

DIANE P. BRYANT | BRIAN R. BRYANT | DEBORAH D. SMITH

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SPECIAL NEEDS
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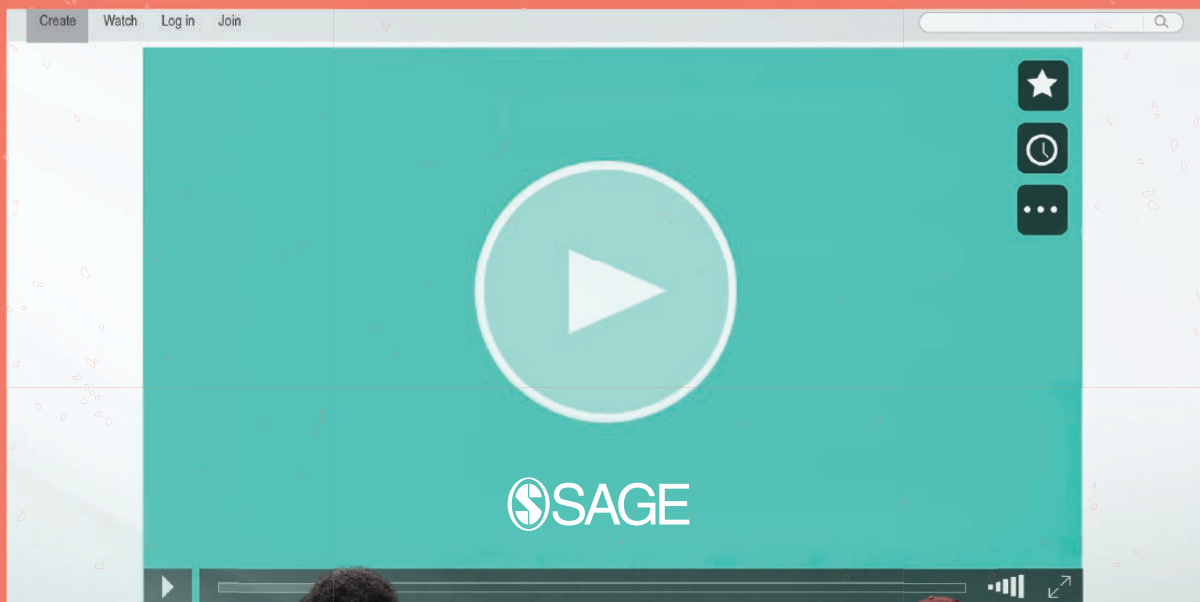
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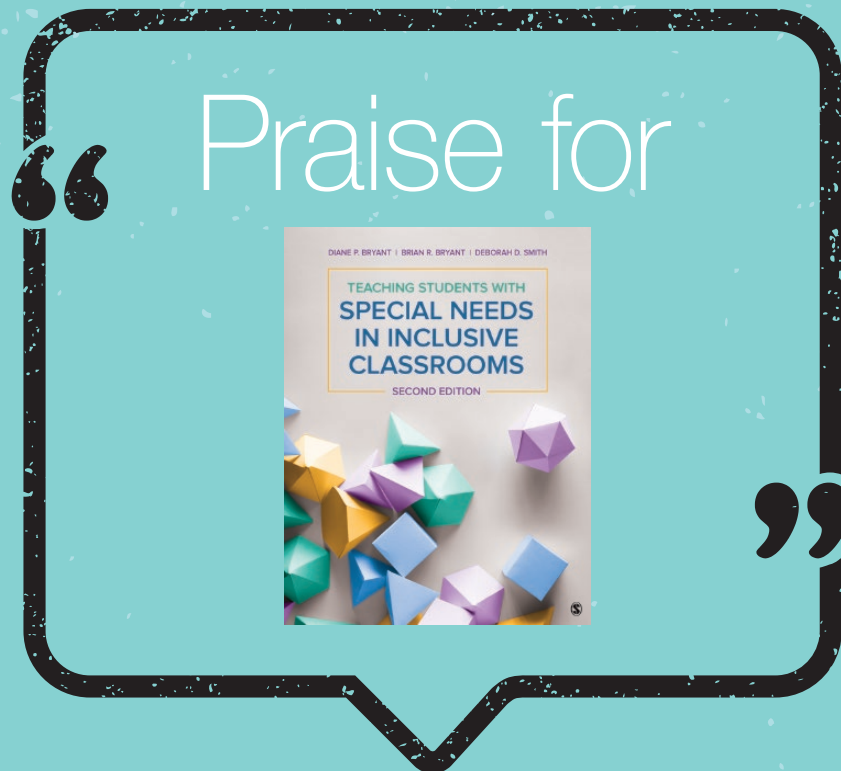
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Second Edition

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• Preface •

To Our Readers

When we wrote the first edition of this textbook, we came together with one main purpose: to help teachers complete their special education/inclusion course *inspired* to teach students with disabilities in inclusive settings and *equipped* to do so effectively. At that time, the increased reliance on accountability systems and high-stakes testing had made apparent the number of students who struggled and who were at risk for school failure. Because the vast majority of students with disabilities spend more than 80% of their school day learning in general education classrooms, meeting the needs of students with disabilities remains a challenge. Unfortunately, even though an increased number of evidence-based instructional procedures have become available, many classroom teachers working in inclusive settings still feel unprepared to meet the challenges these individual students bring to the learning environment. In the preface of the first edition, we wrote that the text was designed to fulfill what we saw as our two critical responsibilities to our readers, responsibilities that we feel remain relevant with this update version of the text:

- To increase knowledge of *proven* practices. A wealth of information exists about instructional practices that are evidence-based and effective for students with special needs who are learning in inclusive settings. We have worked to make this information accessible to you by analyzing the body of research that exists, selecting those practices that have proved to be most effective (and that will be of most help in the teaching situations you will encounter most often), and presenting that information in the context of real classrooms. To that end, our text discussion and supporting features focus on *what works*.
- To improve instructional decision making. The ADAPT framework that we have integrated throughout this text will help you determine *how*, *when*, and *with whom* to use the proven academic and behavioral interventions in your repertoire to obtain the best outcomes. The ADAPT framework will help you develop the “habits of mind” needed to respond thoughtfully and flexibly to the challenges you will meet in your classroom long after your coursework is over.

We hope that by the time you have completed your reading of this second edition, we will have met these responsibilities and you will have confidence in your ability to meet the needs of *all* students in your classroom. We remain confident that with the appropriate knowledge and tools, all teachers can make a positive difference in the educational lives of students with special needs.

Organization of This Text

As a result of the feedback from reviewers of the first edition, supplemented by suggestions from our editors, we have changed the way the second edition is organized. We begin with chapters that provide an overview of inclusive education and the nature and characteristics of students with disabilities and special learning needs. Chapter 1 examines the meanings of the terms *disability* and *inclusive education*, and the key legislation that has affected the development of inclusive classrooms: The Individuals with Disabilities Education Act of 2004 (IDEA), the No Child Left Behind Act of 2001 (NCLB) and its reauthorization in 2015 as the Every Student Succeeds Act (ESSA), and the Assistive Technology Act of 2004 (ATA or the Tech Act). In Chapter 2 we discuss Individualized Education Programs (IEPs) and other special services that help teachers meet the needs of their students. Children with disabilities represent a very diverse group, so there are a number and types of services available to meet their needs.

Because of the diverse needs of students who have special needs, a number of professionals—including general education teachers, special education teachers, speech-language pathologists, physical therapists, occupational therapists, school nurses, and others—provide a variety of services. It is not uncommon for three or four (or even more) professionals to work with a single student. In these instances, it is important for these professionals to collaborate to meet the total needs of the student. Many years ago, this need to collaborate and to communicate with one another set the stage for collaborative consultation, a field that has become increasingly important in the age of inclusion. Consultation is the topic area covered in Chapter 3, which describes how teams of professionals work together to meet the unique needs of *all* students. Chapter 4 continues the focus on diversity of all learners by specifically addressing culturally and linguistically diverse learners and their families.

Chapters 5 and 6, respectively, focus on high-incidence disabilities and low-incidence disabilities; in other words, more common disability categories and less common disability categories. For years, autism spectrum disorder (ASD) was considered a low-incidence disability; we include that category in the low-incidence group, even though more and more children are identified as having ASD than ever before. High-incidence disabilities, discussed in Chapter 5, are those that teachers are most likely to encounter in classrooms—such as learning disabilities, attention deficit/hyperactivity disorder (ADHD), speech or language impairments, intellectual disability, developmental disabilities, and emotional or behavioral disorders. In contrast, low-incidence disabilities discussed in Chapter 6 include such conditions as deafness and hard of hearing, physical disabilities, low vision and blindness, developmental delay, and ASD, among others.

Chapter 7 addresses differentiating instruction to promote access to the general education curriculum. This chapter focuses on the steps of the ADAPT framework and the four categories of adaptations, which are then integrated into Chapters 11, 12, 13, and 14. Chapter 8 focuses on Universal Design for Learning (UDL), assistive technology devices and services, and instructional materials and textbooks. Many textbooks used in content classes such as history and science are written in a way that struggling readers are unable to access the important information found on their pages. We examine the role of adaptations and assistive technology as tools that can be used by teachers to promote access, despite the challenges posed by the difficulty level of the textbooks.

In today's schools, students spend considerable time taking tests. The types of tests and their purposes are almost as diverse as the content tested and the students who are assessed. Assessment and the use of student performance on various measures is discussed in Chapter 9. For some students with disabilities, test administration differs from that of their peers, and these differences (and why those differences exist) are discussed in this chapter.

Chapter 10 discusses the importance of creating a positive classroom environment by communicating effectively with students, arranging the classroom, teaching social skills, and addressing problem behaviors. Finally, in Chapters 11 through 14, we focus on specific content areas: reading, writing, mathematics, and content-area reading and study skills. In these chapters, we present practical, evidence-based strategies for adapting instruction to meet the needs of all students.

