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A RETROSPECTIVE STUDY OF PRESCHOOL HANDICAPPED CHILDREN

by
Tracey Lynn Miller

A Thesis

Submitted in partial fulfillment of the requirements of the
Master of Arts Degree in the Graduate Division
of Rowan College
May 1996

Approved by _____ Professor

Date Approved 5/1/96

ABSTRACT

Tracey L. Miller

A retrospective study of preschool handicapped children.

May, 1996

Dr. Jay Kuder

Master of Arts in Special Education

The hypothesis of this study is that preschool handicapped programs are indicative of what type of educational setting a child will be placed in during his future years of education. The data for this study was collected from three different school districts of varying size and socio-economic backgrounds. Children who were classified preschool handicapped during the 1989-90 school year were followed during their kindergarten and fourth grade years of school. It was found that it is difficult to predict where a child will be placed throughout his educational career by looking at his reasons for classification during preschool. Data from this study shows that children classified with only speech, language, and communication concerns, have a more of a likelihood of being declassified and participating primarily in regular education programs, while children classified with cognitive and perceptual delays have a greater likelihood of remaining classified and participating in special education programs.

ABSTRACT

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A retrospective study of preschool handicapped children.

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This study focuses on children who have been previously classified preschool handicapped. Reasons for classification in preschool and each child's placement in kindergarten and fourth grade were recorded. Results showed where these children ended up in their educational careers and whether or not they become declassified or are still in need of some degree of special education services.

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Chapter 1

Early intervention services for infants and toddlers with disabilities were first unofficially initiated in the 1960's. The theory behind these services was the earlier that children with special needs receive intervention, the higher the likelihood of elimination or at least substantial reduction of the problems before the child becomes school age. The primary reason for early intervention is to ideally have these children declassified and included in regular education classes. Realistically, there are children whose needs may be severe enough to mandate placement in special education classes, with highly specialized services, beyond their preschool years.

Beginning in 1975, with the passage of PL 94-142 - the Education for All Handicapped Children Act, and in 1986 with the passage of PL 99-457 - the Education of the Handicapped Act Amendments, handicapped infants and preschoolers are guaranteed the right to a free and appropriate education in the least restrictive environment. With these two legislative acts, we saw the emergence of public policy to address the specific needs of the youngest children as they are initiated into public school education. Stated in Chapter 28, the New Jersey Administrative Code for Special Education states: " a child must be determined eligible for special education services and given a single classification category. Classification of pupils determined to be eligible for special education and/or related services shall be determined

collaborative by the child study team, a teacher having knowledge of the pupil's educational performance (if there is previous educational performance), and the parent's of the child."

Currently there are many programs available for infants, toddlers and preschool children with special needs. Infants are typically placed in early intervention programs which are not often located in the public schools. These programs provide for the individualized needs of the child as well as family needs. Preschoolers are typically serviced by the public schools themselves. The public schools responsibility is to offer numerous placement options which provide the least restrictive environment for each child.

There appears to be minimal research on charting the educational process of children who have been previously classified Preschool Handicapped once they exit the preschool programs. The question to be pursued in this project is: Once children have been classified preschool handicapped, how many continue in special education programs and how many are eventually declassified after exiting the preschool and move forth into a regular education setting? In other words, what happens to these children in subsequent years following preschool?

When a child is classified at three or four years of age, he receives the classification of preschool handicapped. All children at this age receive this classification regardless of their disability or needs. This study will observe various types of disabilities which may typically enter preschool handicapped programs. The hypothesis is that Preschool Handicapped programs are indicative of what type of educational setting a child will be placed in during his future years of education.

The purpose of this project is to do a retrospective study to determine what happens to those children who have been previously classified preschool handicapped. The data will be collected on children who were classified preschool handicapped in 1989 from three different school districts in South Jersey. These districts range from a

very small, low socioeconomic area, to a medium sized Urban 30 district, to a medium sized, suburban, high socioeconomic area.

This paper will determine the indicators of preschool handicap programs on the future of special education services that will be needed in future years. It will also group these children by their type of disability and provide insight into the odds of whether a child initially identified will remain in the special education system or successfully be mainstreamed into regular education. The research will also lead to a conclusion of what the classifications are of the children who remain special education students (ie: Perceptually impaired, communications handicapped, multiply handicapped etc.), and whether or not their educational functioning needs to be supplemented with specialized services.

Chapter 2

Defining Early Intervention

Smith (1988) states that early intervention means discovering that a child between birth and school age has or is at risk of having a handicapping condition or other special education need that may affect his or her development and then providing services to the child and family to lessen the effects of the condition. Early intervention can be remedial or preventative in nature. Smith (1988) also notes that early intervention may focus on the child alone or on the child and family together.

Early intervention programs may be center-based, home-based, or a combination. Services range from identification, that is hospital or school screening and referral services, to diagnostic and direct intervention programs. (Smith, 1988). Early intervention may begin at any time between birth and school age, however, research shows that there appear to be many reasons to begin as early as possible. Smith (1988) notes that child development research has established that the rate of human learning and development is most rapid in the preschool years. Timing of intervention becomes particularly important when a child runs the risk of missing an opportunity to learn during a state of maximum readiness.

