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Implementing best practices when modifying an early childhood curriculum to facilitate inclusion of children with disabilities

Cordalia D. Sullivan
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IMPLEMENTING BEST PRACTICES WHEN MODIFYING AN EARLY

CHILDHOOD CURRICULUM TO FACILITATE INCLUSION

OF CHILDREN WITH DISABILITIES

by
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A THESIS

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ABSTRACT

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DR. URBAN
LEARNING DISABILITES/TEACHER CONSULTANT

The purpose of this study was to identify current best practices when modifying an early childhood curriculum to facilitate inclusion of children with disabilities. A questionnaire consisting of twenty items pertaining to the benefits and barriers to an inclusive preschool program was distributed to thirty four educators who service preschoolers with disabilities directly or indirectly. Those surveyed strongly agreed that including young children with disabilities in typical preschool program is a viable model of service delivery. They stated that benefits outnumber the barriers in an inclusive program, that such programs can benefit children with and without disabilities, and staff training is an important component of inclusion.They also felt that specialized instruction is very important and can be embedded throughout an early childhood curriculum. Their findings correlate with the believe that there is no differences between early childhood curriculum and early childhood special education curriculum. Even though one hundred percent stated that inclusive programs can benefit all children, thirty three percent still believe preschoolers with disabilities needs are best addressed in self-contained classes. Seventy percent of the professional surveyed believed in the importance of collaboration and that the philosophy of the curriculum were important components for a successful inclusive program.

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This study investigated the best practices when modifying an early childhood curriculum to facilitate inclusion of children with disabilities. Approximately one hundred percent of the educators surveyed believed the need to deliver specialized instruction through embedded strategies in the ongoing classroom activities.

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CHAPTER 1

Background

During relatively recent history society attitude toward children and adults with disabilities evolved with three distinct stages being recognizable (Lerner, 1987). The first stage was persecution, neglect, and mistreatment; the second stage was one of pity and protection; the third and current stage is marked by greater acceptance and integration of the children and adults with disability into society to the fullest extent possible.

The current zeitgeist in providing education for children with disabilities is embodied in the inclusion movement Inclusion has its roots in the passage of the Education for All the Handicapped Children Act (EAHCA) in 1975, that contained a mandatory provision that, to receive funds under the act, every school system in the nation must provide a free and appropriate education for all children between the ages of five and 18 (subsequently expanded in 1980 to age 21) so long as they met the broad eligibility criteria specified in the law. In 1986, PL99-457 amended EAHCA, and mandated that all schools were to provide services for handicapped children age 3-5. In 1997, that law was restructured and renamed EAHCA as the Individuals with Disabilities Act, P.L. 101-476 (IDEA).

In New Jersey, current special education rules and regulations (N.J.A.C. Title 6A: 14-1.1) specify that each district board of education is responsible for providing a system of free, appropriate special education and related services to students with disabilities

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ages three through 21. All aspects of the provision of these services must be consistent with federal rules and regulations.

Children aged three to five are determined to be eligible for special education services after completing a child study team evaluation, and being classified as "preschool disabled", (Title 6A: 14-3.5 pg29 and pg32). An individual educational program (IEP) that meets the child's needs is developed (Title 6A: 14-3.7) and must contain a statement of measurable annual goals that should be related to the core curriculum content standards. Furthermore the regulations state that services should be provided in the least restrictive environment: "each district board of education shall ensure that, to the maximum extent appropriate, a student with disabilities is educated with children who are not disabled"(Title 6A: 14-4.2). In order to service preschoolers with disabilities in the least restrictive environment, there must be opportunities to place them with their typically developing peers.

Programs serving typically developing preschoolers are found in a wide range of sites, from center-based programs, to Head Start, and public schools. The early childhood curriculum models used in these centers are classified into four categories: (1) the enrichment curriculum, which is designed to encourage natural learning through incidental expansion of learning experiences; (2) the direct teaching curriculum, which is a carefully designed and structured teacher-directed program; (3) the cognitive emphasis curriculum, which is designed to promote thinking skills in the young child; and (4) the caretaking, which may take place in a center or neighborhood. Among the best known are

the High Scope Curriculum, the Montessori method, the Creative Curriculum and the Developmental Interaction Approach.

The National Association for the Education of Young Children (NAEYC) developed an early childhood philosophy which has its roots primarily in maturational perspectives advocating developmentally appropriate practices (DAP).

As greater numbers of children with disabilities participate in early childhood programs, one has to look at the vast array of curriculums and the philosophies guiding them because there is a need to develop practices to accommodate the needs of children with diverse abilities. With appropriate modifications, an early childhood curriculum can be modified so it can meet the needs of children with disabilities in the least restrictive environment.

Purpose of the Study

The purpose of this study is the development of modifications to a traditional early childhood curriculum to provide adaptations for the inclusive education of children with disabilities ages 3-5.