Special Features

- As with the previous edition, two **Opening Challenge** case studies begin each chapter. They describe in some detail a specific teaching challenge at the elementary and secondary level (middle school and high school), which is then revisited throughout the chapter. Students are asked to reflect on their knowledge of the subject matter before reading the chapter and are encouraged to record their responses to Reflection Questions in a journal.
- **ADAPT in Action** sections are integrated directly within the text discussion in many of the chapters. This illustrative section applies the ADAPT framework, a research-validated problem-solving approach, to the student and teacher introduced in the Opening Challenge scenarios. In these features, the teacher “thinks out loud” using the ADAPT framework, thus allowing the reader and teacher to go through the problem-solving steps.

- The UDL approach to instruction is integrated in several chapters, through the **UDL in Action** feature, with specific lesson activities as examples of how the principles of UDL can be accounted for as part of instructional design.
- **Working Together** features offer practical advice on how an idea or concept can be taught using a collaborative approach that involves other school professionals and/or family members. Questions are posed for deliberation about how professionals tackle issues together.
- **Instructional Strategies** feature key research-to-practice, classroom-based activities that are relevant to topics in the chapter. Sample lessons for teaching the skills that students need to succeed in each area include the instructional objective, instructional content, instructional materials, a means to deliver the instruction, and methods to monitor student progress.
- **Considering Diversity** features examine various issues from a cultural or linguistic perspective; they illustrate how the diversity of our school populations is related to academic instruction and management.
- **Tech Notes** features provide readers with information about assistive and instructional technologies that can be employed with students who have learning or behavioral problems. Examples from classrooms are used to show practical applications.
- The **Response to Intervention** (RtI) model is described in Chapter 2. RtI is a model for delivering evidence-based tiered instruction. RtI is part of the schoolwide multitiered systems of support (MTSS), which is designed to promote improved academic performance for all students and minimize behavior problems.
- Each chapter closes with a **Summary** section, followed by **Review the Learning Objectives** with answers to help readers review material and assess their understanding of key topics. **Revisit the Opening Challenge** questions return readers to the scenarios presented in the Opening Challenge and monitor their learning of key concepts in relation to the development of the teacher and student scenarios. Examples of professional standards also are included at the end of each chapter.
- All of these chapters include **Video Cases**, available in the interactive eBook, with actual classroom footage to help illustrate how the strategies are implemented, and follow-up questions in the SAGE coursepack.

Online Resources

Premium Video

The text can be paired with an Interactive eBook that contains Video Cases featuring in-class footage and teacher interviews that will give them a sense of the challenges and joys they will find in their future classrooms.

SAGE edge for Instructors

SAGE edge is a robust online environment featuring an impressive array of free tools and resources. Instructors using this book can access customizable PowerPoint slides and an extensive test bank built on Bloom's taxonomy that features multiple-choice, true/false, essay, and short answer questions for each chapter. Lecture notes, discussion questions, and class activities are also provided.

SAGE edge for Students

At edge.sagepub.com/bryant2e students can access materials that allow them to enhance their learning experience. Learning objectives reinforce the most important material, while multimedia resources help further classroom-based explorations of key topics. Students can also practice with mobile-friendly eFlashcards and take the Web Quiz at SAGE edge to find out what they've mastered.

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You have a textbook that we hope will inspire you as educators to reach out to all students. You will hear the voices of many as you read and learn numerous, practical ways to work with all students across the grades. We wish you the best!

D. P. B.

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• About the Authors •

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the principal investigator of the Special Education Faculty Needs Assessment (SEFNA) project, which remains the primary source of information about the supply and demand of these teacher educators. She has authored 19 textbooks, including *Contemporary Special Education: New Horizons*, the second edition of which was published in 2018. She has written over 31 chapters and book supplements, over 60 refereed articles and reports, and many instructional materials for children.



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Inclusive Teaching as Responsive Education

Learning Objectives

After studying this chapter, you will be able to answer the following questions:

- What is inclusive education?
- What is special education?
- What are the origins of special education?
- What laws and court decisions protect students with disabilities?
- What is a disability?
- What are some reasons for disabilities?
- What are the characteristics of students with disabilities?

OPENING CHALLENGE

New Beginnings

Elementary Grades. It is the week before the first day of school. Ms. Smith, a first-year teacher, sits in her fourth-grade classroom thinking about what it will be like to finally have her own students to teach, her own classroom to organize, and a real paycheck! She remembers spending years in her teacher preparation program, taking many day and night classes, traveling across town to observe classroom after classroom, doing week after week of student teaching, staying up late revising lesson plans one more time, and being so excited when she saw the great scores she and her friends received on the state's competency and certification tests for teachers. Ms. Smith feels well prepared to assume the responsibility of educating a class of general education students. She has waited so long for this day to arrive; she has wanted to be a teacher since she was in elementary school. Ms. Smith begins to prepare for the school year with great excitement and anticipation. But as she looks at her class list of 18 students, matching their names with their student files, she is worried. *"The range of their academic skills is so wide; their district's benchmark test scores from the previous year are all over the map. One of my students has been identified for gifted education, two come to me with IEPs [individualized education programs], and three of my students are English learners. Two of the boys are due to continue receiving speech therapy in a group session from the speech/language pathologist twice a week. I haven't heard yet from any other teachers or special education professionals about special schedules for any of my students. I wish I could go back and take that inclusion course again!"*

Secondary Grades. Mr. Salazar is getting ready for the first day of school where he will be teaching ninth-grade English I as a new teacher. His department has five English teachers, most of whom have had many years of experience, and some of whom have offered advice about how to prepare for the first week. He is nervous but knows that his secondary preparation in English is strong and his education classes provided lots of information regarding pedagogy and classroom and behavior management. Student teaching gave him experiences working with students from diverse backgrounds, including students with learning disabilities. He learned about adapting instruction but didn't have many experiences with people who provided support services to students. Now, he

is reviewing the student folders. *“I am glad for the student teaching experiences because now I have five students with LDs [learning disabilities]. I have one student who uses an assistive technology device for accessing print. Who is going to help me with this? I took an introduction to special education course but I am still concerned. I have 250 students each day. How am I going to meet the needs of all students?”*

Ms. Smith and Mr. Salazar share similar concerns. They are first-year teachers and although their preparation was strong, they must now apply what they have learned with diverse groups of students. Are they ready for the challenge?

Reflection Questions

In your journal, write down your answers to the following questions. After completing the chapter, check your answers and revise them on the basis of what you have learned.

1. Do you think Ms. Smith and Mr. Salazar are overly concerned about their students' varied needs? Do you think they are just having first-year-teacher jitters? Why or why not?
2. What advice would you give them about planning for their students with disabilities and for those with other special learning needs?
3. How can they learn more about the special education services their students should be receiving this year?
4. In what ways can Ms. Smith and Mr. Salazar be responsive to all their students' special needs?

Setting the Stage

Paul is 64 and lives in alternative housing responsive to his special needs. There are grab bars in the bathroom, a walk-in shower, an alarm system in case he needs help, and a contact person to answer his questions. He has cerebral palsy, which affects his muscles and coordination. Writing and completing tasks that require using his fingers (such as buttoning his shirt and tying his shoes) are difficult for him. He uses a wheelchair sometimes and walks with crutches other times. He has good communication skills, and manages his daily living needs with support services. He takes state supported transportation to attend work and physical therapy, and to go shopping and visit the bank.

As a young child, Paul attended a state-funded school for children with physical and cognitive disabilities. The school was isolated from the public schools and Paul took a special bus to get there. After school, he spent afternoons sitting at home or participating in physical therapy at the Children's Hospital. Paul's mother believed the school system could do better. She believed Paul was perfectly capable of attending public school with neighborhood students. She also thought he should be able to graduate from high school like other students. Paul's mother spent years making her case to the local school board, city officials, and state legislators. After her determined advocacy for her son's right to a public education, Paul started attending public school classes in the mid-1960s, when he was 10.

At that time, specialized instruction and services for students with special needs were not available. When he was in elementary school, Paul was carried up the stairs to class because there were no elevators and he could not manage stairs with his leg braces. He learned basic school skills and went on to graduate from high school with a special diploma and later from a two-year vocational training school. He spent years working in a special workshop for individuals with disabilities. In essence, his work environment was a segregated setting. His social world

was restricted to telecommunications such as the Internet and cell phone. But, even so, Paul was determined to live independently.

We have come a long way since Paul started school in terms of society's perspective on disability, and we have dismantled many of the barriers to people with disabilities living independent, productive lives. We have laws to protect individuals in most aspects of life, and we have public school systems that are obliged to include all students with special needs. We know a great deal about appropriate instruction and services for students with special needs. Yet there is still work to be done to ensure an appropriate education for all students with special needs, and to help them make successful transitions to independent adulthood with employment, social relationships, and living arrangements that all of us strive to achieve.

You might wonder how teaching can be responsive to the needs of students with special learning needs such as Paul's. The simple answer is that education becomes responsive when several different individualized educational interventions are implemented to improve the outcomes of infants, toddlers, children, and youths with disabilities (U.S. Department of Education [USDE], 2006). Education is responsive and, we believe, responsible, when teams of educators work together to address the unique challenges each student brings to school.

You have the opportunity to be part of this work to ensure that all individuals with special needs receive a quality education. However, if you find this opportunity a bit daunting, you are not alone. Have you had personal interactions with persons with disabilities in your home, school, or community life? If not, you are probably much like many of your colleagues preparing to become classroom teachers. Do you begin this course about teaching students with special learning needs with some anxiety about your ability to meet the needs of these students? If so: again, you are not alone! Although almost two-thirds of students with disabilities spend 80% or more of their school day in general education classrooms, most recently graduated general education teachers report they do not believe they are adequately prepared to teach them. Their principals agree: New teachers are not doing as well as they should in managing behavior or instructing so-called difficult-to-teach students (Futernick, 2006). But rather than being daunted by these reports, we hope you'll recognize in them the great opportunity they present as you prepare to enter the teacher ranks. You can make a tremendous difference in the lives of these students. And the mission of the course (and the text) you are now beginning is to give you the tools to do just that.

Throughout this text, we describe proven practices that will equip you to teach students with special needs in your classes. We focus on evidence-based instructional practices and provide video exemplars so that you can readily and confidently incorporate these practices into your teaching. We provide the ADAPT Framework to help you develop the habits of mind to respond thoughtfully and flexibly to the varied challenges you will face in your classroom long after your university coursework is over. The ADAPT Framework we have integrated throughout this text will help you learn, remember, and know when to apply proven practices in your classroom.

