SPECIAL EDUCATION FOR YOUNG LEARNERS WITH DISABILITIES

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ADVANCES IN SPECIAL EDUCATION   VOLUME 34

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emerald
PUBLISHING

United Kingdom – North America – Japan
India – Malaysia – China

Emerald Publishing Limited
Howard House, Wagon Lane, Bingley BD16 1WA, UK

First edition 2019

Reprints and permissions service
Contact: permissions@emeraldinsight.com

British Library Cataloguing in Publication Data
A catalogue record for this book is available from the British Library

ISBN: 978-1-78756-041-3 (Print)
ISBN: 978-1-78756-040-6 (Online)
ISBN: 978-1-78756-042-0 (Epub)

ISSN: 0270-4013

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PREFACE

Learners with disabilities have been present in communities and societies for thousands of years, especially those with visible sensory and physical characteristics. And, these learners have endured disenfranchisements, disengagements, and disillusionments based on the ways they have been identified, assessed, labeled, placed, and instructed. As the societies progressed, their perceptions began to change dramatically and positively. For example, their negative perceptions as burdens, caricatures, worthless beings, demons, and buffoons began to give way to more protective and humanitarian attitudes that are related to their welfare. Today, learners with disabilities are considered part of an inclusive society where all citizens have value and merit and can make meaningful contributions. One area that has not been addressed to the level it should is the focus on young learners with disabilities. This journey has not been easy for learners with disabilities, their families, or those who have tried to educate them. To a large measure, this journey has been retrogressive, intriguing, innovative, and progressive.

This book, the *34th Volume of Advances in Special Education* focuses on special education for young learners with disabilities. It begins with an introductory chapter on "Special Education for Young Learners with Disabilities: An introduction." In the remaining chapters of the book, leaders in the field of young children with disabilities present their ideas and research on different disability topics. These include Chapter 2 "Reading Interventions for Young Learners with Reading Difficulties and Disabilities: The Role of Word Reading and Word Meaning," Chapter 3 "The Urgent and the Always: Intervening on Behavior Problems in Young Children," Chapter 4 "Special Education for Young Learners with Intellectual Disabilities," Chapter 5 "Special Education for Young Learners who are Deaf/Hard of Hearing," Chapter 6 "Special Education for Young Learners with Visual Impairments," Chapter 7 "Special Education for Young Learners with Autism Spectrum Disorder," Chapter 8 "Inclusive Special Education for Young Learners with Severe and Multiple Disabilities," Chapter 9 "Teaching Young Children with Traumatic Brain Injury in Inclusive Classroom Settings," Chapter 10 "We Can Do Better: Critically Reframing Special Education Research and Practice at the Intersections of Disability and Cultural and Linguistic Diversity for Young Children," Chapter 11 "Special Education for Young Learners with Physical Disabilities," and Chapter 12 "Special Education for Young Learners with Other Health Impairments." The book ends with and a concluding Chapter 13 on "Special Education for Young Learners with Disabilities: Moving Forward."

Special Education for Young Learners with Disabilities is composed of 13 chapters written by well-known and respected researchers, scholars, and educators who are actively involved in teaching undergraduate and graduate special education courses on young learners with disabilities. This book demonstrates the benefits of collaboration, consultation, and cooperation at all educational and professional levels. We hope that it is used as a required or supplementary text for advanced undergraduate special education majors and graduate students who are looking for detailed, comprehensive, and current information for their research papers, theses, and dissertations. We also hope that practitioners working with young children in early childhood programs take advantage this book's contents. Finally, we thank the professionals at Emerald for their dedication to excellence, and our wives and children for their love and support during this worthy venture.

Festus E. Obiakor
Jeffrey P. Bakken
Series Editors

SPECIAL EDUCATION FOR YOUNG LEARNERS WITH DISABILITIES: AN INTRODUCTION

Jeffrey P. Bakken

ABSTRACT

The field of special education has come a long way with regard to providing services for young children with disabilities; but, more investigative research is needed. From the very beginning, young children with disabilities were not served in our public schools. This created turmoil for families and parents, and advocacy groups then got involved to spearhead the development of federal laws to support these young children. Through these federal laws and with the help of teachers, researchers, and other key professionals, young children with disabilities were more openly identified, assessments were created and evaluated, and interventions for their success were created and measured. Family-centered services were created so that parents could be involved with the development of their children. In the same vein, evidence-based practices were developed and enacted. Another area that has helped these children is assistive technology with a focus on literacy, communication, and other educational areas. While the field of special education has come a long way, there is more to do. This chapter and volume highlight what has been done and what can be done to enhance the education of young children with an array of disabilities.