Research Questions

To accomplish the purpose of this study the data will be used to answer the following questions:

Research Question 1- What curriculum modifications are needed in order to service preschool handicapped children in an inclusive preschool program?

Research Question 2- What factors other than curriculum facilitate the success of an inclusive preschool program?

Research Question 3- What barriers prevent the success of an inclusive preschool program?

Definition of Terms

Individualized Education Program – a written plan developed at a meeting according to N.J.A.C.Title 6A: 14-3.7 which sets forth goals and measurable objectives and describes an integrated, sequential program of individually designed educational activities and/or related services necessary to achieve the stated goals and objectives. This plan shall establish the rationale for the pupil's educational placement, and serves as the basis for program implementation.

Preschool Disabled- A child between the ages of three and five who ahs been identified of having a disabling condition and/or a measurable developmental impairment and requires special education and related services, 6:14-3.5, pg32.

Least Restrictive Environment- A student with disabilities shall be educated, to the maximum extent appropriate, with children who are not disabled. placement

CHAPTER 2

Review of the Literature

Inclusion for preschool children is pushed by national and state policies.

Federal legislation that prescribes educational policy for students with disabilities began nearly a quarter century ago with PL94-124. Over the years, provisions were added that expanded the early intervention services to infants and toddlers and insured that educational services be provided to children 3-5 years old. For both age groups the law proposes that, to the extent possible, services for infants and toddles be provided in natural environments, and services for preschool children be located in the least restrictive environment.

Section 612 of IDEA

In general, 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 not disabled, and special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability of a child is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

Americans with Disability Act (ADA) created the opportunity for families and professionals to find placements for children with disabilities in the same classrooms and programs where typically developing children attend.

ADA

Public Accommodations – The following private entities are considered public accommodations for purposes of this title, if the operations of such entities affect commerce —a nursery, elementary, secondary, undergraduate, or postgraduate private school, or other place of education; a day care center, senior citizen center, homeless shelter, food bank, adoption agency, or other social service center establishment.

But inclusion at the preschool level is unique from inclusive programs and practices at the elementary, middle school and high school levels. For example, the actual developmental skills of young children differ from older children. At a younger age there is less developmental discrepancy between children with disabilities and their same age peers than occurs in the elementary, middle, and high school graders. Likewise, social relationships with peers are less firmly fixed for young children than for older children. Such characteristics should lead to a successful and an effective inclusive program.

In addition to national legislation and policy, inclusion is also supported by professional organizations i.e., the Division for Early Childhood (DEC) of the Council for Exceptional Children (CEC).

There is a substantial body of literature indicating that, for preschool children with disabilities special education and related services can be more effective when provided in appropriate mainstream settings (Guralnick, 1990; Smith & Rose, 1993).

Lamorey and Bricker, in a study of integrated programs found that children with disabilities enrolled in integrated early childhood programs, demonstrated higher levels of social play, more appropriate social interactions, and were more likely to initiate interactions with peers than children in self-contained special education preschool classes. Fewell & Oelwein, 1990 found that children with disabilities in integrated classes make gains in language, cognitive, and motor development that are comparable to peers in self-contained special education classrooms. Salisburg, 1993 states that such educational settings lower costs to school programs; and improve the quality of parent, child and family relationships.

Another factor that makes inclusion at the preschool level unique is the fact that public school programs are not always provided. Thus, public school inclusion options for preschoolers with disabilities may not be readily available in many school systems. This challenge is met by serving young children with disabilities in a variety of settings (Odom et al., 1999). In a study of 16 programs in four regions of the country, Odom et al., found that preschoolers attended inclusive programs in a variety of organizational contexts. Some attended state-funded kindergarten programs, or public school programs that were combined with Head Start, or community-based child-care programs, unaffiliated with public schools.

Appropriate curriculum practices based on sound philosophy should guide instruction to all preschoolers with disabilities through out all settings. Such practices would insure equality of services in inclusive setting whether they are public or private.

Curriculum is a framework for making decisions about how best to guide children's growth and development. In addition to goals for groups of children, curriculum planning should take into account the individual variations among children by including goals for individual children based on their particular developmental needs, abilities and interests. It not only involves making decisions about what will be taught (content) but how it will be taught (methods). The fields of Early Childhood Education (ECE) and Early Childhood Special Education (ECSE) differ in curriculum content emphases (McLean & Odom, 1993). ECE curriculum emphasizes thinking and psychological processes, whereas ECSE curriculum emphasizes the performance of skills. Early childhood educators of all children have to meet the challenge of finding the balance between an emergent curriculum – inadequate attention to the content of the curriculum in preschools, with resulting trivialization or loss of learning opportunities – and a curriculum based on predetermined goals – over attention to specifics, limited curriculum objectives and less attention to the specific needs and interests or the developmental characteristics of the children (Bredekamp and Rosegrant, 1995).