Our goal is for you to develop the confidence you need to teach all students in your classes. Our many years working with preservice and K–12 teachers convince us that teachers want to help their struggling students become successful learners but simply believe they are ill-equipped to do so. In this text, we focus on those practices that have been proven to work and show you how, when, and with whom to use each to the best effect. Nothing builds confidence better than good preparation.

We write this text out of the mission we share with your course instructor: At the conclusion of this course you will leave wanting to teach students with disabilities and other special learning needs in your classroom and you will know you are equipped to do so effectively. You will find (and those of you who have been teaching have already discovered) that every student in your classroom comes to you with his or her own areas of strength and struggle, parts of the school day that she or he absolutely enjoys or does not exactly relish, and personality traits that make you laugh, make you cry, or leave you scratching your head. In this respect, the students in your classroom with identified disabilities are no different from the rest of their peers: They're just kids. But the nature and extent of their particular struggles often require certain specialized teaching approaches to help them succeed.

The good news is that we know what those effective approaches are, research has proved they work, and they can be done with a reasonable amount of preparation and in a reasonable amount

of class time. (And, as a bonus, they usually benefit all the students in your class, both those with and without disabilities.) You will learn that even students with the most difficult challenges can overcome, compensate, and achieve remarkable outcomes when your instruction is responsive to their learning needs. You will come to understand across your teacher education program that, as a teacher, you can make a real difference in the lives of your students. To begin, we situate the content of this text in the importance of understanding and appreciating the diversity of our society. The Considering Diversity feature provides recommendations for your reflection. We then introduce you to inclusion information.

CONSIDERING DIVERSITY

CONSIDER HUMAN DIVERSITY

Diversity in our society is evident in terms of disabilities; social, cultural, and linguistic differences; economic backgrounds; gender differences; family structures; race and ethnicities; and religious beliefs. The students who attend our schools and their families represent these many diverse differences in our society that we embrace. Educators bring to schools their experiences with and understanding of human diversity and its influence on families,

cultures, schools, and the delivery of educational services. All children bring a social, academic, economic, and cultural background to class with them, and these backgrounds are part of the environment in which learning takes place. The cultural heritage of all students is an important factor to consider when designing educational programs to meet the needs of exceptional students. Good teaching practices will benefit all students, whatever their background.

What Is Inclusive Education?

The term **inclusive education** usually means that students with disabilities access the standard curriculum in the general education classroom. Miscommunication can easily occur when the term *inclusion* is used: Whereas one person might use the word to mean that a student attends a neighborhood school and receives most instruction in the general education classroom, to another it might mean all the student's instruction is delivered in the general education classroom. It is easy to assume everyone is truly communicating about where a student should be educated, but it is wiser to be sure everyone is using the same definition before having an in-depth discussion of students' education. To understand the concept of inclusive education better, let's review how it emerged and developed.

Origins of Inclusion

The basic concepts of inclusion and integration of students with disabilities into the public education system have their roots in the original Individuals with Disabilities Education Act (IDEA) law passed in 1975. Before 1975 many children with disabilities were denied access to public education. To those who were instrumental in developing the original IDEA law, inclusion probably meant that children with disabilities had the right to go to public school and receive a free education. Neither the type of school nor the location where the education was delivered was the focus of advocacy efforts.

When education became mandatory for all students with disabilities, the nation saw a rise in the number of separate schools built specifically for them. Real growth also occurred in the number of special classes—sometimes on the grounds of neighborhood schools but often in basements and portable buildings—for this newly included group of students. The first model for inclusive education reflected the idea that, whenever possible, students with disabilities should be included in the public education system and **mainstreamed**, or educated together with peers without disabilities, such as in art, music, and physical education.

Was the creation of segregated programs for these students contrary to the concept of inclusion? Most likely, at that time, the answer to this question would have been a resounding “no.” Special schools and special classes offered highly specialized programs to students with disabilities and their families. Some special schools offered facilities and services that are feasible to deliver only when students with similar needs are congregated. For example, when all students with severe physical disabilities in one school district attend the same school, the building can include a special therapy pool and the full-time services of many related services professionals like physical therapists, occupational therapists, and speech/language pathologists. When these students attended their neighborhood schools, they were spread across many different buildings and large geographic areas, diluting the intensity of services available to them. Many families believed the potentially negative aspects of segregation were outweighed by the highly specialized services it made possible.

Inclusive Education

As time passed, however, dissatisfaction with segregated programs grew. Parents began to question whether separating youngsters from their siblings and neighborhood friends was the best strategy for their education. Professionals and policymakers were concerned about the efficacy of special education programs and practices (Finn, Rotherham, & Hokanson, 2001; Gartner & Lipsky, 1987). Professionals and policymakers came to believe separate programs were ethically and morally wrong (Sailor, 1991; Snell & Brown, 2006). In particular, advocates for students with severe disabilities maintained that the benefits of having so-called typical role models (illustrating how children without disabilities behave and interact with each other) outweighed intensive services that might be more readily available when groups of youngsters needing a particular program were clustered together (Turnbull, Turnbull, Wehmeyer, & Shogren, 2016). Across the years, educators’ and advocates’ thinking about special education and the students it serves evolved. To many, the least restrictive environment (LRE—that is, access to the general education curriculum) has emerged as the more critical variable to be considered when decisions about special education placement are made.

Of course, participation in the general education curriculum does not automatically result just because students with disabilities are placed in typical classroom settings (Zigmond, 2003). Something special needs to happen. One approach, **universal design for learning (UDL)**, focuses on the curriculum so a broad range of students with very different learning preferences can approach it and learn without an intervention being made especially for them. A second approach focuses on helping students, via **assistive technology (AT)**, to compensate for challenges they bring to the instructional situation. The third and most commonly used approach focuses not on the curriculum but on making adaptations to the instructional situation that match specific students’ needs (Fisher, Frey, & Thousand, 2003). In Chapter 7 you will learn about differentiating instruction and making adaptations to help students with special learning needs access the general education curriculum so that they can learn alongside their peers without disabilities. In Chapter 8 you also will learn about UDL and AT, both of which can be used to promote access to the general education curriculum. These approaches enable general and special education teachers to work effectively with all students to help them be successful in their classes.

Inclusive Education Practices

As you have read, inclusive education has many different interpretations. The range of interpretations is the foundation for different inclusive education practices. For example, one interpretation of inclusive education is called **full inclusion** using **pull-in programming**, where students receive all educational services in the general education classroom. With this practice, speech/language pathologists come to the general education class to work with a student who needs speech therapy, rather than removing the student for individualized work. Another interpretation is called **coteaching**, wherein special education teachers come to general education classrooms to work with students needing intervention or share instructional duties across academic content for all students in the class (Friend, 2000; Villa, Thousand, & Nevin, 2004). You will learn more about coteaching in Chapter 5.



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▲ A dilemma for parents and educators of high school students with severe disabilities is choosing which is more appropriate or more important: access to the standard high school curriculum leading to a diploma, or community-based instruction where on-the-job training, independent transportation, and home management are taught in real-life settings.

The Inclusion Debate

At the heart of discussions about inclusive education, particularly full inclusion, is the dynamic tension between free appropriate public education (FAPE) and LRE: the delivery of an appropriate education and participation in the LRE possible. Let's think about how some of these conversations might unfold.

For example, should full-time placement in a general education setting be a goal for every student with a disability, even if doing so means that some elements of an educational program that an individual needs to achieve to his or her full potential would have to be sacrificed? For a high school student with severe disabilities, parents and educators might have to decide which is more appropriate or more important: access to the standard high school curriculum leading to a diploma (including science and foreign language requirements) or community-based instruction where on-the-job training, independent transportation, and home management are taught in real-life settings.

Some scholars argue that full inclusion, where students with disabilities receive all their education in a general education setting, is not sufficient to support those with more severe needs, whether academic, emotional, social, or physical. Other scholars believe all students have a right to fully inclusive educational practices where they can benefit from being integrated into a school setting with their peers and gain a sense of belonging and active participation in the mainstream. Thus, the role of special education services is to support all students with special needs in general education classes by designing instruction and applying adaptations that accommodate individual learning needs. The inclusion debate more often includes perspectives and discussions that range along a continuum where professionals and parents embrace the strengths of different inclusive practices and make decisions based on individual student needs.

Some guidelines can help when challenging decisions are being made. First, special education placement decisions must be individually determined, because services should be tailored to the needs of each student with disabilities. Second, no single answer is possible for all students with

The **array of services**, or what is often called the special education **continuum of services** (an older term is *cascade of services*), offers additional practices for serving students with disabilities when they are not receiving some or all of their education in the general education classroom. **Pullout programs** include resource rooms, partially self-contained special classes, self-contained special classes, and special education schools (center schools). For the vast majority of students who receive most of their education in general education classes, the resource room is the option for pullout special education services. Resource room instruction often consists of small-group instruction focused on areas most in need of intensive intervention. This instruction may occur for 30 to 60 minutes several days a week. However, the number of these classes is shrinking because many students who attend resource room settings now receive most if not all of their education in general education classrooms (inclusive settings), thus leaving a reduced number of options available for even short-term, intensive intervention (Moody, Vaughn, Hughes, & Fischer, 2000). For example, in the 2013 school year, 61.8% of all students with disabilities—those with mild to moderate disabilities as well as those with severe disabilities—received at least 80% of their education at local public schools in general education classes (National Center for Education Statistics [NCES], 2016). The participation rates for students with disabilities in general education classes have increased consistently over the past 20 years, and only 3.2% of those students attend separate schools or separate residential facilities today. Clearly, these data reflect current inclusive education practices in public schools.

disabilities. Third, students with disabilities need an array of services (and placements) available to them for the delivery of individualized education programs that range in intensity and duration (Deshler, 2001; Vaughn, Elbaum, & Boardman, 2001). Few professionals or parents advocate either for fully inclusive settings or for fully segregated settings. The guiding principle must be based not on placement alone but also on how students can best access the general education curriculum, master academic targets, and develop life skills they need to succeed when they are adults. Next, we introduce you to special education.

What Is Special Education?