According to Deiner (1993) the move to educate children without discrimination was supported by Section 504 of the Rehabilitation Act of 1973. This civil rights law mandates equal opportunities for children with disabilities in institutions

that receive federal funds, including Project Head Start. PL 94-142, the Education for All Handicapped Children Act of 1975, guaranteed a free appropriate education to children and youth with disabilities in the least restrictive environment. As children move through public school, the relationship between Section 504 and PL 94-142 is important. All children who are eligible for services under PL 94-142 are also covered by Section 504. An example given by Deiner is: a child who is missing a hand may not have a learning problem or a child who tests HIV positive may have no symptoms that interfere with learning. Section 504 includes these children. If at some point their disability does interfere with their ability to learn, they will be covered by PL 94-142. (Deiner, 1993).

In 1986, Congress enacted PL 99-457, which were amendments to the Education for All Handicapped Children Act. PL 99-457 provided new funding for programs for handicapped children ages birth through two and financial incentives for states to make children eligible for free special education services at age three. (Weber & Binkelman, 1990). Weber and Binkelman also stated that through law, Congress sought to promote early intervention in order to prevent or ameliorate developmental delays and other handicapping positions.

"Current best practice and legislation dictate that young children with handicaps receive educational services in the least restrictive environment and, to the appropriate extent, are educated with their nonhandicapped peers" (PL 99-457, Education of the Handicapped Act Amendments of 1986). In this Act, free, appropriate public education is defined as "special education and related services which meet the standards of the state education agency, include preschool education, and are provided in conformity with an individualized educational plan (IEP) which meets federal requirements. Thus, all handicapped children must be in placements pursuant to IEP's at age three.

A school district's obligations to serve young handicapped children do not only begin when the child reaches three years of age. Districts have an explicit duty to identify, locate, and evaluate all handicapped children regardless of age, whether or not they provide them any educational services.(Weber & Binkelman, 1990). Weber and Binkelman also note that under the statute, the age range for the "child find" requirement (0-21), is greater than the mandated age range for providing free appropriate public education.

One reason Weber and Binkelman stated for the broader age requirement is to enable states to be aware of the plan for younger children who will require special education and related services. Practically speaking, if a school district obeys the "child find" obligation, that is, if it identifies all handicapped children as soon as possible after birth, and conducts adequate evaluations of them, the district will need to do little to have services in place when the children reach three. (Weber & Binkelman, 1990).

The Process of Early Intervention

Once a child has been identified eligible for special services, as soon as they turn three, they are placed in a preschool program. There has been much research focusing on appropriate practices for early childhood education as well as early childhood special education(ECSE). As Carta et al.(1993) state, although all children can and should be served in contexts that are developmentally appropriate, some children with special needs require the instructional technology offered by ECSE to have their individual needs met in those contexts. These special adaptations will enable these children to be active participants in educational settings with nondisabled peers.

Peck (1985) states that many young children with disabilities are less likely to engage themselves spontaneously in their environments. Therefore, a principal goal of early intervention is to facilitate the active engagement of young children across materials, activities, and environments through systematic instruction. (Nordquist & Twardosz, 1990). Bricker and Veltman (1990) add another primary principle of ECSE is the importance of individualization. Indeed, the mandate of ECSE is to provide programs that meet the specific needs of children and their families. Careful planning of classroom environments and teaching procedures addresses these needs of children and their families. (Carta et al., 1993).

The importance of the development of social competence is another widely held principle by individuals concerned with children in ECSE (Guralnick, 1990). According to Carta et al. a large body of literature confirms that typical young children advance their language, cognitive, and social skills through their increasingly complex interaction with their peers. It has been widely substantiated that children with disabilities often exhibit deficits in their degree of involvement in peer interactions (Guralnick, 1990) and that often specific training is required to enhance these children's social competencies (McEvoy, Odom & McConnell, 1992).

These are the types of skills which need to be addressed in programs dealing with ECSE to ensure a successful transition to the child's future educational environments. Sainato and Lyon (1989) noted that for developmentally disabled and other low-performing students to succeed in school, they have to acquire at least three different types of skills: (a) social skills sufficient to allow appropriate interactions with teachers and peers, (b) basic academic skills sufficient to keep up with the school curriculum, and (c) academic support skills needed to benefit from classroom instruction and subsequently, to demonstrate that learning has occurred.

Among the tactics that have proven useful in moving a young child with special needs from a special preschool environment to an integrated setting are those that:

Focus on the family needs, expectations, and involvement(Fowler, Chandler, Johnson, & Stella, 1988) as well as assess the priorities and behavioral expectations of teachers for young children entering regular settings.(Sainato & Lyon, 1989).

Fowler et al.(1988) state that since stress often accompanies change, the transition between early intervention programs and elementary school programs may produce stress. Transitions require considerable change within the family system. Families must alter routines, develop trust in new educational services and school personnel, and adapt to school program differences such as decreases in parent-teacher contact and increases in child-teacher ratios. (Fowler et al., 1988).