The guidelines of the National Association for the Education of Young Children (NAEYC) position statement start the process of determining appropriate curricula to all children aged 3 to 8:

1. A developmentally appropriate curriculum provides for all areas of a child's development: physical, emotional., linguistic, aesthetic, and cognitive.

2. The curriculum includes a broad range of content across disciplines that is socially relevant, intellectually engaging, and personally meaningful to children.

3. The curriculum builds on what children already know and are able to do to consulate their learning and to foster their acquisition of new concepts and skills.

4. Effective curriculum plans frequently integrate across traditional subject-matter divisions to help children make meaningful connections and provide opportunities for reach conceptual development; focusing on one subject is also a valid strategy at times.

5. Curriculum promotes the development of knowledge and understanding, processes, and skills, as well as the dispositions to use and apply skills and to go on learning.

6. Curriculum content has intellectual integrity, reflecting the key concepts and tools of inquiry of recognized disciplines in ways that are accessible and achievable for young children, ages three through eight. Children directly participate in study of the disciplines, for instance, by conducting scientific experiments, writing, performing, solving mathematical problems, collecting and analyzing data, collecting oral history, and performing other experts in the disciplines.

7. Curriculum provides opportunities to support children's home culture and language while also developing their abilities to participate in the shared culture of the program and the community.

8. Curriculum goals are realistic and attainable for most children in the designated age range for which they are designed.

9. When used, technology is physically and philosophically integrated in the classroom curriculum and teaching.

These NAEYC guidelines help focus attention on content, using the key phrases socially relevant, intellectually engaging and personally meaningful to children.

Recommended methods include integrating curriculum to involve whole child, building on prior skills and knowledge, and integrating methods with content. Integrated curriculum allows children to form meaningful mental connections without artificial separations. Integrated curriculum allows the child to function fully using all domains, while pursuing topics of interest and using knowledge and skills acquired within meaningful context. The NAEYC statement makes it clear that its guidelines are intended only for constructing appropriate curriculum, the specifics of "what" and "how" are left to programs and school systems according to their goals.

In the state of New Jersey, a task force of early childhood experts from across the state developed an Early Childhood Education Program Expectations/Standards for New Jersey's early childhood programs. These expectations/standards have the purpose of providing educators with a foundation to build upon in creating developmentally appropriate learning environments for preschoolers. They will support and prepare all young children to meet New Jersey's Core Curriculum Content Standards when they enter kindergarten. It advocates the teaching of content across seven disciplines:

Social/Emotional

Creative Arts

Health, Safety and Physical Education

Language Arts Literacy

Mathematics

Science

Social Studies

Recognizing that children with disabilities require efficient, effective and functional instruction directed at achieving socially and educationally good outcomes (Carta, Schwartz, Atwater & McConnell,1991), it is important to identify the nature of each child's needs and the extent to which accommodations and support will be necessary for each child to be successful. Moreover, Odom and Brown, in a discussion of social interaction skills intervention note that even in inclusive settings, young children with disabilities are more likely to engage in no interactive play, are less likely to participate in play groups and are chosen as playmates less frequently than are their peers without disabilities. Such findings indicate that participation in a general developmentally appropriate program setting is not enough. Mahoney (1995) states that the teacher needs to deliver specialized instruction through a variety of effective strategies, many of which can be embedded in the ongoing classroom activities. Raab & Dunst (1997) developed the Scale of the Quality Indicators for Inclusive Preschool Programs ;

1. High quality programs are guided by a clearly described philosophy, have written goals and objectives, and promotes partnerships with parents.

2. In high quality programs, the director communicates expectations to staff, regularly visits classrooms, provides ongoing support and feedback, and arranges for on-the-job-training.

3. High quality programs have open classrooms clearly divided into learning areas with appropriate, child –size equipment.

4. In high quality programs, staff schedules and responsibilities are defined and followed

5. In high quality programs, functional skills are targeted for instruction, and instruction takes place during naturally occurring classroom routines. Learning activities are developmentally appropriate, and multiple activity options are scheduled and available to children throughout the day. Children do not wait for activities to begin or end.

6. In high quality programs, staff responds to child-oriented behaviors, uses appropriate strategies to facilitate practice and learning, and provides individualized attention during activities. Behavior management procedures are planned and used consistently.

7. In high quality programs, the program has a written plan to monitor goals and objectives. Evaluation is conducted regularly and data used to make decisions toward improvement.