Special education is designed to meet the unique learning needs of each infant, toddler, preschooler, and elementary through high school student with disabilities, and individuals up to the age of 21. This instruction might be delivered in many different types of settings, such as hospitals, separate facilities, and homes, but it is most commonly provided at the student's local school in the general education class with neighborhood friends. Special education reflects a variety of instructional targets: Braille for students who are blind, manual communication systems for students who are deaf, social skills training for students with emotional or behavioral disorders, and so on.

General education and special education differ along some very important dimensions. First and foremost, they are designed for students with different learning, behavioral, social, communication, and basic functional needs (such as the need to learn daily living skills). Second, some differences are based in law—what is stated in IDEA and its regulations—and result in key components of special education. Third, general education tends to focus on groups of learners, whereas the special education approach focuses on individuals.

One way to gain a better understanding of special education is to study some of its key distinguishing features. Although we cannot put forth a single description because these services must be designed for each individual to meet his or her unique learning needs, some fundamental tenets provide the foundation:

- Free appropriate public education
- Least restrictive environment
- Systematic identification procedures
- Individualized education programs
- Family involvement
- Related services
- Access to the general education curriculum
- Evidence-based practices
- Frequent monitoring of progress

Let's examine each of these features that form the foundation of special education.

Free Appropriate Public Education

From the very beginning of IDEA, Congress stipulated that educational services for students with disabilities are to be available to parents at no additional cost to them. These students, despite the complexity of their educational needs, the accommodations or additional services they require, and the cost to a school district, are entitled to a **free appropriate public education (FAPE)**. Note that Congress included the word *appropriate* in its language. FAPE must be individually determined, because what is appropriate for one student with a disability might not be appropriate for another. FAPE provisions emphasize that special education and related services must be designed to meet the unique needs of students with disabilities and prepare them for further

education, employment, and independent living (Wrightslaw, 2004). FAPE guarantees, under the Every Student Succeeds Act (ESSA) (2015), that students with disabilities receive a regular high school diploma if they received a standards-based curricular education. This diploma is not aligned to the alternate academic achievement standards, which students with the most significant cognitive disabilities may receive (Office of Special Education Programs [OSEP], 2017). However, students with significant cognitive disabilities are still entitled to complete requirements for the high school diploma.

Least Restrictive Environment

Students with disabilities must receive their education in the **least restrictive environment (LRE)**. In other words, special education services are not automatically delivered in any particular place. Today, LRE is often misinterpreted as meaning placement in general education classes. IDEA does not mandate that students with disabilities receive all their education in the general education setting. The USDE, in its 2006 regulations implementing IDEA, explains LRE in this way:

To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are nondisabled; and that special classes, separate schooling or other removal of children with disabilities from regular educational environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. (USDE, 2006, pp. 46764–46765)

The federal government identifies an array of placements, in addition to the general education classroom, that are appropriate for some students with disabilities. These placements include resource rooms, special classes, special schools, home instruction settings, and hospitals. For some students, exclusive exposure to the general education curriculum is not appropriate. For example, a secondary student with significant cognitive disabilities might need to master **functional skills** or **life skills** essential for independent living as an adult. That student might also need to receive concentrated instruction on skills associated with holding a job successfully. To acquire and become proficient in skills necessary to live and work in the community often requires instruction outside the general education curriculum, outside the general education classroom, and even beyond the actual school site. This instruction is often best conducted in the community, on actual job sites, and in real situations. In fact, **community-based instruction** is a well-researched, effective special education approach (Browder, Wood, Thompson, & Ribuffo, 2014). Thus, there is no single or uniform interpretation of LRE. A balance must be achieved between inclusive instruction and a curriculum that is appropriate and is delivered in the most effective setting.

Systematic Identification Procedures

To decide which students qualify for special education—those who actually have disabilities—and to determine what that education should be requires systematic identification procedures. Because current methods tend to overidentify culturally and linguistically diverse students as having disabilities and to underidentify them as being gifted and talented, many professionals conclude that the special education identification process is flawed and needs a major overhaul (MacMillan & Siperstein, 2002). Educators must be careful of identifying students as having disabilities when they do not. New procedures are being developed to identify students with disabilities and to qualify them for special education. We discuss these procedures in greater detail later in the text, but know that the role of general education teachers in the identification process is evolving and growing (Fuchs & Vaughn, 2012).

The first task in the identification process is to ensure that a lack of appropriate academic instruction is not causing difficulties. The next is to collect data about the target student's performance, showing that high-quality classroom procedures do not bring about improvements in academic or social behavior for this particular student. Then, for those students who do not make

expected gains with intensified interventions, further classroom evaluations are conducted. The ensuing classroom assessments include comparisons with peers who are achieving as expected, careful monitoring of the target student's progress (through curriculum-based measurements), and descriptions of interventions tried, accommodations implemented, types of errors made, and levels of performance achieved (Fuchs, Fuchs, & Compton, 2004; Fuchs & Vaughn, 2012). Students who, over a certain period of time, do not profit from instruction in their general education class are referred for formal evaluation and probable provision of special education services. You will learn about these procedures in Chapter 2.

Individualized Education Programs

At the heart of individualized programs are standards-based **individualized education programs (IEPs)** for schoolchildren ages 3 to 21 and **individualized family service plans (IFSPs)** for infants and toddlers (birth through age 2) with disabilities and their families. Each of these students is entitled to an individually designed educational program complete with supportive (related) services. In some states the guarantee of an individualized education is extended to gifted students as well, but because federal law does not protect gifted students' special education, schools are not required to address those students with individualized education.

IEPs and IFSPs are the cornerstones that guarantee an appropriate education to each student with a disability. The IEP is the communication tool that spells out what each child's individualized education should comprise. Therefore, every teacher working with a special education student should have access to the student's IEP. They should all be very familiar with its contents because this document includes important information about the required accommodations, the necessary special services, and the unique educational needs of the student. You will learn more about IEPs and IFSPs in Chapter 2.

Family Involvement

Educators' expectations of parent and family involvement are greater for students with disabilities than for their peers without disabilities, and the strength of families and their engagement with the school can make a real difference in the lives of their children (Garcia, 2001). For example, there is an expectation that parents participate in the development of their children's IEPs and become partners with teachers and schools. Families have the right to due process when they do not agree with schools about the education planned for or being delivered to their children. They are also entitled to services not usually offered to parents of typical learners. For example, parents of infants and toddlers with disabilities (birth to age 2) receive intensive instruction through special education along with their children.

Recognizing the challenges parents often face in raising and educating their children with special needs, advocacy groups and professional organizations have formed over the years to support families and those who work with them. For example, the Learning Disabilities Association of America has a long history of advocacy on behalf of individuals with learning disabilities and the professionals and families who work with them. The Arc of the United States, formerly known as the Association for Retarded Citizens of the United States, is another advocacy group. Its focus includes ensuring that all students are provided appropriate public education services. CHADD (Children and Adults with Attention-Deficit/Hyperactivity Disorder [ADHD]) is made up of hardworking volunteers who provide support and resources to parents and professionals. The National Federation of Families for Children's Mental Health exists to provide national-level advocacy for the rights of children with emotional, behavioral, and mental health challenges and their families. It works collaboratively with a national network of family-run organizations.



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▲ Parents and family members of students with disabilities have important roles to play. Linking home and school communities is the responsibility of both families and teaching professionals.

Leaders in these organizations, who often are parents themselves, have succeeded in influencing funding at the state and national levels for appropriate educational services for students with disabilities. Parent advocacy groups are very powerful, as shown by their contribution to key court cases resulting in legislation that now protects students with disabilities in all aspects of the educational system.

Related Services

Another important difference between general and special education is the array of services the latter offers to help students with disabilities profit from instruction. **Related services** are the multidisciplinary or transdisciplinary set of services many students with disabilities require if their education is to be truly appropriate. Those services are specified in the student's IEP and can include adaptive physical education (PE), AT, audiology, diagnosis and evaluation, interpretation for the deaf, family therapy, occupational therapy (OT), orientation and mobility, the assistance of paraprofessionals (paraeducators and teacher aides), physical therapy (PT), psychological services, recreation and therapeutic-recreation therapy, rehabilitative counseling, school counseling, school nursing, school social work, speech/language pathology, special transportation, vocational education, and work study (USDE, 2006). For example, in some cases a **paraprofessional**, sometimes called a **paraeducator**, supports the special education program and works with a special education student in the general education classroom (Allen & Ashbaker, 2004). These professionals' services often make inclusion possible because they provide individualized assistance to students with disabilities for extended periods of the school day (Trautman, 2004).

Multidisciplinary teams of related services professionals go into action to meet the individual needs of students with disabilities. The federal government considers the cost of related services professionals—such as school nurses and school counselors—to be covered in part by funding from IDEA (USDE, 2006). You will learn more about related services in Chapter 2 and collaboration with families and paraprofessionals and how to work with students who exhibit special needs in Chapter 3. The following Working Together feature provides an example of how professionals from different services work together to benefit students, educators, and families.

WORKING TOGETHER

COLLABORATION FOR SUPPORTING STUDENT LEARNING

A school's child study team, consisting of the classroom teacher, school counselor, assistant principal, and special education teacher, was concerned about the behavior of a 6-year-old, first-grade boy. Information from the classroom teacher indicated that the boy exhibited erratic, unpredictable behavior, throwing chairs in the classroom and having temper tantrums when things did not go his way. The classroom teacher was concerned about how to stop these behaviors, teach the student appropriate ways to behave, and keep all her students safe. The child study team worked collaboratively with the school psychologist, district behavior specialist, and parents to problem-solve the situation.

The team decided to collect further information to better understand the needs of the student and ways to help the classroom teacher: The school psychologist would conduct an assessment to better understand the emotional and social well-being of the student. The district behavior specialist would conduct classroom observations to determine events that led up to or followed challenging

behaviors. The school counselor would interview the parents to hear their perspectives about the student and his challenging behavior. The team's collective information would be used to determine a plan to help the student and classroom teacher. In the meantime, the district behavior specialist worked with the classroom teacher to address immediate behavior issues in the classroom.

Questions

1. What information from the parents could help school professionals better understand the needs of the student?
2. What information from the classroom teacher could help the child study team better understand the student's behavior in the classroom?
3. What questions could you ask the classroom teacher about the student's behavior?