One way to help eliminate family stress is for them to join the transition team to assist the school in a smooth transition for all involved. Family participation as a member of the transition team benefits the entire transition process. Families can (a) foster child adjustment to a new program, (b) facilitate maintenance and generalization of learned skills across programs, (c) provide important information about child and family needs, (d) be responsible for such tasks as visiting potential receiving programs and conducting home-based skill training, and (e) be supportive of other team members' efforts. (Fowler et al., 1988).

Another tactic which has been observed by Barta, Sainato & Greenwood (1988) to assist with smoothing transitions is to observe special and regular educational environments in an attempt to quantify setting differences and teaching procedures that may affect a child's future functioning in a particular setting. A major issue which is noted by Beckoff & Bender (1989) is observing the degree of congruence between preschool teachers' and kindergarten teachers' perceptions of skills necessary for successful mainstream placement in kindergarten.

Beckoff & Bender (1989) stated a second area of interest is the degree to which preschool teachers and kindergarten teachers use the same classroom management strategies. While some differences in instructional strategies is necessary

because of differences in student to teacher ratio, many instructional strategies can be incorporated into instruction for any size class. Also, the strategies that a teacher uses should be related to types of educational outcomes that are perceived to be important in the mainstream kindergarten. (Beckoff & Bender, 1989).

The study by Beckoff & Bender (1989) compared pupil characteristics necessary for success in the mainstream kindergarten, as perceived by preschool teachers and kindergarten teachers. Data from this study indicated that the interface between kindergarten and preschool children with mild handicaps is not designed to assure success in the mainstream kindergarten. Becker & Bender noted that PSH teachers seem to assign more importance to socialization and self-help skill than did kindergarten teachers. Readiness and academic skills are also addressed in most PSH classrooms, although not as intensely focused on as in kindergarten classrooms. These findings would suggest that communication between kindergarten and PSH programs is needed to clarify the characteristics and skills required in mainstream kindergarten. (Beckoff & Bender, 1989).

Shotts, Rosenkoetter, Streufert, and Rosenkoetter (1994) noted that a smooth transition between services is important to young children with special needs and their families for various reasons. Well coordinated transitions promote placement decisions that meet individual needs, uninterrupted services, as well as non-confrontational and effective models of advocacy that families can emulate throughout their children's lives. Smooth transitions also promote avoidance of duplication in assessment and goal planning as well as reduced stress for children, families and service providers. (Hains, Fowler & Chandler, 1988).

In addition to transition procedures, special education exit criteria must also be viewed. According to Ysseldyke (1986), most states are actively involved in the development

or revision of eligibility criteria for special education programs, including early childhood programs. In order to determine the extent to which exit criteria exists, and what information is being used to decide that a child is ready to leave a program, a nationwide survey of preschool programs that serve handicapped children was conducted. Slightly over 50% of the surveys distributed indicated that the programs did not have written exit criteria. (Ysseldyke, 1986). Ysseldyke found that a child's chronological age was listed most often as a basis for exit. Results from formal tests, exit decisions based on team staffings, the child's developmental skill level, and alternative program offerings were the next most frequently listed criteria. He also noted that programs with formal written criteria listed the use of state guidelines, some type of discrepancy formula index, and results from formal testing. (Ysseldyke, 1986).

Thurlow, Lehr, and Ysseldyke (1987) also performed a similar study. The results of this study indicated that only 20% of the programs considered the child's skill level in exit decisions. Student age was the exit criteria most frequently noted and only 50% of the preschool handicap programs listed any criteria at all. It was also stated that these findings do seem to serve in the facilitation of the effective interface with the mainstream kindergarten programs where many preschool handicapped children may be placed. (Thurlow, Lehr & Ysseldyke, 1987). Ysseldyke (1986) states that in order for children to benefit equally from services they receive and not get caught in a revolving door with no exit or unpredictable exit, criteria must be defined, developed and implemented.

Upon exiting preschool handicapped programs, children may face one of a variety of possible situations. These may include fully mainstreamed kindergarten, full time self-contained programs, or a mixture of both. There is a wide array of classifications available for special education students. (See Table 1 for a listing of special education classifications and definitions.) The current trends seem to place much emphasis on the integration of children with special needs with "normal"

Table 1

Auditorily handicapped	An inability to hear within normal limits due to physical impairment or dysfunction of auditory mechanisms
Autistic	A pervasive developmental impairment.
Chronically ill	A health condition such as tuberculosis, cardiac condition, leukemia, asthma, seizure disorder or other medical disability which makes it impractical to receive adequate instruction through a regular school program
Communications handicapped	Impaired native speech or language which is outside the range of acceptable variation, adversely affects a pupil's educational performance and is not due primarily to hearing impairment.
Emotionally disturbed	The exhibiting of seriously disordered behavior over and extend period of time which is adversely affects educational performance.
Mentally retarded	Cognitive, social and academic functioning which is seriously below age expectations
Multiply handicapped	The presence of two or more educationally disabling conditions which interact in such a manner that programs designed for the separate disabling conditions will not meet the pupil's educational needs.
Neurologically or Perceptually impaired	Impairment in the ability to process information due to physiological, organizational or integrational dysfunction which is not the result of any other educationally disabling condition or environmental, cultural or economic disadvantage.
Preschool handicapped	Children age three through five who have an identified disabling condition and/or a measurable developmental impairment who require and would benefit from special education and related services.
Orthopedically impaired	A condition which, because of malformation, malfunction or loss of bones, muscle or body tissue, necessitates special education services.
Socially maladjusted	A consistent inability to conform to the standards for behavior established by the school.
Visually handicapped	An inability to see within normal limits .
(Chapter 28, New Jersey Special Education Administrative Code, Title 6, Revised February, 1994)	