Predictable routines and activities where teaching plans provide children with many learning opportunities are specially important for effective and efficient implementation of a young child's IEP. Sandall et al.,2000 developed seven characteristics of a good classroom schedule;

- Day is divided into time segments that are appropriate to children's needs and abilities
- Schedule offers a balance of active and quiet times
- Schedule provides time for large and small group activities and times to play alone or with others
- Outdoor time is scheduled
- Schedule offers a balance of child-initiated activities and teacher-directed activities

- Schedule includes adequate time for routines (such as toileting and snacks) and transitions

- Schedule maximizes teaching and learning time

Sandall et al., also developed a list of curriculum modifications and adaptations for a high quality inclusive early childhood program as follows:

Environmental Support

- Adapt the physical, social, and temporal environment to promote participation, engagement, and learning

Materials Adaptation

- Modify materials so that the child can participate as independently as possible

Simplify the Activity

- Simplify a complicated task by breaking it into smaller parts or reducing the number of steps

Child Preference

- Use a favorite toy, activity, or person to encourage child participation in learning activities

Special Equipment

- Use special or adaptive devices to increase a child's level of participation

Adult Support

Use adult intervention such as modeling, joining child play, praising, and giving encouragement to support the child's participation

Peer Support

Utilize peers as models and helpers, or to provide praise and encouragement

Invisible Support

Ensure that naturally occurring events (e.g. child's turn, opportunity to use materials) are purposefully arranged so the child has a learning opportunity.

Mahoney and his colleagues' research support the above practices, stating that children with disabilities were more likely to initiate play activities and communications with their peers in settings where the adults displayed responsive and child-oriented teaching styles.

Claire Punda, a preschool expert recommends the development of a comprehensive inclusion plan per child with the following components:

- Identify goals and objectives
- Decide when, during the daily schedule, the objectives can be taught and practice
- Identify what materials, adaptations, modifications or strategies are needed to achieve the goal
- Design and develop a goal-by-activity matrix for planning instruction
- Share information with all staff working with the child
- Monitor, evaluate and continue to update

SUMMARY

The best practices for an effective inclusive preschool program, whether in the public setting of a public school , community setting like Head Start or private setting like child-center, are based on the belief that young children, regardless of background

and abilities, can be nurtured and challenged in an atmosphere that encourages, respects and fosters curiosity, skill development, self expression, responsibility and the development of a positive self image. The curriculum should embrace a dual focus on educational goals and interventional goals so it fosters the child first and the disability second. All children should engage in typical childhood activities and behaviors while addressing individual variations and making accommodations and adaptations when necessary.

CHAPTER 3

Design of the Study and Collection of Data

The sample for this study consists of thirty four professionals who attended the

Early Childhood Curriculum Development workshop at the Learning Resource Center –

South located in South Jersey. Included in the sample were eleven regular education

teachers, nine special education teachers, three speech pathologists, three ESL teachers,

two social workers, one college professor, one administrator, and one instructional tutor

were surveyed.

Collection of Data

A survey consisting of four multiple choice questions, ten true or false questions,

and six questions using a Likert type scale was given to each person. The respondents

were asked to complete the questionnaire contained in Appendix 1. The survey was

collected at the end of the workshop. A copy of the questionnaire is contained in

Appendix 2.

Design of the Study

The basic purpose of the questionnaire is to gather data regarding the perceptions

of a representative sample of professionals regarding the best practices for a successful

inclusive early childhood program. The results of the survey will be compared to the literature findings on the same subject.

The questionnaire was scored using content analysis, which is a method of studying and analyzing information by the frequency of various statements. The major categories to be analyzed for the purpose of this study are:

(1) fundamental components for a successful inclusive early childhood program

(2) benefits to the implementation of an inclusive early childhood program

(3) barriers to the implementation of an inclusive early childhood program

CHAPTER 4

ANALYSIS AND INTERPRETATION OF THE DATA

ANALYSIS AND RESPONSE

A total of thirty four questionnaires were distributed. Thirty three questionnaires were completed. The respondents were all professionals servicing children directly or indirectly. Thirty two of the surveyed were employed in the public school setting. When asked which model best described their role in teaching, sixty three percent of regular education teachers were single lead teachers, thirty six percent team taught. Seventy seven percent of the special education teachers were lead teachers, twenty three percent participated in team teaching. When asked the number of years they have participated in inclusive programs the answers varied from zero to more than five. Twenty seven regular teachers stated they had zero experience, twenty seven percent had five or more years, and forty six percent had between one to four years of experience with inclusion. Thirty four percent of special education teachers had zero experience, thirty four percent had two years, and twenty two percent had five or more years of experience with inclusion. One hundred percent of the ESL teachers had five or more years of experience, sixty six percent of the speech pathologists had five or more years, and thirty three percent had zero experience with inclusion.