Keywords: Assistive technology; communication; literacy; effective practices; evidence-based practices; inclusion; least restrictive environment

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Special Education for Young Learners with Disabilities
Advances in Special Education, Volume 34, 1–13

ISSN: 0270-4013/doi:10.1108/S0270-401320190000034001

Many years ago, if students had disabilities, they were disenfranchised and not served in our schools, especially if their disability was of a physical nature (e.g., hearing impairment, visual impairment, developmental disability, and severe cognitive impairment). For these students, if they received services at all, it was in a special school or private setting. Before the enactment of the Public Law (PL) 94–142 in the United States, the fate of many individuals with disabilities was likely dim. Too many individuals lived in state institutions for persons with mental retardation or mental illness. In 1967, for example, state institutions were homes for almost 200,000 persons with significant disabilities. Many of these restrictive settings provided only minimal food, clothing, and shelter. Too often, persons with disabilities were merely accommodated rather than assessed, educated, and rehabilitated. Prior to legislation requiring public education, parents of children with cognitive or emotional disabilities, deafness, blindness, or those with children that needed speech therapy, among others had few options other than to educate their children at home or pay for an expensive private education. If the disability was unseen (e.g., learning disability or emotional and behavioral disability), students might have access to schools; but, they would not be provided accommodations or services in order to be successful. As parents and educators became more aware and as advocacy groups led a charge for all students receiving an education, students with disabilities started to get recognized and gain access to instruction and services within the schools like students without disabilities. This chapter focuses on innovative ways to educate young children with disabilities.

EARLY STAGES OF SUPPORT

Services for students with disabilities have been at the forefront of the educational system for decades. They arose from advocacy groups as well as parents who wanted an education for their children with disabilities like children without disabilities were receiving. The focus, however, typically began for children who were school-aged. The first government funding used to support inclusion was through the Handicapped Children's Early Education Act of 1968 (HCEEP; PL 90–538), which provided discretionary grants and funds to develop model intervention programs for infants and young children with disabilities and their families. This funding also supported the scaling up of exemplary models through hundreds of outreach projects that trained personnel to replicate effective intervention models in additional program sites (Black et al., 1984). The HCEEP focused on developing a national system of effective practices, program models, and competent personnel in early childhood (EC) interventions to serve young children with disabilities.

In 1975, PL 94–142, also named the Education of All Handicapped Children Act, was passed by Congress to foster ways to educate all learners with disabilities. This federal law was responsible for governing how states and various public agencies provided early intervention (EI), special education, and other related services to children with disabilities. PL 94–142 was aimed to address the educational needs of children with mental and physical disabilities (the legislation divided the disabilities into 13 ailments or conditions) from birth to age 21 years. This law assisted those individuals with mental and physical impediments who were traditionally disadvantaged by highly fragmented and inefficient educational systems. In fact, students with disabilities did not have the same rights to an education like students without disabilities. Changes implicit in PL 94–142 included efforts to improve how children with disabilities were identified, educated, and evaluated, and how they were provided with due process protections. In addition, the law authorized financial incentives to enable states and localities to provide adequate and equitable educational programs for all persons with disabilities. To a large measure, the law's purposes were to:

> - "Assure that all children with disabilities have available to them [...] a free appropriate public education which emphasizes special education and related services designed to meet their unique needs."
> - "Assure that the rights of children with disabilities and their parents [...] are protected."
> - "Assist States and localities to provide for the education of all children with disabilities."
> - "Assess and assure the effectiveness of efforts to educate all children with disabilities."
>
> PL 94–142 of 1975

The 1980s saw a national concern for young children with disabilities and their families. While PL 94–142 mandated programs and services for children aged three to 21 years that were consistent with state law, the 1986 Amendments (PL 99–457) to the Education of the Handicapped Act (EHA) mandated that states provide programs and services from birth in addition to services from ages 3–21 years. Through such sustained federal leadership, the United States today is the world leader in EI and preschool programs for infants, toddlers, and preschool children with disabilities. These programs proactively prepares young children with disabilities to meet academic and social challenges that lie ahead of them, both while in school and in later life. The notion of providing early services has been realized. The hope is that early services for these children might promote special education services for them in the future. Evidently, PL 99–147 supported the development, validation, and widespread use of the following:

- state-of-the-art models of appropriate programs and services for young children with disabilities (birth to five years) and their families;
- individualized family service plans (IFSPs) to identify and meet the unique needs of each infant and toddler with a disability and his or her family;
- effective assessment practices, teaching techniques, and related instructional materials for young children and their families;
- national network of professionals dedicated to improving EI and preschool education at state and local levels; and
- collaboration with other federal, state, and local agencies to avoid duplication of efforts in providing EI and preschool education.

Other components of the law included the formation of functional individualized education programs (IEPs) and services provided in the least restrictive environment (LRE).

IEPs are documents that are developed for each public school child who needs special education services. The IEP is created through a team effort that includes general and special education teachers, parents, the child when appropriate, and other related service providers (e.g., speech pathologists, physical therapists, and vision specialists) and reviewed periodically to ensure student progress is being made. An IEP defines the individualized academic and behavioral goals and objectives of a child who has been determined to have a disability or requires specialized accommodations, as defined by federal regulations, to be successful in the classroom. Each IEP must be specifically designed to the individual student's needs as identified by the IEP assessment process, and must especially guide teachers and related service providers to understand the student's disability and how the disability affects the learning process. The IEP describes the student's current performance levels in different academic areas as well as behavioral factors, how the student learns, how the student best demonstrates that learning, and what teachers and service providers will do to help the student learn more effectively. An IEP is meant to ensure that students receive an appropriate placement to meet their educational goals and objectives in the LRE. This placement could be different for different academic areas. For example, the student may receive explicit reading instruction from a special education teacher in a separate setting from the normal classroom, but may receive math instruction with their normal-aged peers in the general education classroom. It all depends on the students' abilities and where the IEP team feels would be the LRE from which they will learn the best. In addition, when possible, it requires students to participate in the regular school culture and academics as much as is possible for that individual student. Additionally, the LRE was also a requirement for preschool-aged children with disabilities when their educational rights for a free, appropriate public education were mandated by PL 99−457 amendment in 1986. This law was passed as an amendment to EHA and mandated that children aged 3−5 years were entitled to all rights under EHA, including education in the LRE. Early intervention for the infant−toddler age group received entitlement status through amendments to EHA in 1991 (PL 102−119), shortly after the name of the EHA was changed to IDEA. Early intervention was required to be family-centered and delivered in natural environments in accordance to an IFSP. Natural environments were defined as the home or places in which same-aged children who did not have disabilities participate (e.g., child care or community programs).

IDENTIFYING CHILDREN FOR SERVICES

One of the biggest questions and probably one of the most difficult areas to address is how do we identify these children for disability services. There are several challenges in identifying children for IDEA services. First, even though eligibility is based on the disability categories listed in the law, each state determines its own criteria for those conditions. For example, a state may use the developmental delay category with children older than five, but 15 states do so through age nine (Danaher, 2011). As a result of such differences, we see striking variation across states in the percentage of children who receive services. In 2013, the share of preschoolers receiving special education ranged from a low of 3.6% in Texas to a high of 10.7% in Arkansas (U.S. Department of Education, 2015). The second challenge in identifying children for IDEA services is that those with disabilities are especially difficult to assess. On top of that, a child could be eligible and receiving services in one state; but if that family moved to another state with different criteria they might not be eligible for needed services there. This is a fundamental problem with allowing each state to determine its own criteria for different disability categories. If a child truly has been identified with a disability, it should not matter where he/she moves for services to be provided.

In truth, only a small proportion of young children with delays actually receive intervention services. The estimated prevalence of developmental delay is 17%, or one in six, of all children under the age of five years old (Boyle et al., 2011), and 10% to 12% of children under the age of three years old (Rosenberg, Ellison, Fast, Robinson, & Lazar, 2013; Sices, 2007); yet, the percentage of children in the United States from birth to age three years old who are served in Part C EI programs, authorized under the Individuals with Disabilities Education Improvement Act (IDEIA) (IDEIA, 2004), is approximately 2.8% (U.S. Department of Education, Office of Special Education Programs, 2015). Even though we know that statistically there are more young children with disabilities that need services, only a small proportion of young children with disabilities are actually receiving intervention services. This is problematic since we know that early services are provided to help children to perform better later in life.

