Program Committee. Dr. Sanspree also chaired the Alabama Early Intervention Interagency Coordinating Personnel Preparation Committee among other service responsibilities. She has conducted research on rural eye care and access to eye care for persons with diabetes and glaucoma.

Dr. Sanspree has trained teachers in the field of visual impairments in developing countries and has published extensively on the topics of Braille literacy, distance education, multiple disabilities, and dual sensory impairment as well as low vision habilitation. She serves on the Helen Keller Birthplace Foundation board of directors and has been associated with the Helen Keller Art Show of Alabama and the Helen Keller International Art Show since its inception in 1984.

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. Currently I 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 was fortunate to receive 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 an associate 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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1

FOUNDATIONS OF SPECIAL EDUCATION

“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.” 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:

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

VIDEO

Changing Language

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

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

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

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:

- 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.

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



Children with disabilities are first and foremost children.

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REFERENCE

Handicap Defined

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

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

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.

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 four decades ago to describe the unequal and differential treatment experienced by those with a disability (Bogdan & Biklen, 1977).

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 calling her handicapped. It is important that professionals separate the disability from the handicap.

Gargiulo and Kilgo (2014) 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 9) 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.

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

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

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



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.

advantages and disadvantages. What is really important, however, is that the pupil be identified and receive the appropriate services (Gargiulo & Kilgo, 2014).

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.



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

In fact, PL 105–17, the 1997 reauthorization of this law, allows the use of this term, at the discretion of the state and local education agency, for children ages 3 through 9. We believe, as other professionals do, that the use of a specific disability label for young children is of questionable value. Many early childhood special education programs offer services without categorizing children on the basis of a disability. We believe this approach is correct.

When talking about children who are **at risk**, professionals generally mean individuals who, although not yet identified as having a disability, have a high probability of manifesting a disability because of harmful biological, environmental, or genetic conditions. Environmental and biological factors often work together to increase the likelihood of a child'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).

Special Education

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.

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

VIDEO

Special Education

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

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

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,” “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 disabilities interacting with nondisabled people 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.

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.

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



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

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:

- 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

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,

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

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, 2013; Ysseldyke, Algozzine, & Thurlow, 1992). The information gleaned from a variety of studies is frequently inconclusive, contradictory, and often subject to methodological flaws. Klierer 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 a pupil’s receiving extraordinary services and support.

Despite the advantages of labeling children (see Table 1.1), we, like many of our colleagues in the field of special education, are not ardent supporters of the labeling process. We find that labeling too often promotes stereotyping and discrimination and

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Labels

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

Advantages	Disadvantages
<ul style="list-style-type: none">• Labels serve as a means for funding and administering education programs.• Teacher certification programs and the credentialing process are frequently developed around specific disability categories (e.g., intellectual disabilities, hearing impairment).• Labels allow professionals to communicate efficiently in a meaningful fashion.• Research efforts frequently focus on specific diagnostic categories.• Labels establish an individual's eligibility for services.• Treatments, instruction, and support services are differentially provided on the basis of a label (e.g., sign language for a student who is deaf, an accelerated or enriched curriculum for 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.	<ul style="list-style-type: none">• Labels can be stigmatizing and may lead to stereotyping.• Labeling has the potential of focusing attention on limitations and what a person cannot do instead of on the individual's capabilities and strengths.• Labels can sometimes be used as an excuse or a reason for delivering ineffective instruction (e.g., “Marvin can’t learn his multiplication facts because he is intellectually disabled”).• Labels can contribute to a diminished self-concept, lower expectations, and poor self-esteem.• Labels are typically inadequate for instructional purposes; they do not accurately reflect the educational or therapeutic needs of the individual student.• Labeling can lead to reduced opportunities for normalized experiences in school and community life.• A label can give the false impression of the permanence of a disability; some labels evaporate upon leaving the school environment.

may be a contributing factor to exclusionary practices in the educational and social arenas. 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.

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, 2017, 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 .00133 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 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.

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

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.

●●●●● TABLE 1.2 Number of Students Ages 6–21 Receiving a Special Education During School Year 2013–2014

Disability	Number	Percent of Total
Specific learning disabilities	2,309,811	39.5%
Speech or language impairments	1,046,725	17.9%
Other health impairments	806,972	13.8%
Autism	479,505	8.2%
Intellectual disability	415,181	7.1%
Emotional disturbance	350,857	6.0%
Multiple disabilities	134,495	2.3%
Developmental delay	122,800	2.1%
Hearing impairments	70,171	1.2%
Orthopedic impairments	52,629	0.9%
Traumatic brain injury	23,391	0.4%
Visual impairments	23,311	0.4%
Deaf-blindness	2,924	0.05%
Total*	5,838,772	100.00%

NOTE: Table based on data from the fifty states, Puerto Rico, the District of Columbia, Bureau of Indian Affairs schools, and outlying areas.

* 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. (2013). Historical state-level IDEA files. Retrieved November 13, 2013 from <http://tadnet.public.tadnet.org/pages/712>

Number of Children and Young Adults Served

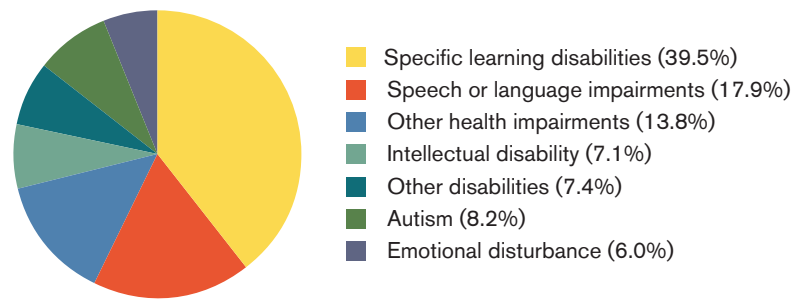
Approximately 5.85 million U.S. students (5,847,624) between the ages of 6 and 21 were receiving a special education during the 2013–2014 school year (U.S. Department of Education, 2015). The number of students in each of the thirteen disability categories recognized by the federal government is recorded in Table 1.2. Learning disabilities account for about four out of every ten pupils with disabilities (39.5%); students with dual sensory impairments (deaf-blindness) represent the smallest category of exceptionality (less than .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 1992–1993 school year. During the 2013–2014 school

REFERENCE

Youth and Disability

FIGURE 1.1 Distribution of Students Ages 6–21 Receiving a Special Education During School Year 2013–2014



NOTE: Percentages based on data from the fifty states, Puerto Rico, the District of Columbia, Bureau of Indian Affairs schools, and outlying areas.

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. (2013). Historical state-level IDEA files. Retrieved November 13, 2013 from <http://tadnet.public.tadnet.org/pages/712>

year, approximately 745,000 preschoolers with special needs were receiving services under Part B of IDEA (U.S. Department of Education, 2015). By way of comparison, approximately 399,000 youngsters were served during the 1990–1991 school year (U.S. Department of Education, 1992). This growth translates into an 87 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 339,000 infants and toddlers were the recipients of services as of the fall of 2011 (U.S. Department of Education, 2015).

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 3.2 million children and young adults are identified as gifted and talented and receiving a special education (National Center for Education Statistics, 2015). 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.

VIDEO

History of Special Education