The following information was complied by analyzing the responses given to ten statements about inclusion. Eighty four percent of the surveyed believed that program, not children, have to be ready for inclusion, and eighty seven percent think that inclusive programs for preschoolers with disabilities' benefits outnumber the barriers, with six percent abstaining to answer. Ninety six percent felt that individualized goals can be successfully address through embedding learning opportunities in an early childhood curriculum. One hundred percent stated that collaboration is the cornerstone to effective inclusive programs. When asked if specialized instruction was an important component of inclusion programs, eighty four percent said yes. One hundred percent believed that inclusive programs are beneficial to children with and without disabilities. Only fifty one percent felt that a high quality early childhood program is necessary but not sufficient in order to provide a good inclusive program. One hundred percent agreed that individualized services don't mean only one on one instruction. Eighty percent felt there was no philosophical differences between early childhood education and early childhood special education. When asked if a self-contained class would best address the needs of a preschooler with disabilities thirty three percent said yes.

The surveyed were asked to give a rate of one to ten, one being very important and ten being not important, to six quality indicators for inclusive preschool programs. When asked to rate the importance of the philosophy as bases for the program, sixty nine percent stated it was very important, six percent gave this statement a rating of six or higher, indicating that philosophy does not play a major role. Seventy nine percent felt that the management and training of staff was a quality indicator. Sixty percent stated that

the organization of the environment is a strong component of a good inclusion program. Seventy percent of the people surveyed felt that staff collaboration is an integral part of a good program. When asked to rate the importance of the instructional content, fifty two percent stated it is very important, twenty four percent gave it a rating of three indicating that it is important, and six percent gave it a rating of five or higher indicating that it is not important. Seventy five percent believed that strategies for facilitating learning and practice are a very important component of a quality inclusive program, six percent felt such statement not to be true. Looking at the responses by professions, one hundred percent of special education teachers rated this statement as very true.

CONCLUSION

The data obtained in the survey supports the conclusion that one hundred percent of the educators felt preschool inclusive programs are beneficial to children with or without disabilities, collaboration is an integral part of a quality program and that individualized services don't mean that teachers always must provide a one-to-one program of instruction. In comparison, when asked to rate the importance of collaboration, only seventy percent gave it a rating of very true. Ninety percent of the surveyed believed individualized goals can be successfully addressed through embedding learning opportunities in an early childhood curriculum, but only seventy five percent gave it a rating of very true to the same statement. Eighty seven percent believed that programs, not children, need to be ready for inclusion, and specialized instruction is an important component of inclusion. Seventy nine percent felt training of staff is a quality

indicator of an inclusive program. Seventy six percent stated that curriculum is also a quality indicator, and sixty nine percent believed the program's philosophy is very important. Thirty three percent believed preschool children with disabilities' needs are best addressed in a self contained class. Only fifteen percent stated there were differences between the philosophy of early childhood education and early childhood special education .

CHAPTER 5

SUMMARY AND DISCUSSION

SUMMARY

The purpose of this study was to identify the best current practices when modifying an early childhood curriculum to facilitate inclusion of children with disabilities. Thirty three people attending a workshop titled Planning Integrated Learning Experiences for Developmentally Appropriate Programs were surveyed. The survey consisted of four background questions, ten true or false questions and six ratable questions. The questionnaire was then analyzed using content analysis. Those surveyed strongly agreed that including young children with disabilities in typical preschool program is a viable model of service delivery. They stated that benefits outnumber the barriers in an inclusive program, that such programs can benefit children with and without disabilities, and staff training is an important component of inclusion.

They also felt that specialized instruction is very important and can be embedded throughout an early childhood curriculum. The findings correlates with the believe that there is no differences between early childhood curriculum and early childhood special education curriculum. Even though one hundred percent stated that inclusive programs can benefit all children, thirty three percent still believe preschoolers with disabilities needs are best addressed in self-contained classes. Seventy percent of the professional surveyed believed in the importance of collaboration and that the philosophy of the curriculum were important components for a successful inclusive program.

DISCUSSION

These results were consistent with some of the discussions on the best practices to facilitate inclusion in an early childhood program. The literature reveals that education for preschoolers with disabilities is more effective when provided in appropriate mainstream settings (Guralnick,1991; Smith & Rose, 1993). This study showed that all surveyed support such view but it also showed there is still a place for self-contained classes. The research suggests that good curriculum based in sound philosophy, is the framework for making decisions on content and methology and a very important component to a good inclusive program. The results of this study indicate professionals are not quite sure what is the importance of different factors for a successful inclusion program. The literature suggests that individual goals should be embedded in the ongoing classroom activity. The literature also supports training, support of staff as well collaboration as indispensable to a successful inclusive program. Such conclusions are supported by the data gathered in this study. The literature indicates that the philosophy of early childhood education differs from the philosophy of early childhood special education This study showed that eighty five percent of those surveyed believed that there are no differences between the philosophy of early childhood education and early childhood special education. Literature supports that a good physical environment is an important component of a successful inclusive program. The data gathered in this study indicates little attention is given to this component.