children. Sainato and Lyon (1989) suggest that there are many anticipated benefits of integration efforts, including the alleviation of the stigma of placement in a segregated special education program and the opportunity for social interactions between children with handicaps with their nonhandicapped peers. In addition, these same peers may provide appropriate models of social behavior, language and classroom deportment.

It is the mildly handicapped children (those most difficult to label) who are most likely to succeed without special education in later years if they are given early intervention. (McNulty, Smith & Soper, 1983). If early intervention is not provided, these children loose the opportunity for early remediation and prevention of later problems.

The Effectiveness of Early Intervention

There have been several studies determining the short term and long term effects that early intervention programs have on young children with special needs. One such study was included in the Milwaukee Project conducted by Garber and Heber (1981). The Milwaukee Project was an intense and comprehensive survey of a seriously disadvantaged population that was known to have an excessively high prevalence of mental retardation. The area chosen was in the inner city of Milwaukee where the US Census Bureau (1960) data described as the most disadvantaged areas in the city. For the study, Garber and Heber selected 40 high risk families from the census tract areas previously described as the most disadvantaged. Garber and Heber tested whether or not normal children, although at high risk for mental retardation, could maintain normal intellectual development in an environment where essentially the presumed adverse or negative factors in the social environment were counteracted.

The educational program Garber and Heber designed was initiated when the children were between 3 and 6 months old and continued, on a 5-day per week, year round basis, until the children were eligible for entrance to first grade at age 6. The general goal of the educational program was to provide an environment and a set of experiences that would allow each child to develop to his potential intellectually, as well as socially, emotionally and physically. The program focused heavily on the development of language and cognitive skills and on maintaining a positive and responsive learning environment for the children. (Begab, Haywood, and Garber, 1981). Another aspect of the project included was a Maternal Rehabilitation Program which purpose was to effectively change the manner in which the low-SES, low IQ mother operates within the home and within the community.

After nearly four years past intervention, Garber and Heber state that the Experimental children have continued to be superior in performance to the Control children. There has been some decline from the earlier preschool performance levels on the IQ tests, but most importantly the differential in favor of the Experimental group (approximately 20 points) remains between the two groups. It is noted that a most striking observation, unfortunately, is that at this time, 60% of the Control group of children have IQ scores below 85, and half of these have scores below 80. (Begab, Haywood, and Garber, 1981).

In discussion of the data reported as a result of the Milwaukee Project, looking at several aspects of the families life - e.g., behavioral and attitudinal changes in the mother; strong differential cognitive performance on part of the treated children; the evidence for a positive influence diffusing through the family - Garber and Heber state that there is every indication that the use of family rehabilitation effectively prevents mental retardation and improves the family process. Garber and Heber do emphasize that early enrichment therapy intervention in the life of an individual during the first six years is but a brief encounter, especially when one considers the significance of their

age and the learning experiences yet to come for such children and their families. Indeed, if relatively little is done to support the seriously disadvantaged at high risk for retardation after the early developmental period, there will be an increase in the risk factor again.

Another project which was developed to aid disadvantaged young children was the Ypsilanti Perry Preschool Project. This project was initiated in Michigan by Weikart and his associates in 1962 to determine how preschool education could benefit disadvantaged children. To address this question, two groups of children were randomly assigned between 1962 and 1967. One group was an experimental group which consisted of 58 children who attended the Perry Preschool and a control group of 65 who had no preschool. The school in the neighborhood which was selected for this project had a history of low academic achievement.

The Perry Preschool program for the experimental group had two major components. One of those components was daily attendance by children in a preschool classroom. The second component was weekly home visits by a teacher. Children remained in the program for two year from October through May. The preschool program emphasized individualized support of a child's cognitive development by the teaching staff.

The effects of the Ypsilanti Perry Preschool Project yielded various results. The magnitudes of preschool effects on IQ and achievement over time show that the preschool experience had concentrated effect on IQ during preschool, while almost no effect on IQ during the school years, but a positive cumulative effect on school achievement. (Begab, Haywood, and Garber, 1981). Also noted was the classroom behavior of children who attended the Perry Preschool was consistently rated as better by teachers in kindergarten, first, second and third grades.

Begab, Haywood, and Garber (1981) state that it is clear that poverty has a powerful and deleterious effect on educational performance. The strength of this

effect is indicated in the fact that the children in the control group, who did not attend preschool and who lived in poverty, produced eighth grade achievement scores that were well below the scores that could be anticipated from their academic ability. Preschool experience wiped out a substantial part of this deficit attributed to poverty. However, it is stated that preschool is not enough to eradicate poverty. Poverty is a pervasive experience throughout childhood. To combat its effects, we must not only provide high quality preschool education, we must also continue the search for other effective social and educational approaches to the problems of poverty. (Begab, Haywood, and Garber 1981).