Most related services specialists are **itinerant**, working at several schools during the same day and at many different schools across the week. Scheduling their time can be complicated, but it is vital to ensure that students with special needs do not miss any educational opportunity. Multidisciplinary teams of experts not only deliver critical services to students with disabilities and their families but also serve as valuable resources to teachers as they strive to meet the needs of each student. Despite the remoteness of a school, the distance a specialist might have to travel, or the shortage of related services specialists, there is no excuse for not making these experts available to teachers and their students with disabilities.

Access to the General Education Curriculum

Another key feature of special education is access to the general education curriculum. In response to the fact that only 66% of students with disabilities leave school with a standard diploma, parents, policymakers, and advocates insist such students participate in the general education curriculum and be assessed in the accountability measures (state- and district-wide tests) that monitor all students' progress (Office of Special Education Programs [OSEP], 2006). Advocates contend that students who receive their education in inclusive general education classrooms are more likely to have greater exposure to the standard curriculum and a better chance of graduating with a standard high school diploma than those students who receive their education in more-restrictive environments, such as self-contained special education classrooms. Therefore, when IDEA was reauthorized in 1997 it required that all students with disabilities have access, to the fullest extent possible, to the general education curriculum and its accountability systems.

Of course, access to the curriculum and to a specific place often go hand in hand, because the general education classroom is the place where students have the greatest opportunity to access the standard curriculum. The general education curriculum is not appropriate for all students with disabilities, however. Some require an alternative curriculum or intensive treatment not available or not suitable for instruction in the general education classroom. Examples include orientation and mobility training for students who are blind, job skills training in community placements, public transportation instruction, social skills training, physical therapy, and speech therapy for a student who has a stutter. Placement issues, LRE, access to the general education curriculum, and alternative curricular options are not mutually exclusive. Each can be in effect for part of the school day, school week, or school year.

Evidence-Based Interventions

Passage of IDEA in 2004 emphasized that teachers should apply **evidence-based interventions**. These practices have been proven effective through systematic and rigorous research. In fact, according to IDEA documentation that evidence-based interventions were implemented must exist before a student believed to have a learning disability can be referred. The student's responses to these interventions also must be documented as part of the process of identifying the disability. This process, promoted and endorsed in IDEA, is known as **Response to Intervention (RtI)**, which you will learn about in Chapter 2.

We define special education, in part, by its practices, which are more intensive and more supportive than are practices for students without special learning needs. Many of these proven interventions share six common features (Coyne, Kame'enui, & Carnine, 2011; Swanson, Hoskyn, & Lee, 1999):

1. Validated (using practices proved effective through research)
2. Individually determined (matching teaching procedures to individuals)
3. Explicit (directly applying interventions to content and skills)
4. Strategic (helping students apply methods to guide their learning)
5. Sequential (building on previous mastery)
6. Monitored (evaluating progress frequently and systematically)

Most students with disabilities and most of those with special needs do not require this intensive instruction for all their education. But when their learning is not on a par with that of their general education peers, it is time for action.

Frequent Monitoring of Progress

Even when teachers carefully select validated practices, there is no guarantee the individual student will respond positively or sufficiently. For this reason, teachers use **progress monitoring**—a set of evaluation procedures that assess the effectiveness of instruction on skills while they are being taught. The four key features of this approach are that students' educational progress is measured (a) directly on skills of concern, (b) systematically, (c) consistently, and (d) frequently.

The most effective means of implementing progress monitoring is **curriculum-based measurement (CBM)**. In this approach, the areas of most concern are measured directly to check progress on the curricular tasks, skills, or behaviors to which interventions are being directed (Deno, 2003; Foegen, Jiban, & Deno, 2007). These assessments occur often (e.g., weekly) and provide educators with useful feedback, on the basis of which they can quickly modify their instructional approaches (Stecker, Fuchs, & Fuchs, 2005). Because CBM results can be used to tailor the special education a student receives, by guiding the selection of practices and monitoring their effectiveness, CBM must not be omitted. You will learn more about monitoring student progress when specific curriculum targets (such as reading) are discussed in Chapter 9. We turn our attention now to discussing the origins of special education.

What Are the Origins of Special Education?

Although many people believe U.S. special education began in 1975 with the passage of the national law we now call IDEA, it actually began more than 200 years ago. The legend of special education's beginnings is not only famous—it's also true. In 1799 farmers in southern France found a young boy living in the woods, and they took this "wild child" to a doctor in Paris. Jean-Marc-Gaspard Itard, the doctor who now is recognized as the father of special education, used many of the principles and procedures of explicit instruction still implemented today to teach this boy, who they named Victor and who probably had intellectual disabilities.

In the early 1800s Edouard Seguin, one of Itard's students, came to the United States and began efforts to educate students with disabilities. In fact, these early efforts were taking root across Europe as well. For example, in Italy, Maria Montessori worked first with children with cognitive disabilities and showed they could learn at young ages through concrete experiences offered in environments rich in manipulative materials. Meanwhile, Thomas Hopkins Gallaudet began to develop deaf education, and Samuel Gridley Howe founded the New England Asylum for the Blind (later the Perkins School for the Blind). Elizabeth Farrell initiated public school classes for students with disabilities in 1898. Although special education and the idea of educating students with disabilities are not new, they were not uniformly accepted. In the United States, it was another 75 years before education became a right, something all students with disabilities were entitled to receive. You may be surprised to learn, in the next section, that the guarantees in place today were adopted rather recently.

Inconsistent Opportunities

Although positive attitudes about the benefits of educating students with disabilities emerged centuries ago, the delivery of programs remained inconsistent for almost 200 years. In 1948 only 12% of all children with disabilities received special education (Ballard, Ramirez, & Weintraub, 1982). In 1962 only 16 states had laws that included students with mild intellectual disabilities under mandatory school attendance requirements (Roos, 1970). In most states, these children were not allowed to attend school, and those with more severe disabilities were routinely excluded.

In the early 1970s, Congress studied the problem, and here's what it found (20 U.S.C. section 1400[b] PL 94-142, 1975):

- One million of the children with disabilities in the United States were excluded entirely from the public-school system.
- More than half of the 8 million children with disabilities were not receiving appropriate educational services.
- The special educational needs of these children were not being fully met because they were not receiving necessary related services.
- Services within the public-school system were inadequate and forced families to go outside the public-school system, often traveling great distances from their residence and at their own expense.
- If given appropriate funding, state and local educational agencies could provide effective special education and related services to meet the needs of children with disabilities.

Congress realized that special education, with proper financial assistance and educational support, was necessary to make a positive difference in the lives of these children and their families.

Court Cases: A Backdrop for National Legislation

The end of World War II ushered in a time of increased opportunities for all, eventually leading to the civil rights movement of the 1960s and to advocacy for people with disabilities in the 1970s. Before then, concerns about unfair treatment of children with disabilities and their limited access to education were being taken to the courts and legislatures state by state. Table 1.1 summarizes landmark state and local court cases that paved the way for national special education to be consistently offered to all children with disabilities. After years of exclusion, segregation, and denial of basic educational opportunities, consensus was growing that a national civil rights law, guaranteeing students with disabilities access to the public education system, was imperative.

TABLE 1.1 • Landmark Court Cases Leading to the Original Passage of the Individuals with Disabilities Education Act

Case	Date	Issue	Finding
Brown v. Board of Education	1954	Overturn of separate but equal doctrine; integration of Kansas public schools	The case was the basis for future rulings that children with disabilities cannot be excluded from school.
Pennsylvania Association for Retarded Children (PARC) v. Commonwealth of Pennsylvania	1972	Access to public education for students with intellectual disabilities	In the state of Pennsylvania, no child with intellectual disabilities can be denied a public education.
Mills v. Board of Education of the District of Columbia	1972	Access to special education for all students with disabilities	All students with disabilities have a right to a free public education.

Next, we will review some of the key laws and court decisions that protect students with disabilities. Consider the impact of these court decisions on the lives of students with disabilities and their families.

What Laws and Court Decisions Protect Students With Disabilities?

The nation's policymakers reacted to injustices revealed in court case after court case by passing federal laws to protect the civil rights of individuals with disabilities (Florian, 2007). Table 1.2

lists some of the important laws passed by Congress that affect individuals with disabilities. As you study these, notice how one law set the stage for the next.

TABLE 1.2 • Landmark Laws Guaranteeing Rights to Individuals With Disabilities

Date	Law or Section	Name and Key Provisions
1973	Section 504	Section 504 of the Rehabilitation Act of 1973 <ul style="list-style-type: none"> • set the stage for IDEA and the Americans with Disabilities Act (ADA); • guaranteed basic civil rights to people with disabilities; and • required accommodations in schools and in society.
1975	PL 94-142	Education for All Handicapped Children Act (EHA) <ul style="list-style-type: none"> • guaranteed a FAPE in the LRE; and • was a landmark civil rights effort for students with disabilities.
1986	PL 99-457	EHA (reauthorized) <ul style="list-style-type: none"> • added infants and toddlers; and • provided the IFSP.
1990	PL 101-476	Individuals with Disabilities Education Act (IDEA) <ul style="list-style-type: none"> • changed the name of PL 94-142 to IDEA; • added individualized transition plans (ITPs); • added autism as a special education category; and • added traumatic brain injury as a category.
1990	PL 101-336	Americans with Disabilities Act (ADA) <ul style="list-style-type: none"> • barred discrimination in employment, transportation, public accommodations, and telecommunications; • implemented the concept of normalization across U.S. life; and • required phased-in accessibility in schools.
1997	PL 105-17	IDEA 1997 (reauthorized) <ul style="list-style-type: none"> • added ADHD to the category of other health impairments; • added functional behavioral assessments and behavioral intervention plans; and • changed ITP to a component of the IEP.
2001	PL 107-110	Elementary and Secondary Education (No Child Left Behind) Act of 2001 (ESEA or NCLB) <ul style="list-style-type: none"> • required that all schoolchildren participate in state and district testing; • called for 100% proficiency of all students in reading and math by 2012; and • called for scientifically based research for programs and interventions.
2004	PL 108-364	Assistive Technology Act of 2004 (ATA, or Tech Act) (reauthorized) <ul style="list-style-type: none"> • provided support for school-to-work transition projects; • continued a national website on AT; and • assisted states in creating and supporting device loan programs, financial loans to individuals with disabilities to purchase AT devices, and equipment demonstrations.