It appears that professionals feel that servicing preschoolers with disabilities in an appropriate developmentally program is a good idea, but they are not quite sure what components need to be in place in order for it to be successful for all involved. In order for inclusion to be successful, all involved, from supervisors to parents and teachers have to be supporters of the movement toward inclusion. It seems imperative then, that the first step to implement an inclusive early childhood program is the development of an agreed upon philosophy.

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November 25th, 2000

Dear Survey Participants,

In order to fulfill my graduate work required toward Masters in Learning Disabilities I am in the process of writing my thesis titled <u>Implementing Best Practices When Modifying an Early Childhood Curriculum to Facilitate Inclusion of Children with Disabilities in Inclusive Preschool Programs</u>.

I would appreciate if you could respond to my survey.

Respectfully,

Cordalia Sullivan

LDTC /Graduate Student

Survey

1. What is your role in the early childhood or elementary school program?
- ☐   Administrator
- ☐   Teacher
- ☐   Special Education Teacher
- ☐   Occupational Therapist
- ☐   Physical Therapist
- ☐   School Psychologist
- ☐   LD/TC
- ☐   Speech Language Pathologist
- ☐   Other _____

2. If you are a teacher, which model best describes your role in teaching?
- ☐   Single lead teacher in classroom
- ☐   Team teaching in a classroom
- ☐   Consulting teacher
- ☐   Home-based teacher

3. Your primary employer is a
- ☐   Private program/agency
- ☐   Public school program
- ☐   Head Start
- ☐   Other _____

4. How many years have you participated in inclusive programs?
- ☐   Never
- ☐   Less than 1 year
- ☐   1 year

- ☐   2 years
- ☐   3-4 years
- ☐   5 years or more

Please check <u>T for True and F for False</u> in the following questions:

1.____ Program, not children, have to be ready for inclusion.

2.____ When it comes to meet the IEP goals, the barriers outnumber the benefits in an inclusive program.

3.____ Individualized goals are successfully addressed through embedding learning opportunities in an early childhood curriculum.

4.____ Collaboration is the cornerstone to effective programs.

5.____ Specialized instruction is not an important component of inclusion

6.____ Inclusion can benefit children with and without disabilities

7.____ High quality early childhood program as a necessary, but not sufficient, environment for inclusion.

8.____ Individualized services means that teachers always must provide a one-to-one program of instruction.

9.____ There are philosophical differences between early childhood education and early childhood special education.

10.____ IEP goals are best addressed in a preschool class for children with disabilities.

Please rate quality indicators for inclusive preschool programs:

	very true									not true
1. Program foundation and philosophy	1	2	3	4	5	6	7	8	9	10
2. Management and training of staff	1	2	3	4	5	6	7	8	9	10
3. Environment organization	1	2	3	4	5	6	7	8	9	10
4. Staffing collaboration	1	2	3	4	5	6	7	8	9	10
5. Instructional content	1	2	3	4	5	6	7	8	9	10
6. Strategies for facilitating learning and practice	1	2	3	4	5	6	7	8	9	10

Thank you!

APPENDIX 3

STRATEGIES FOR BUILDING RESILIENCE IN YOUNG CHILDREN

- Use of proximal behaviors in teacher-child interactions, including call to attention, eye contact, and touch before verbal directions, information, and praise is given.

- Protection from over stimulation of too many children, adults, transitions, noise, light, commotion, and emotional distress.

- Use of rituals for hellos, goodbyes, and daily transitions so child can predict behavior.

- Modeling, encouragement, acknowledgement, labeling and responding to child's expression of feeling while setting limits on harmful behavior.

- Encouragement of autonomy and decision making by providing limited choice whenever possible.

- Teaching and guidance of social behavior, provision of language and process for peer conflict resolution.

- Encouragement of self-dependence that matches the child's functional level.

APPENDIX 4

BEST PRACTICES TO FACILITATE INCLUSION

<u>CIRCLE TIME</u>

Check any of the following strategies you plan to use during circle time

- ❏ Shorten circle time to match the attention span of the children in your classroom