Hume and Dannenbring (1989) state that longitudinal studies are critical in determining the effectiveness of programs or program practices for handicapped people, whose developmental progress may be slow as well as not be seen for a long period of time. The longitudinal method is the most effective way to assess benefits of the intervention. (Hume & Dannenbring, 1989). Hume and Dannenbring performed a study of this type following 682 children, 400 of whom were eligible for special services, as well as 282 of whom were ineligible, at the Arrowhead Area Education Agency, in Fort Dodge, IA, during the years 1977-78 and 1980-81. The purpose of their study was to trace these children from the time of screening through grade three. Their goal was to determine whether or not the screening eligibility criteria and tools were effectively identifying children needing special services. Another goal Hume and Dannenbring presented was to determine what disability areas, if any, were accurately predicted at an early age. Of particular interest were children who were identified as having a communication or learning disability. Their third goal was to determine children who were dropped (tested out from special services due to no longer meeting disability or eligibility requirements) later needed services. (Hume & Dannenbring, 1989).

Hume and Dannenbring noted that difficulties with longitudinal studies need to be observed when viewing the research findings. These may include attrition of subjects and experimenters, change in personnel who do the testing over the years, change in assessments, recommended for use with the population change in program procedures, practice effects, and statistical regression toward the mean. (Dunst,1986).

Hume and Dannenbring found that preschool identification procedures seem to be fairly accurate, in that rather small percentages of children later identified in school who were not identified in preschool. Further, most of these are "mildly" handicapped children with speech/language problems or learning disabilities, so that it would probably be unusual for them to be identified in preschool. It was also noted that it would seem appropriate to use caution in reporting evaluation results to parents, especially in predicting future disability categories. This would be most true of children who fall into the communication disability category. Data for these children indicate a broad spectrum of later disabilities in school, or even no disability.(Hume & Dannenbring, 1989).

After nearly 50 years of research, there is evidence - both quantitative (data based) and qualitative (reports of parents, teachers) - that early intervention increases the developmental and educational gains for the child, improves functioning of the family, and reaps long-term benefits to society. (Smith, 1988). Smith (1988) also states that early intervention has been shown to result in the child needing fewer special education and other habilitative services later in life. Also results have shown these children being retained less often and in some cases being indistinguishable from nonhandicapped classmates years after intervention.

A study performed by Raber and Frechtling (1985) in Montgomery County, Maryland, addressed questions of effectiveness of identification procedures, outcomes of early intervention, handicapping condition and placement level, and educational history. The study findings suggest that early identification procedures are operating

effectively to locate seriously impaired children before they reach kindergarten. (Raber & Frechtling, 1985). The more severely impaired children and those with handicaps which are readily identifiable in infancy were identified before age five, while less serious handicaps emerged with increasing frequency in kindergarten.

Regarding the efficacy of early intervention, the findings on 1984 special education placement status indicate that for roughly one third of the children, particularly those with milder impairments, early intervention in either preschool or kindergarten, has resulted in a reduced need for services three to nine years later. (Raber & Frechtling, 1985). Also noted is that many of the more seriously impaired children remained self-contained special education in 1984. Such results could be interpreted to mean that early intervention is effective with mildly impaired children but not with severely impaired or multiply handicapped children. (Raber & Frechtling, 1985).

In conclusion research appears to indicate that early intervention increases the developmental and educational gains for the receiving children. It appears apparent that early intervention may result in children with special needs needing fewer special education and other habilitative services later in life. Also, results of early intervention has provided for many of these children being retained in grade less often and in some cases being indistinguishable from nonhandicapped classmates years after intervention. In considering these findings, Raber and Frechtling note that it should be emphasized that different expectations are appropriate for children with different handicaps and that some children may always require an intensive amount of services. This does not necessarily mean that intervention is ineffective for these children. Rather, it may be that getting out of special education or requiring less intensive services is not an appropriate index of the effectiveness of early intervention for these more severely impaired children.

Chapter 3

This study will consist of following a total of 38 student's from three different school districts. The children selected were all classified preschool handicapped and attended the public school preschool handicapped program during the school year of 1989-90. These children during that year ranged in age from three to five years old. Their degrees of disabilities vary greatly from speech and language delays to learning disabilities to physical impairments to mental retardation. According to state laws, children of this age are all classified preschool handicapped regardless of their disability. This is the reasoning for the diversity of the sample that will be used. Consent has been obtained from each of these three school districts to obtain access to the cumulative records of these students.

As previously mentioned, data will be collected from three different school districts in southern New Jersey. School District A is located in a small, low socioeconomic town with a population of 1700. The school district's population consists of 277 students. 102 of these student's are currently classified and receive special education services. There is a primary school which contains kindergarten through third graders, an elementary school which contains fourth through eighth graders and a small two room school which contains the preschool handicapped classroom and another self-contained special education classroom.