Date	Law or Section	Name and Key Provisions
2004	PL 108-446	<p>IDEA (reauthorized; called Individuals with Disabilities Education Improvement Act [IDEIA]; commonly referred to as IDEA)</p> <ul style="list-style-type: none"> • required special education teachers to be highly qualified; • mandated that all students with disabilities participate annually either in state and district testing with accommodations or in alternative assessments; • eliminated IEP short-term objectives and benchmarks, except for those who use alternative assessments; • changed identification procedures for learning disabilities; and • allowed any student to be placed in an interim alternative educational setting for involvement in weapons, drugs, or violence.
2008	PL 110-325	<p>Americans with Disabilities Act Amendments Act (ADAAA) (reauthorized)</p> <ul style="list-style-type: none"> • restored workplace protection diminished by previous court decisions; and • redefined “major life activities” to enable individuals with disabilities to be protected against discrimination in the workplace.
2010	PL 111-256	<p>Rosa’s Law</p> <ul style="list-style-type: none"> • changed the terms <i>mental retardation</i> and <i>mentally retarded</i> to <i>intellectual disabilities</i> and <i>intellectually disabled</i> in federal laws.
2010	PL 111-148	<p>The Patient Protection and Affordable Care Act</p> <ul style="list-style-type: none"> • prohibited exclusion for preexisting conditions; • eliminated caps on benefits; and • prohibited discrimination based on disability and health status.
2011	PL 99-457 PL 108-446	<p>Individuals with Disabilities Education Act: Part C-Early Intervention Program</p> <ul style="list-style-type: none"> • allocated funding to states to serve infants and toddlers through age 2 with developmental delays or who have physical or mental conditions that result in developmental delays; and • ensured early intervention services for infants and toddlers with disabilities birth through age 2.
2015	PL 114-95	<p>Every Student Succeeds Act (ESSA) (reauthorized the ESEA)</p> <ul style="list-style-type: none"> • required all students be taught to high academic standards to prepare them to succeed in college and careers; • ensured annual state assessments that measure student progress toward high standards; • ensured accountability in lowest-performing schools; and • made the following changes to IDEA: <ul style="list-style-type: none"> ○ The ESSA removed “highly qualified special education teachers” and included qualifications for special education teachers as holding state certification as a special education teacher or passing the state special education licensing exam. ○ The ESSA revised the term <i>limited English proficient</i> to <i>English learner</i>. ○ The ESSA clarified that alternative assessments should be aligned with alternative academic achievement standards for students with the most significant cognitive disabilities who cannot participate in regular assessments even with accommodations. Expectations for achievement are modified with respect to the state grade-level academic content but alternative assessments must be aligned to grade-level content (academic) standards. ○ The ESSA specified that only 1% of students in special education can be given alternative tests. ○ The ESSA required evidence-based interventions.

Every Student Succeeds Act

The Every Student Succeeds Act (ESSA) was signed by President Obama on December 10, 2015. The ESSA reauthorized the Elementary and Secondary Education Act (ESEA), which has been a commitment to national education law and equal opportunity for all students for more than 50 years. Prior to the ESSA, under President George W. Bush, the ESEA was reauthorized as the **No Child Left Behind Act of 2001 (NCLB)**. One major goal of NCLB was to raise academic achievement for all students and to close the achievement gap between poor, inner-city schools and wealthier schools in middle-class suburban areas. Although the emphasis on school district accountability was important in ensuring a quality education for all students, difficulties were encountered in operationalizing all of the requirements for the implementation of this law. Building on successes of NCLB and recognizing that some changes were needed, the ESSA was enacted to create a law that focused on the goal of fully preparing all students for success in college and careers.

Disability is a natural part of the human experience and in no way diminishes the right of individuals to participate in or contribute to society. Improving educational results for children with disabilities is an essential element of our national policy of ensuring equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities. (OSEP, 2017)

Section 504 of the Rehabilitation Act

In 1973 Congress passed **Section 504 of the Rehabilitation Act**, intended to prevent discrimination against individuals with disabilities in programs that receive federal funds. Section 504 required public buildings to provide **accommodations**, such as wheelchair ramps, to allow or facilitate access by people with disabilities. This means public schools must provide accommodations to students whose disabilities or health conditions require some special attention in order to allow them to participate fully in school activities. This law set the stage for both IDEA and the Americans with Disabilities Act (ADA), because it included some protection of the rights of students with disabilities to public education and many provisions for adults with disabilities and their participation in society and the workplace. Let's direct our attention now to the law that specifically targets schoolchildren and their families.

Americans With Disabilities Act

Congress first considered the civil rights of people with disabilities when it passed Section 504 of the Rehabilitation Act of 1973. However, after almost 20 years, Congress became convinced by advocates, many of whom were themselves adults with disabilities, that Section 504 was not sufficient and did not end discrimination for adults with disabilities. Congress took stronger measures by passing yet another law. On July 26, 1990, President George H. W. Bush signed the **Americans with Disabilities Act (ADA)**, which bars discrimination in employment, transportation, public accommodations, and telecommunications. Bush said, "Let the shameful walls of exclusion finally come tumbling down." Senator Tom Harkin (D-IA), the chief sponsor of the act, spoke of this law as the emancipation proclamation for people with disabilities (West, 1994).

ADA guarantees people with disabilities access to all aspects of life—not just those supported by federal funding—and implements the concept of normalization across all aspects of U.S. life. Both Section 504 and ADA are considered civil rights and antidiscrimination laws (deBettencourt, 2002). ADA supports and extends Section 504 and ensures that adults with disabilities have greater access to employment and participation in everyday activities that adults without disabilities enjoy. It requires that employers not discriminate against qualified applicants or employees with disabilities and mandates new public transportation (buses, trains, subways) and new or remodeled public accommodations (hotels, stores, restaurants, banks, theaters) to be accessible to persons with disabilities.

ADA has had a substantial impact on the daily lives of people with disabilities. For example, it requires telephone companies to provide relay services so deaf individuals and people with speech impairments can use ordinary telephones. It is thanks to ADA that curb cuts for wheelchairs also make it easier for everyone to use carts, strollers, and even roller skates when crossing streets. For students making the transition from school to adult life, improvements in access and nondiscrimination should allow genuine participation in their communities.

Section 504 and ADA also affect the education system, but there are some important differences between those laws and IDEA. Section 504 and ADA incorporate a broader definition of disabilities than does IDEA, because they guarantee the right to accommodations even to those who do not need special education services and to those beyond school age. For example, it is under the authority of ADA that college students with special needs are entitled to special testing situations (untimed tests, Braille versions, someone to read the questions to them) and that schoolchildren with ADHD who do not qualify for special education receive special accommodations.

Like IDEA, the ADA law has sparked controversy. On the one hand, some members of the disability community are disappointed because they still cannot find jobs suited to their interests, training, or skills. On the other hand, many small-business owners claim that ADA requires them to make accommodations that are expensive and rarely used.

Individuals With Disabilities Education Act

We've seen that Congress found widespread patterns of exclusion, denial of services, and discrimination (Knitzer, Steinberg, & Fleisch, 1990). Therefore, it decided that a universal, national law guaranteeing the rights of students with disabilities to a FAPE was necessary. The first version of the special education law was passed in 1975 and was called **Public Law (PL) 94-142, Education for All Handicapped Children Act (EHA)**. (The first set of numbers refers to the session of Congress in which the law was passed, the second set to the number of the law. Thus, EHA was the 142nd law passed in the 94th session of Congress.) Congress gave the states two years to get ready to implement this new special education law, so it was actually initiated in 1977. It was to be in effect for 10 years; for it to continue after that time, a reauthorization process was required. After the first 10-year period, the law was to be reauthorized every 3 years.

EHA was reauthorized the first time in 1986. (Congress gives itself a couple of extra years to reauthorize laws so they do not expire before the congressional committee can complete the job of rewriting them.) Congress added services to infants, toddlers, and their families in this version of the special education law. In its next reauthorization, Congress (retroactively) changed the name of the law to PL 101-476, the Individuals with Disabilities Education Act (IDEA), added autism and traumatic brain injury as special education categories, and strengthened transitional services for adolescents with disabilities. In the 1997 reauthorization of IDEA, issues such as access to the general education curriculum, participation in state- and district-wide testing, and discipline assumed prominence. When the law was reauthorized again in 2004, many changes were made in the way students with learning disabilities can be identified. The 2004 version of the law also encourages states and school districts to help all young students who are struggling to read, in hopes of preventing reading/learning disabilities and also getting help as early as possible to those who need it (USDE, 2006). Finally, as part of the ESSA (2015), changes were made to some provisions of IDEA (see Table 1.2 for a list of some changes).



istock/vm

Assistive Technology Act of 2004

On October 25, 2004, President George W. Bush signed the reauthorization of the **Assistive Technology Act of 2004 (ATA, or Tech Act)** into law. People with disabilities find this law of growing relevance because they are confident that increased accessibility in the future

▲ Federal legislation broadly defines disabilities and impairments that significantly limit one or more major life activities, including walking, seeing, hearing, and learning.

TECH NOTES

ASSISTIVE TECHNOLOGY LEGISLATION

The term *assistive technology device* was first defined in the Technology-Related Assistance for Individuals with Disabilities Act of 1988 (PL 100-407). In this legislation, AT devices were defined as “any item, piece of equipment, or product system, whether acquired commercially off-the-shelf, modified, or customized, that is used to increase, maintain or improve the functional capabilities of individuals with disabilities” (Sec. 3). Individuals with disabilities can use technology, whether disability-specific (e.g., Braille

printers, speech synthesizers), specialized (e.g., good grip utensils, ergonomic seating), or general (e.g., organizing tools), to help them become more independent (Carey, Friedman, & Bryan, 2005). The Tech Act applies to the education system and the federal legislation, IDEA mandates that IEP teams must consider whether the student needs AT to receive a FAPE. School districts have become increasingly aware that IEP team members need knowledge and skills to make informed AT decisions.

depends, in part, on technology. The following Tech Notes provide information from the Tech Act about AT.