MAXIMIZING THE POTENTIAL OF YOUNG CHILDREN WITH DISABILITIES

How do we learn to best identify, assess, intervene, and teach young children with disabilities? Although leading researchers in the field promote the facilitation of children with disabilities in research (Franklin & Sloper, 2006; Sloper & Beresford, 2006; Tisdall, 2012; Whitehurst, 2006), there is a scarcity of research, for example, involving young children and school-aged children with developmental disabilities. Apparently, these children exist and need services to better function in school and society. We also know that parents and families of these children need to be educated to better meet their needs.

The IDEIA, Part C EI program aims to enhance the development of infants and toddlers with disabilities, to increase the capacity of families to meet their needs, and to minimize the need for special education or services later in their lives (Hebbeler, Greer, & Hutton, 2011). The goal of IDEIA, Part B programs for children aged three through five years is to ensure that preschool-age children with disabilities receive a free appropriate public education (IDEIA, 2004) at no costs to parents or families. IDEIA specifies that these services are to be family-centered, with families being actively engaged in setting goals and implementing interventions. Each family should be provided an EI specialist for support. The role of the EI specialist as a "coach" is to support families of children with disabilities. This is a critical practice of family-centered services, especially as they pertain to allowing more opportunities to foster the child's developments and activities in his/her daily routines (Campbell, 1997; Dunst, 2002; Korfmacher et al., 2008; Rush & Sheldon, 2011). The EI specialist works with children younger than three years old who have been assessed as having developmental delays within their home environment. Therapy is performed with the caregiver close by, with an emphasis that families are the best teachers (Van Nest, 2017). This assistance for parents and families is critical for the success of their children. For these children with disabilities and their families, access to effective EI services, within the first five years of life, is critical to their overall developments (Guralnick, 2011). Again, the earlier that services are provided to these children, the better chance they have of being successful when they are in and out of school.

Using a Family-centered Approach

A family-centered approach to EI service delivery has been promoted by legislation, research, and policy guidelines (DEC Recommended Practices, 2014; Dunst, Johnson, Trivette, & Hamby, 1991; Dunst, Trivette, & Deal, 1988; Individuals with Disabilities Education Improvement Act [IDEIA], 2004; U.S. Department of Health and Human Services & U.S. Department of Education, 2016). Essential components of family-centered service delivery have been identified as (1) focus on family strengths and informal supports, (2) open and clear communication, (3) flexible service delivery for families, and (4) respect for family diversity and values while promoting family empowerment and decision-making (Bailey, Raspa, & Fox, 2012). These four components should drive how family-centered service delivery is developed and delivered to families of young children with disabilities.

Research has documented the beneficial effects of family-centered or "family systems" EI services on family self-efficacy and support leading to positive effects on child development (Trivette, Dunst, & Hamby, 2010). In a national survey of parents whose children participated in Part C and Part B services, results indicated that active parent involvement yielded more positive ratings of EI services and supports received (Bruder & Dunst, 2015). Involving parents with service delivery to their children with disabilities is crucial to the success of these programs. On the whole, research on parents who are engaged in EI service planning, decision-making, and implementation indicates that they are empowered by the process and experience greater confidence and competence, particularly in programs that use family-centered practices (Bruder, 2000; Dunst & Dempsey, 2007; Dunst, Trivette, & Hamby, 2007). Engaging parents allows them to realize that they can make a positive contribution to the development of their children with disabilities.

Decision-making on Evidence-based Practices

When it comes to deciding what to implement with young children with disabilities, successful outcomes based on prior research in the field should be evaluated. It is not to say that all of the same interventions will work with all young children with disabilities; but the interventions chosen typically should have research support for using them. A term used today is called evidence-based practices. Clearly,

> Programs shown to be effective through rigorous research are known as *evidence-based practices* (EBPs). EBPs have garnered a new prominence in the field of child and family services in the past decade. Federal funding streams have increasingly been tied to research evidence, particularly around programming related to children and youth. Concurrent with these trends, the field of child and family studies has become savvier in designing and publishing research studies, with the goal of establishing research evidence in support of programs and practices that improve outcomes for children and their families. However, the research evidence supporting these programs can be of varied quality. This can be problematic, because there is no single set of standards against which EBPs are evaluated in the field of child and family services. (http://www.promisingpractices.net/briefs/briefs_evidence_based_practices.asp)

In fact, evidence-based practice recognizes that multiple sources of knowledge should be integrated to make a decision that will yield the best possible outcome for a particular child and family (Able, West, & Lim, 2017).