School district B is located in a middle class town with a population of 25,992. This school district's student population consists of 5,569 students, 879 of which are currently classified in special education. There are six elementary schools with kindergarten through fifth grades (two of which contain the districts sixth and seventh graders). There is a junior high school which contains all eighth and ninth graders and a senior high school which contains all tenth through twelfth graders.

District C is located in a high socioeconomic area with a population of 25,000. There are 3,370 students enrolled in the school system, 421 of whom are classified special education. There are four elementary schools with students kindergarten through fifth grade and one middle school which contains sixth through eighth graders. The high school aged students of District C attend a regional high school.

I will collect the data from each of the three districts by accessing the cumulative files of each of the students. Permission has been given by the Superintendents of each of the districts to access these files, regarding the fact that the names of the students are not to be used in this study. It was agreed upon that the data to be collected would be each of the students placement following their preschool year, their placement after third grade, and their reason for classification. Each student will be assigned a number and for confidentiality purposes, names will not be used.

Chapter 4

The purpose of this project is to do a retrospective study to determine what happens to children who have been previously classified preschool handicapped. The data was collected from three different school districts in South Jersey. These districts range from a very small, low socioeconomic area, to a medium sized Urban 30 district, to a medium sized, suburban, high socioeconomic area. Data was collected from each of the districts for children who were classified Preschool Handicapped during the 1989-90 school year.

School District A was the small district located in a low socioeconomic area. During the 1989 year, there were eight children who were classified preschool handicapped. Findings of the data collection are included in Figure A-1. The class consisted of seven males and one female. The reasons for classification include speech/language needs, physical needs, socialization delays, cognitive delays, and global developmental delays. All children participated in the district's self-contained preschool handicapped program.

By their kindergarten year, five (67.5%) of the children in District A were declassified and placed in a regular kindergarten class. Three (37.5%) of the children were classified multiply handicapped and placed in self-contained classes, and one child moved out of district. Looking at their fourth grade year, three children (37.5%) remained in self-contained classes, while two children (25%) were classified and participating in self-contained as well as mainstreamed into regular education

classes, and two children (25%) were declassified and are participating in regular fourth grade classes. (Figure A-2).

Data collected from School District A

School District A			Figure A-1
Child's sex	2 Major reasons for classification	Kindergarten placement	Fourth grade placement
1 Male	Speech/Language Physical needs	Day Training	Self-contained Multiply Handicapped
2 Male	Speech/Language Socialization	Regular Kindergarten	Self-contained Perceptually Impaired
3 Male	Speech/Language Socialization	Regular Kindergarten	Regular Fourth Grade Declassified
4 Male	Speech/Language Socialization	Regular Kindergarten	Self-contained Emotionally Disturbed
5 Male	Speech/Language Socialization	Regular Kindergarten	Self-contained Perceptually Impaired
6 Female	Speech/Language Socialization	Regular Kindergarten	Regular Fourth Grade Declassified
7 Male	Cognitive needs Global Developmental Delays	Self-contained Multiply Handicapped	Self-contained Multiply Handicapped
8 Female	Cognitive Skills Speech/Language	Self-contained Multiply Handicapped	Moved out of district

Number of children by type of placement

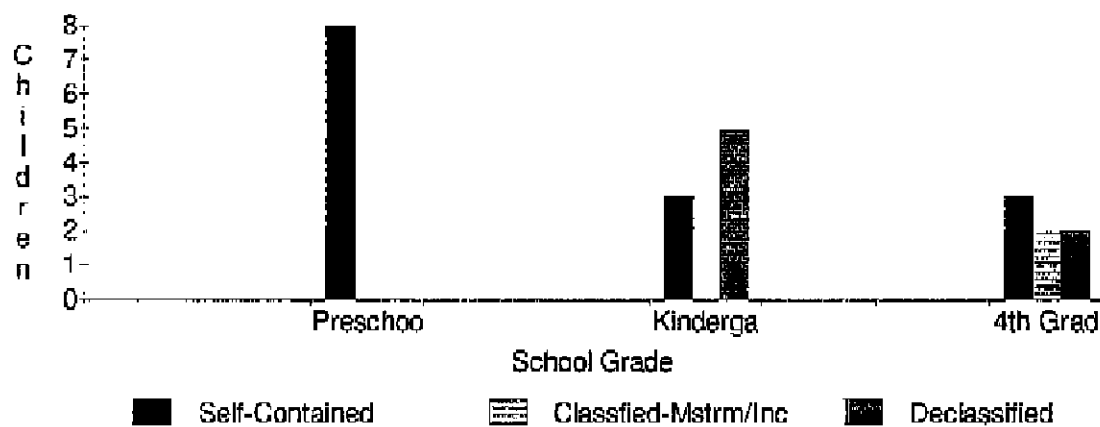
School District A	Figure A-2		
	Self-Contained	Classified-Mstrm/Incl	Declassified
Preschool	8	0	0
Kindergarten	3	0	5
4th Grade	3	2	2

Percentages of children by type of placement

School District A	Figure A-3		
	Self-Contained	Classified-Mstrm/Incl	Declassified
Preschool	100%	0%	0%
Kindergarten	37.50%	0%	62.50%
4th Grade	37.50%	25%	25%

Number of children by type of placement

Figure A-4



School District B was a medium sized, Urban 30 district located in a middle class, suburban community. During the 1989 school year, there were 11 children classified and placed in the self-contained preschool handicapped program. Findings of the data collection are included in Figure B-1. The class consisted of five males and six females. The reasons for classification include speech/language/communication needs, cognitive delays, perceptual needs, autistic behaviors, fine motor delays, and hearing needs. All of the children participated in the districts self-contained preschool handicapped program.