- ❏ Divide children into smaller circle time groupings

- ❏ Schedule circle time during a different part of the day

- ❏ Eliminate circle time completely

- ❏ Let children sit in chairs for circle time

- ❏ Allow children to hold stuffed animal or fidget toy

- ❏ Seat children so that there is at least one foot of space between them

- ❏ Remind children frequently of circle time rules

- ❏ Make circle time optional, just like the other play centers

- ❏ Incorporate movement and/or music into most circle time activities

- ❏ Have a circle time routine

- ❏ Let the children munch on a snack during circle time

- ❏ Assign circle jobs to all the children

- ❏ Have alternative seating available such as a beanbag

- ❏ Additional modifications

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_____

ART CENTER

Check any of the following strategies you plan to use in this center

- ❑ Build up handles of paintbrushes, crayons, and markers
- ❑ Place each child's art project inside a shirt box or on a cookie sheet.
- ❑ Provide a variety of sizes of coloring implements.
- ❑ Use a large paper surfaces taped to the wall or an easel at eye level
- ❑ Add thickeners, textures, and fragrances to paints.
- ❑ Allow children to stand, kneel on a chair, or straddle a chair while playing at the art table.
- ❑ Have stencils of simple geometric shapes available for children to use.
- ❑ Try alternatives to white glue, such as tape, sticky paper, glue stick.
- ❑ Place only one or two collage materials out on the table at one time.
- ❑ Make a tabletop easel out of a cardboard box
- ❑ Use high-contrast materials
- ❑ Use pastel paper instead of white.
- ❑ Place paper on top of mesh screening or sandpaper.
- ❑ Use study carrels to separate work places
- ❑ Prepare the child's hands with a warm-up clapping activity.
- ❑ Experience cutting a variety of materials, not just paper.
- ❑ Tape one end of the paper to the wall for cutting
- ❑ Hold the paper for the child while he is learning to cut.
- ❑ Use a variety of scissors, including small scissors, designed for preschoolers.

SAND AND WATER CENTER

Check any of the following strategies you plan to use in this center.

❑ Limit the number of children at the sand and water table to two if the children who are present are easily over stimulated.

❑ Adjust the height of the water table to the child's needs.

❑ Remove wheels or stabilize tables against a wall so that the table is not sliding around.

❑ Break down directions into small steps.

❑ Model language concepts such as big/small or full/empty.

❑ Use sand and water play as an opportunity to get the child out of his wheelchair and onto his tummy to play on a wedge or in a prone stander. Speak to the child's therapist about positioning.

❑ Make sure that there is adequate lighting over the sand and water table if the child has visual impairments.

❑ Replace sand and heavier materials, such as pebbles, if the sand is too over stimulating.

❑ Put sand basins to define the child's play space.

❑ Give clear and concise directions to help the child to expand play skills.

❑ Provide enough play toys to lessen conflicts between children.

❑ Use brightly colored toys that contrast with the sand.

❑ Change water in the water table daily.

❑ Supplement verbal directions with pictures and signs.

❏ Introduce novel toys if the child's attention begins to fade.

❏ Encourage sharing and interaction with other children.

❏ If the child is anxious about water play, give the child time to observe other children and gradually have the child approach the table.

BLOCK CENTER

Check any of the following strategies you plan to use in this center

❏ Place a basket of blocks next to each child or pair of children.

❏ Encourage children to use props such as toy animals and people, cars and road signs.

❏ Let each child use only a small number of blocks.

❏ Use mats, tape, or other suitable material to define children's spaces.

❏ Let the child lie on a wedge mat while building with blocks on the floor.

❏ Encourage the child to build against a stable surface such as a wall.

❏ Place carpeting in the block center to reduce noise.

❏ Remind children of block center rules frequently.

❏ Rotate the types of blocks.

❏ Use interlocking blocks such as Bristle Blocks and Duplos.

❏ Encourage block activities that are at the child's developmental level. Filling up a container or dumping them out are legitimate block activities.

❏ Model imaginative play and provide opportunities for children to imitate your block structures and play.

❏ Encourage children to build horizontally rather than vertically.

❏ Allow children to build inside a large empty appliance box.

DRAMATIC PLAY CENTER

Check any of the following strategies you plan to use in this center

❑ Let the child choose play that is of interest to him.

❑ Provide direct instruction of play skills when needed.

❑ Teach peer role models to include the child with special needs in play.

❑ Set up boundaries to keep the children close to each other to encourage interaction.

❑ Position children so they can move to the best of their abilities.

❑ Establish only those rules that are needed for the children to play safely.

❑ Allow some roughhousing to provide the children the opportunity to read nonverbal cues of other children.

❑ Encourage children to verbalize their plans for play and to review what they did when the play is over.

❑ Help parents to encourage dramatic play at home.

❑ Create storybooks about the children's play and read frequently as a tool to teach play skills.

❑ Dress-ups should be easy to get on and off.

❑ Provide pictures icons to help the child learn new play skills.

❑ Teach children to use language to express feelings and resolve conflicts.

❑ Partition off the dramatic play center by hanging sheets from the ceiling.

❑ Assess the child's play skills by observing how he plays.

❑ Avoid interrupting the child's play unless the child needs help to expand play.

❑ While children are playing, stay involved by observing or playing with the children; don't use this time to talk to other adults.

SNACK TIME

Check any of the following strategies you plan to use for snack time

❑ Sit at the snack table to encourage interactions between children.

❑ Let children set up and clean up their own snack.

❑ Keep language the same from day to day when teaching snack routines to children with language impairments.

❑ Use pictures icons to cue children during snack.

❑ Include tooth brushing as part of snack time.

❑ Use vinyl rather than latex gloves to avoid allergic reactions.

❑ Offer a variety of foods during snack.