AT is critical to the ability of people with disabilities to participate in the workplace, in the community, and in school; it removes barriers that restrict their lives. For example, AT allows people with hearing problems to go to their neighborhood theaters and hear the movie’s dialog through listening devices or to read it via captions. It allows people with physical disabilities to join friends at a local coffeehouse by using a variety of mobility options. It provides text-to-audio translations to those who cannot access printed passages because they cannot see, and provides immediate audio-to-text translations to those who cannot hear lectures (Hitchcock & Stahl, 2003). The potential is limited only by our creativity and innovation.

However, AT is expensive and far beyond many people’s budgets, particularly those who are underemployed or unemployed. For both students and adults, the Tech Act offers (through the states’ loan programs) training activities, demonstrations of new devices, and other direct services. This law allows students to test equipment and other AT devices both at school and at home before they purchase them.

Access to information technology is important and unfettering to all of us, and restricted access to it results in barriers with considerable consequences. Here’s how the National Council on Disability advised the president of the United States about this issue:

For America’s 54 million people with disabilities, however, access to such information and technology developments is a double-edged sword that can release opportunities or sever essential connections. On the one hand, such developments can be revolutionary in their ability to empower people with seeing, hearing, manual, or cognitive impairments through alternative means of input to and interaction with the World Wide Web, information transaction machines, and kiosks. On the other hand, electronic information and technological developments can present serious and sometimes insurmountable obstacles when, for example, basic principles of accessibility or universal design are not practiced in their deployment. (National Council on Disability, 2001 p. 1)

Influential court cases, landmark legislation, and laws related to education and the greater society have paved the way for special education services as we know them today.

Court Decisions Defining the Individuals With Disabilities Education Act

It is the role of the courts to clarify laws passed by Congress and implemented by the administration. (Implementation of IDEA is the responsibility of the USDE.) Although Congress thought it was clear in its intentions about the educational guarantees it believed necessary for children with disabilities and their families, no legal language is perfect. Since 1975, when PL 94-142

(EHA; name was later changed to IDEA) became law, a very small percentage of the children served have been engaged in formal disputes about the identification of students with disabilities, evaluations, educational placements, and the provision of a FAPE. Most disputes are resolved in noncourt proceedings or in **due process hearings**. Some, however, must be settled in courts of law—a few even in the U.S. Supreme Court. Through such litigation, many different questions about special education have been addressed and clarified. Table 1.3 highlights a few important U.S. Supreme Court decisions.

TABLE 1.3 • Landmark U.S. Supreme Court Cases Defining the Individuals With Disabilities Education Act

Case	Year	Issue	Finding/Importance
Rowley v. Hendrick Hudson School District	1982	Free Appropriate Public Education (FAPE)	School districts must provide those services that permit a student with disabilities to benefit from instruction.
Irving Independent School District v. Tatro	1984	Defining related services	Clean intermittent catheterization is a related service when necessary to allow a student to stay in school.
Smith v. Robinson	1984	Attorneys' fees	Parents are reimbursed legal fees when they win a case resulting from special education litigation.
Burlington School Committee v. Department of Education	1985	Private school placement	In some cases, public schools may be required to pay for private school placements when the district does not provide a FAPE.
Honig v. Doe	1988	Exclusion from school	Students whose misbehavior is related to their disability cannot be denied education.
Timothy W. v. Rochester, New Hampshire, School District	1989	FAPE	Regardless of the existence or severity of a student's disability, a public education is the right of every child.
Zobrest v. Catalina Foothills School District	1993	Paid interpreter at parochial high school	Paying for a sign language interpreter at a parochial school does not violate the constitutional separation of church and state.
Carter v. Florence County School District 4	1993	Reimbursement for private school	A court may order reimbursement to parents who withdraw their children from a public school that provides inappropriate education, even though the private placement does not meet all IDEA requirements.
Doe v. Withers	1993	FAPE	Teachers are responsible for the implementation of accommodations specified in individual students' IEPs.
Cedar Rapids School District v. Garret F.	1999	Related services	Health attendants are a related service and a district's expense if the service is necessary to maintain students in educational programs.
Arlington Central School District Board of Education v. Murphy	2006	Fees	Parents are not entitled to recover fees for expert witnesses in special education due process hearings.
Forest Grove School District v. T.A.	2009	Private school tuition reimbursement	Parents are entitled to tuition reimbursement for private school special education services regardless of whether the child had received special education services in a public-school setting and the public school had not provided a FAPE.
Endrew F. v. Douglas County School District	2017	Equal opportunity to achieve success like other kids	<p>The school district argued that the boy who had autism had the right to only a de minimis, or minimal, benefit from the IEP.</p> <p>The Supreme Court unanimously ruled to send the case back to the trial level. The district judge in the case, who had initially ruled in favor of the Douglas County School District, reversed his decision and ruled in favor of the parents of a child with autism.</p>

The issues and complaints the courts deal with are significant, and the ramifications of those decisions can be momentous. For example, a student named Garret F. was paralyzed as the result of a motorcycle accident at the age of 4. Thereafter, he required an electric ventilator (or someone manually pumping an air bag) to breathe and so to stay alive. When Garret was in middle school, his mother requested that the school pick up the expenses of his physical care while he was in school. The district refused the request. Most school district administrators believed providing so-called complex health services to students was not a related service (and hence not the district's responsibility), but rather a medical service (excluded under the IDEA regulations). In other words, across the country, districts had interpreted the IDEA law and its regulations to mean that schools were not responsible for the cost of health services.

The Supreme Court, however, disagreed and interpreted IDEA differently. The justices decided that if a doctor is not necessary to provide the health service, and the service is necessary to keep a student in an educational program, then it is the school's obligation to provide the related service. The implications of this decision are enormous (Katsiyannis & Yell, 2000). Not only are the services of additional staff expensive—between \$20,000 and \$40,000 per school year—but to them must be added increased liability for schools, additional considerations for IEP teams, administrative costs, and the complications of having yet another adult in a classroom.

Next, we focus on the nature of disability as a backdrop for the remaining chapters.

What Is a Disability?

Some of you might have answered the question, “What is a disability?,” by expressing the notion that **disabilities** are absolutes—something an individual does or doesn't have. You might have said the concept of disability is complex and that there are many different perspectives on what it is and what it means to each individual, family, and culture. You might have included in your answer that the intensity of a disability is the result of different conditions or experiences and that the response to it—the intensity of instruction, types of services, and community supports—depends on an individual's unique needs. These answers reflect the idea that individualized adaptations and assistance can reduce the impact of the challenge presented by a disability.

Why did we ask how disability is conceptualized? First, the concept of disability is not as simple as it initially appears. Second, the way people, groups, and cultures think about what it means to have a disability affects the way they interact with people with disabilities, and those interactions in turn become events that influence individuals' outcomes (Branson & Miller, 2002; Winzer, 2007). For example, some responses—such as low or unreasonably high expectations—can have long-term negative results (Harry, 2007). So, let's think together about various ways to conceptualize the term *disability* and also about how attitudes toward disability can influence students' lives.

Different disciplines, cultures, and individuals disagree about what disabilities are or how to explain them (Lynch & Hanson, 2004; Utley & Obiakor, 2001). For example, many psychologists, education professionals, and medical professionals describe children and youths in terms of various characteristics, such as intelligence, visual acuity, academic achievement, or behavior. In its manual, *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition (DSM-5), the American Psychiatric Association (APA) describes many characteristics that help to describe or define a condition or a disability because they set the individual apart from what is called normal, typical, or average (APA, 2013). In this common approach, human characteristics or traits are described as a continuum; at one end, very little of the target behavior is observed, and at the other end an unusual amount of the trait is expressed. Here's an example. In DSM-5 the APA (2013) describes inattention, hyperactivity, and impulsivity as including the following behaviors:

- a. often fidgets with hands or feet or squirms in seat.
- b. often leaves seat in classroom or in other situations in which remaining seated is expected.

- c. often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness).
- d. often has difficulty playing or engaging in leisure activities quietly.
- e. is often “on the go” or often acts as if “driven by a motor.”
- f. often talks excessively. (APA, 2013, p. 60)

Note that all the behaviors described in the DSM-5 account of hyperactivity are expected in children to some extent. What identifies hyperactivity is that an individual exhibits “too many” of these behaviors. Now let’s look at the reverse situation, when displaying “not enough” or “too few” of the behaviors of concern leads to the identification of a disability.

Other perspectives can also provide a framework for understanding disabilities and special needs. Let’s turn to four different ways of thinking about disabilities:

- The deficit perspective on disabilities
- The cultural perspective on disabilities
- The sociological perspective on disabilities
- People with disabilities as members of a minority group

The Deficit Perspective on Disabilities

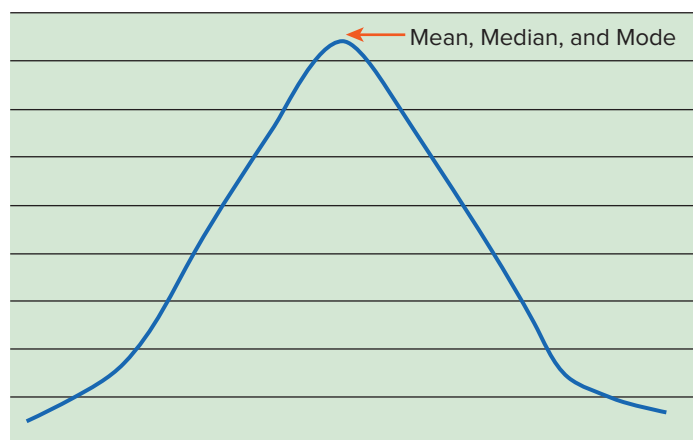
The *deficit perspective* reflects the idea that behavior and characteristics people share are distributed along a continuum, with most people falling in the middle of the distribution, where they make up the average. For example, some people are short and some are tall, but most people’s height falls somewhere in the middle; the average of everyone’s height is at the center of the distribution. The scores from most human characteristics create such patterns, forming what we call a **normal curve**, like the one shown in Figure 1.1. Because of the way the distribution tends to fall, with the highest number of scores in the middle and proportionally fewer as the distance from the average score increases, the distribution is also referred to as the **bell-shaped curve**.



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▲ Some students exhibit problem behaviors and need exemplary teachers. How do federal laws distinguish between students who exhibit problem behaviors and students with attention issues or learning disabilities?