During their kindergarten year, five children (45.5%) remained classified and attended various self-contained classrooms. These classifications included multiply-handicapped, preschool handicapped and auditorily handicapped. Four of the children (36.5%) remained classified and participated in self-contained classes as well as the regular kindergarten. While two of the children (18%) were declassified and attended a regular kindergarten class.

Following the children into their fourth grade year, six (54.5%) were classified and participated in self-contained classrooms. The classifications include multiply handicapped, emotionally disturbed, perceptually impaired, and auditorily handicapped. Three of the children (27.5%) remained classified and participated in self-contained classes as well as mainstreamed into regular classes. Two of the children (18%) were no longer classified and participated in regular third grade classes.

Data collected from School District B

School District B			Figure B-1
	Child's sex	2 Major reasons for classification	
			Kindergarten placement
			Fourth grade placement
1	Male	Cognitive delays	Day Training Center
		Physical needs	
2	Male	Perceptual needs	Preschool Handicapped
		Behavioral issues	(by a waiver)
			Private Emotionally Disturbed Facility
3	Female	Communication needs	Multiply-Handicapped
		Visual needs	Private School
4	Male	Speech/Language	Regular Kindergarten
		Perceptual processing	(with speech)
			Regular Third Grade
5	Female	Communication needs	Regular preschool
		Autistic behaviors	Resource Center Assist.
			Resource Center Assistance
6	Male	Speech/Language	Transitional Kindergarten
		Perceptual processing	(with speech)
			Regular Second Grade
7	Female	Speech/Language	Transitional Kindergarten
		Communication	(with speech)
			Regular Third Grade
8	Male	Speech/Language	Regular Kindergarten
		Perceptual processing	
			Regular Third Grade
9	Female	Perceptual processing	Transitional Kindergarten
		Fine Motor skills	
			Self-contained
10	Female	Speech/Language	Self-contained
		Hearing needs	Auditory Handicapped
			Auditory Handicapped
11	Female	Speech/Language	Self-contained
		Hearing needs	Auditory Handicapped
			Auditory Handicapped

Number of children by type of placement

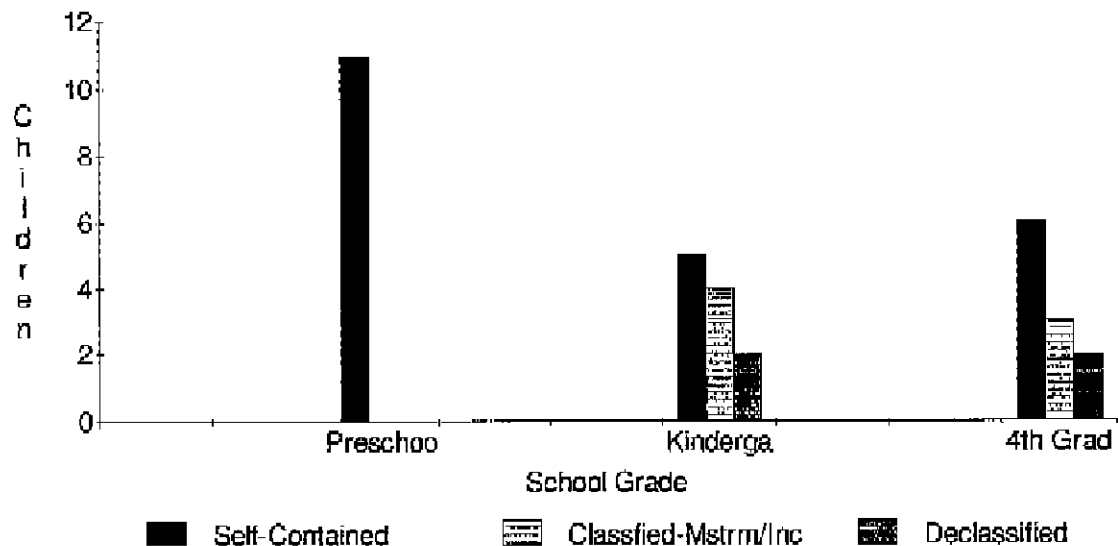
School District B			Figure B-2
	Self-Contained	Classified-Mstrm/Incl	Declassified
Preschool	11	0	0
Kindergarten	5	4	2
4th Grade	6	3	2

Percentages of children by type of placement

School District B			Figure B-3
	Self-Contained	Classified-Mstrm/Incl	Declassified
Preschool	100%	0%	0%
Kindergarten	45.50%	36.50%	18%
4th Grade	54.50%	27.50%	18%

Number of children by type of placement

Figure B-4



School District C was a suburban, medium sized school district located in a high socioeconomic area. During the 1989 year in District C, there were 14 children who were classified preschool handicapped and attended the districts self-contained preschool handicapped program. There were eight males and six females in the self-contained population that year. The reasons for classification included speech/language/communication delays, global developmental delays, social-emotional needs, cognitive delays, hearing needs, behavioral issues, perceptual processing and difficulty with independent functions.