Making Inclusion Work

Inclusion, in education, refers to the model where students with disabilities spend most or all of their time with general education students in the general education setting. How students get identified to be instructed in the general education classroom is through an IEP or 504 plan that is developed by general and special educators, parents, the student when appropriate, and other key related personnel. When discussing inclusion, there is a belief that there are four inclusion goals for infants and young children with disabilities to experience success. These goals focus on access, accommodations and feasibility, developmental progress, and social integration. In order for inclusion to be effective, each goal should be focused on and addressed.

The first goal, *access*, focuses on the importance of children having "universal access to inclusive programs" (Guralnick, 2001, p. 8). Despite its importance, universal access to educational programs remains an area of considerable concern today (Buysse, 2011). Although much progress was made in the 1980s and 1990s, current data clearly indicate that the population of children with disabilities accessing EC inclusive programs is far lower than expected, with a substantial percentage not included in educational programs with typically developing preschool-aged children (Barton & Smith, 2015; U.S. Department of Health and Human Services & U.S. Department of Education, 2015). In 2013, it was reported that over a million young children with disabilities were either enrolled in preschool education under IDEA or were receiving intervention services, but only 38% were fully included in EC classrooms in which they received their special services. For proper integration to occur, EC students with disabilities should be in settings with their age-appropriate peers.

The second goal, *accommodations and feasibility*, aims to "accommodate to, meet [the] individualized needs of children with and without disabilities without disrupting the integrity of the program's model" (Guralnick, 2001, p. 15). Fifteen years ago, many model demonstration and community-based EC programs were able to show this. Currently, programs have implemented assessment tools to measure the quality of inclusive practices (Soukakou, Winton, West, Sideris, & Rucker, 2015); and differentiated instruction and data-based instructional practices are components of EC curricula that have been increasingly adopted by EC classrooms to facilitate the successful inclusion of diverse learners in the same learning activities (Hemmeter, Hardy, Schnitz, Adams, & Kinder, 2015; Sandall & Schwartz, 2008). In addition, most EC curricula include accommodations for young children with disabilities, which when implemented appropriately, allow for the participation of all children across classroom activities. Meeting all student needs, regardless of disability, is essential for all students in the classroom.

The third goal, *developmental progress*, is very specific and states "children will do at least as well developmentally and socially in inclusive programs as they do in specialized programs" (Guralnick, 2001, p. 20). For certain populations, like those students diagnosed with autism spectrum disorders, these students can make substantial progress on a wide range of outcomes when participating in inclusive preschool settings guided by a quality curriculum and a number of other quality indicators (Strain & Bovey, 2011). In the end, children's peer relationships have been shown to improve in quality as a result of participation in inclusive programs. Academic, behavioral, and social advancements are important for all students to achieve; and appropriate assessment and evaluation methods should be incorporated to measure the progress or track progress made in these areas.

Finally, the fourth goal, *social integration*, specifically states that "meaningful participation between children with and without disabilities will be evident in inclusive environments" (Guralnick, 2001, p. 25). Although the formation of deep friendships and the ability to maintain relationship stability between children with and without disabilities is a concern (Meyer & Ostrosky, 2014; Odom et al., 2006), inclusive settings can provide a context for the facilitation and support of social interactions among peers. Students are typically very accepting of others. It is important that students with and without disabilities have opportunities to interact with one another to realize that they can cohabitate and learn from one another.

Using Assistive Technology

Assistive technology has been known to increase many academic skills of young children with disabilities. Assistive technology can be a very powerful tool that enables young children with disabilities to participate in family, school, and community activities (Judge, 2006). Typically, educators and professionals that actually work with these young children with disabilities are responsible for helping children and families select and acquire assistive technology devices and equipment as well as instructing them in their use (Judge, 2006). Agencies that serve young children, however, are struggling to meet the challenges of