FIGURE 1.1 • A Hypothetical Distribution of Scores Creating a Normal or Bell-Shaped Curve



Suppose we plotted the number of students obtaining each academic achievement score on the graph. Few students would obtain low scores, and their scores would be plotted at the left-hand side of the graph. The number of students receiving higher scores increases as we move to the right until we reach the average or mean score. Somewhere in the middle of the distribution are **typical learners**, whose behaviors and characteristics represent the average or majority of students. The progressively fewer students who obtain higher and higher scores on the test complete the right-hand side of the distribution or curve. The number of characteristics we can count in this way is infinite, and each individual student probably falls at a different point on each dimension measured. Thus, the unusually tall student might have slightly below-average visual acuity and an average score on the distance he or she can kick a ball. Clearly the hypothetical average student, or typical learner, does not actually exist—or exists very rarely—because the possible combinations of human characteristics are endless.

Regardless, in mainstream U.S. society, the most common way we describe individuals is by quantifying their performance. Unfortunately, this way of thinking forces us to consider everyone in terms of how different they are from the average, and half the members of any group will be below average. The approach also contributes to the tendency to think about students with disabilities as deficient or somehow less than their peers without disabilities.

The Cultural Perspective on Disabilities

A second way to think about disabilities and the people who might be affected does not use a quantitative approach; rather, it reveals a *cultural perspective* that reflects the diversity of our nation. Alfredo Artiles of Arizona State University aptly pointed out that the United States today includes many different cultures, some of which embrace concepts and values that differ greatly from mainstream ideas. Nonmajority cultures often hold different views of disabilities, and many do not think about disabilities in terms of deficits or quantitative judgments of individuals (Artiles, 2003). The beliefs of teachers and other professionals who work with students are important to understand because different perspectives result in different responses to a disability.

First, education professionals and the families with whom they work might not share the same understanding of disability. Second, they might not have a common belief about what causes disabilities. Knowing this helps us understand why different families approach education professionals differently when told their child has a disability. Because disability does not have a single orientation or fixed definition, it is not thought about uniformly or universally (Harry, 2007; Lynch & Hanson, 2004). The same individual might be considered different or as having a disability in one culture but not in another (Utley & Obiakor, 2001). Or the degree of difference might not be considered uniformly across cultures.

The Sociological Perspective on Disabilities

Instead of focusing on people's strengths or deficits, the *sociological perspective* views differences across people's skills and traits as socially constructed (Longmore, 2003; Riddell, 2007). The way a society treats individuals, and not a condition or set of traits the individual exhibits, is what makes people different from each other. If people's attitudes and the way society treats groups of individuals change, the impact of being a member of a group changes as well. In other words, according to this perspective what makes a disability is the way we treat individuals we think of as different.

Some scholars and advocates hold a radical view, suggesting that disabilities are a necessity of U.S. society, structure, and values. Some scholars, such as Herb Grossman, believed that when societies are stratified, variables such as disability, race, and ethnicity become economic and political imperatives (Grossman, 2002). They are needed to maintain a hierarchical class structure. Classifications result in restricted opportunities that force some groups of people to fall to the bottom (Erevelles, 1996; Grossman, 2002). Clearly, this rationale or explanation for disabilities is controversial, but let's see how the sociological perspective might apply to at least one disability. Using this perspective, intellectual disabilities (referred to as mental retardation in the IDEA, 2004; see Rosa's Law in Table 1.2) exist because society and people treat these individuals poorly. If supporting services were available to help every individual when problems occur, then people with intellectual disabilities would not be negatively treated and would be successful.

In other words, if individuals with significant differences are treated like everyone else, problems associated with intellectual disabilities will disappear.

Serious issues have been raised about sociological perspectives on disabilities. Jim Kauffman and Dan Hallahan, scholars at the University of Virginia, maintain that disabilities are real, not just sociologically constructed, and significantly affect the people who have them no matter how they are treated (Hallahan, Kauffman, & Pullen, 2011). To these critics, sociological perspectives arise from a need for sameness, in which everyone is truly alike. They contend that this position is dangerous because it (a) minimizes people's disabilities, (b) suggests that individuals with disabilities do not need special services, and (c) implies that needed services can be discontinued or reduced. All three scenarios leave individuals with disabilities vulnerable to diminished outcomes. Whether or not you believe the sociological perspective can be used to explain disabilities, it does explain why people with disabilities believe they experience bias and discrimination, just like members of other minority groups.

People With Disabilities as Members of a Minority Group

Paul Longmore—a founder of the disabilities studies movement, director of the Paul K. Longmore Institute on Disability at San Francisco State University, and also a person with disabilities—maintains that, like other minority groups, individuals with disabilities receive negative treatment because of discrimination (Longmore, 2003). The ways in which people are treated by society and by other individuals erect real barriers that influence their outcomes. Many individuals with disabilities believe their disabilities then **handicap** them by presenting challenges and barriers. This belief leads many people to think of people with disabilities as belonging to a minority group, much as the concepts of race and ethnicity have resulted in African Americans, Hispanics, Native Americans, and Asian/Pacific Islanders being considered part of historically underrepresented groups.¹ Difficult situations occur not because of a condition or disability, but rather because people with disabilities are denied full participation in society as a consequence of their minority status (Winzer, 2007). In fact, the law that guarantees children with disabilities a right to a public education, the **Individuals with Disabilities Education Act (IDEA, 2004)**, is often referred to as a civil rights law. This places IDEA in the same category as the Voting Rights Act of 1965, which put an end to discriminatory practices that denied some citizens their right to vote in state and national elections.

What Are Some Reasons for Disabilities?

We have just discussed four very different perspectives on disabilities. Let's return to more-traditional views of disabilities and the conditions that cause them. (We discuss other special learning needs that schools and society do not consider disabilities, including those prompted by giftedness, social and economic inequities, and cultural and linguistic differences, in Chapter 4.)

One way to organize the causes of disabilities is to divide them into three groups by time of onset, whether before birth, during the birth process, or after birth. **Prenatal** or **congenital** causes occur before or at birth and are often genetic or inherited. Heredity is responsible for Down syndrome and congenital deafness. Diseases and infections in expectant mothers, such as HIV/AIDS, can devastate an unborn baby, and such events are also considered prenatal. **Perinatal** causes occur during the birthing process. They include low birth weight and injuries due to oxygen deprivation, umbilical cord accidents, obstetrical trauma, and head trauma. One common perinatal cause of disabilities is cerebral palsy. **Postnatal** causes occur after birth, and here the environment is a major factor. A few examples of postnatal causes are child abuse and neglect, environmental toxins, and accidents. Another way to consider why disabilities and special needs arise is to classify the reasons in terms of biological causes, environmental causes, and other risk factors. Many of these causes occur during all three periods of onset.

¹Although regional and personal preferences about specific terms used to identify ethnic and racial groups vary, these terms are the ones used by the federal government. Throughout this text, we use a variety of terms in an attempt to achieve balance.

Biological Causes of Disability

Heredity is a biological cause of disabilities, as are diseases and health conditions. Thus, a virus that results in a severe hearing loss is considered a biological cause of disability. Seizure disorders such as epilepsy are biological reasons for special health-care needs, as are diseases such as juvenile arthritis and polio. In Chapters 5 and 6, where we present information about specific disabilities, we will have more to say about some types of conditions that students bring to school.

Environmental Causes of Disability

In addition to biological factors, other situations can cause challenges that result in educational difficulties. Some of these are environmentally based. Many are preventable, but many others cannot be prevented. Toxins abound in our environment. All kinds of hazardous wastes are hidden in neighborhoods and communities. For example, one toxin that causes intellectual disabilities is lead. We can pinpoint (and, you would think, eliminate) two major sources of lead poisoning in the United States today: lead-based paint and leaded gasoline. Neither product is sold today, but unfortunately lead has remained in the dirt children play in and on the walls of older apartments and houses where they breathe it directly from the air and household dust, eat paint chips, or put their fingers in their mouths after touching walls or window sills. The Children's Defense Fund (2004) reports that some 16% of low-income children in the United States have lead poisoning, compared with 4% of all U.S. children. Lead is not the only source of environmental toxins government officials worry about; other concerns include pesticides, industrial pollution from chemical waste, and mercury found in fish (Keysor, 2006).

Other Risk Factors

Other environmental issues can trigger problems for children as well. Asthma, a health condition covered in our discussion of Section 504 in Chapter 2, is the leading cause of school absenteeism. Teachers and schools can reduce problems with asthma through the use of simple interventions. For example, asthma is often triggered by exposure to specific allergens. For some students, the chance of an asthma attack is reduced when the classroom is free of chalk dust, plants that generate pollen or mold, cold and dry air, smoke, paint fumes, and chemical smells. For others, the fur of classroom pets can cause an episode. Clearly, exposures to toxins are preventable, and the effect of a condition can be reduced.

What Are the Characteristics of Students With Disabilities?

Nationally, some 6.7 million children and youths ages 3 to 21, or about 13% of students in public schools, are identified as having disabilities and are receiving special education services from pre-kindergarten through 12th grade (U.S. Department of Education, National Center for Education Statistics [NCES], 2018). The federal government describes 13 disability-specific categories that can be used to qualify infants, toddlers, preschoolers, and young students eligible to receive special education services. Within these categories are many conditions. For example, stuttering is included as a speech impairment, ADHD is included in the category of other health impairments, and Tourette's syndrome is included in the emotional disturbances category.

People think about these **special education categories**, or disabilities requiring specialized educational responses, in different ways. First, the names for these categories differ slightly from state to state, and parent and professional groups do not necessarily prefer the terms. Second, some categories—such as deafness and hard of hearing—are often combined. And categories are often ordered and divided by **prevalence**, or the size of the category: **high-incidence disabilities** occur more often and **low-incidence disabilities** occur less often. Some people mistakenly think incidence or prevalence relates to the severity of the disability. Remember, however, that all disabilities are serious, and mild to severe cases occur within each range of incidence.

Table 1.4 shows an overview of the disabilities and the different ways they are referred to in school settings. IDEA requires states to use these disability areas to qualify children and youths for special education services. Note they are listed by whether the federal government considers them high or low incidence. Check carefully to see how your state views these determinations about prevalence.