❑ Discuss eating problems with parents.

❑ Use simple cooking activities to encourage functional fine motor skills.

❑ Break eating skills into small sequential steps.

❑ Contact the child's doctor if the child has special eating issues.

❑ Set child in an appropriate size chair so that feet rest on the floor.

❑ Have adaptive plates, cups, and utensils available.

❑ Establish a small snack group if eating with the whole group at one time distracts the child.

❑ Play calming music during snack.

❑ Don't change too many variables at once when introducing new foods.

❑ To avoid choking, give small amounts of food at one time to children who tend to eat too quickly.

❑ Familiarize yourself with medications the child is taking and their side effects, especially the impact on appetite.

❑ For a child who has facial muscle weakness, provide thickened liquids to strengthen muscles in the face.

TRANSITIONS

Check any of the following strategies you plan to use during transition times

- ❑ Built routines into arrival and departure times.

- ❑ Maintain consistent routines from day to day.

- ❑ Use adaptive dressing/undressing techniques that promote independence.

- ❑ Post a pictorial representation of the day's schedule.

- ❑ Use arrival time as an opportunity to do large movement and active play.

- ❑ Plan transitions from one activity to the next in small groups rather than as a one large group.

- ❑ Use waiting time constructively; practice a song or finger play, imitate facial expressions.

- ❑ Let the child take a transition toy from one center into the next.

- ❑ Provide reminders that an activity is about to end.

- ❑ Have children return to the rug area between activities.

- ❑ Rearrange furniture to provide clear traffic patterns.

- ❑ Use backward chaining to teach dressing skills.

- ❑ Encourage parents to dress children in clothing that is easy for children to get on and off.

- ❑ Have the same adult greet the children each morning.

- ❑ Make coat hooks and cubbies accessible to wheelchair-bound children.

- ❑ Use transition cards or tickets that have a picture of the next activity.

- Offer children frequent choices to change centers/activities.

- Incorporate transition songs, clean-up time songs, hello and good-bye songs.

FINE MOTOR CENTER

Check any of the following strategies you plan to use in this center

❑ Self-help skills are great for working on fine motor strength and dexterity. Encourage children to attempt buttons, zippers, and snaps, giving them only as much assistance as they need.

❑ Encourage parents to involve children in household chores such as ripping up junk mail, folding facecloths, or picking up toys.

❑ Make sure activities are of interest to the child to capture the child's attention. Include some of the following tasks in your fine motor centers:

Snipping paper of various thickness

Snaps, buttons, and zippers

Pushing small items through slits made in the plastic lids of containers

Dressing and undressing dolls, washing doll clothes and hanging them on a line to dry

Woodworking, hammering, sanding

❑ Provide plenty of small manipulative to encourage hand dexterity.

❑ Many children need a non-distracting setting when learning new fine motor skills. Block distractions with partitions by hanging fabric from the ceiling, using bookcases, or purchasing commercial tabletop dividers.

❑ Define children's play spaces with individual cookie sheets, shirt boxes, or placemats.

❑ Provide a non-slip surface by placing rubbery shelving material or a piece of rug mat on the table.

❑ Divide manipulative into small, clear containers or shallow pans to reduce clutter.

- Use manipulative on the floor as well as on a tabletop.

- Encourage children to talk about what about what they are doing while they are playing with manipulative.

- Stabilize the base of a fine motor activity by taping or clamping it to the table.

- Try a variety of manipulative sizes to find the best "fit" for the child.

- Some manipulative can be positioned at a vertical surface by propping them on an easel or tapping them to the wall.

- Use heavy manipulative, such as tuna fish cans, to stack.

GROSS MOTOR CENTER

Check any of the following strategies you plan to use in this center

- ❑ Include gross motor activities as part of the curriculum each day.

- ❑ Give children opportunities to plan and problem solve in gross motor activities.

- ❑ Whenever possible, schedule gross motor activities to take place outside.

- ❑ Follow large muscle activities with quiet activities.

- ❑ Teachers should approach large muscle activities with enthusiasm.

- ❑ Praise/reinforce the child's attempts at gross motor activities.

- ❑ Encourage children to wear sneakers.

- ❑ Convince parents of the importance of an active lifestyle at home.

- ❑ Use exercise videos as a way of establishing an exercise routine.

- ❑ Design gross motor activities at the child's current level of skill.

- ❑ Work with therapists to provide functional movement experiences for the child with orthopedic involvement.

- ❑ Use pictures when explaining movement experiences.

- ❑ Start with one step directions.

- ❑ Use hula hoops or rug squares to define personal space during movement experiences.

- ❑ Heavy work, such as moving heavy blocks, may help to calm children.

- ❑ Encourage the child to verbalize his plan for attempting a gross motor activity.

- ❑ Let the child with visual impairments explore unfamiliar gross motor equipment visually and/or through touch before participating.