During their kindergarten year, four children (28.5%) remained classified and attended self-contained classes. Their classifications include perceptually impaired and communication handicapped. Seven of the children (50%) remained classified and attended a developmental kindergarten class. Two of the children (14.3%) were declassified and attended a regular kindergarten class, while one child moved out of district.

Three children (21.4%) remained classified and in self-contained classes during their fourth grade year. Their classifications were perceptually impaired and communication handicapped. Five of the children (35.7) who were previously classified preschool handicapped, remained classified and participated in regular third and fourth grade classes with resource center assistance. Four of the children (28.5%) have been declassified and participate in regular fourth grade classrooms.

Data collected from School District C

School District C			Figure C-1	
Child's sex	2 Major reasons for classification	Kindergarten placement	Fourth grade placement	
1 Male	Speech/Language Low Readiness skills	Self-contained Perceptually Impaired with some mainstreaming	Self-contained Perceptually Impaired (with some mainstreaming)	
2 Male	Global Developmental Delays	Self-contained Communication Handic.	Regular Fourth Grade Declassified	
3 Male	Speech/Language Developmental Delays	Self-contained Perceptually Impaired	Self-contained Perceptually Impaired (with some mainstreaming)	
4 Female	Speech/Language Social-Emotional	Developmental Kindergarten	Regular Fourth Grade Declassified	
5 Female	Speech/Language Socialization skills	Regular Kindergarten	Regular Fourth Grade Declassified	
6 Male	Speech/Language Cognitive delays	Developmental Kindergarten	Moved out of district	
7 Female	Global Developmental Delays	Developmental Kindergarten	Regular Fourth Grade Resource Center Assist.	
8 Female	Hearing needs Speech/Language	Developmental Kindergarten	Regular Fourth Grade Resource Center Assist.	
9 Female	Short Attention Span Behavior	Developmental Kindergarten	Regular Third Grade Resource Center Assist.	
10 Male	Social-Emotional Behavior	Regular Kindergarten	Regular Third Grade Resource Center Assist.	
11 Male	Speech/Language Social-Emotional	Self-contained Communication Handic.	Self-contained Communication Handic.	
12 Female	Speech/Language Perceptual Processing	Moved out of district	Moved out of district	
13 Male	Speech/Language Social-Emotional	Developmental Kindergarten	Regular Fourth Grade Declassified	
14 Male	Speech/Language Independent functioning	Developmental Kindergarten	Third Grade Mainstreaming Resource Center	

Number of children by type of placement

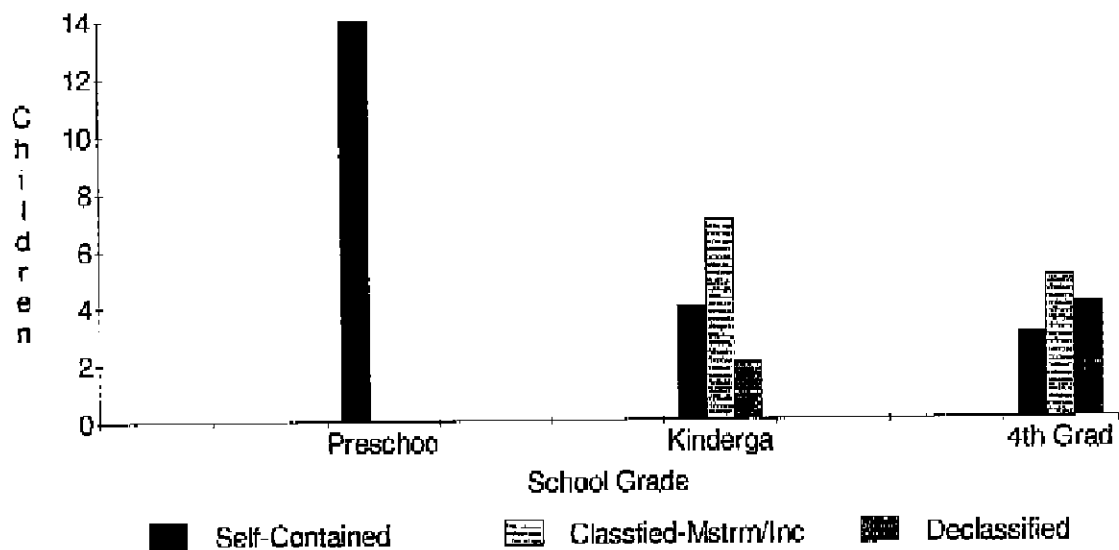
School District C			Figure C-2
	Self-Contained	Classified-Mstrm/Incl	Declassified
Preschool	14	0	0
Kindergarten	4	7	2
4th Grade	3	5	4

Percentages of children by type of placement

School District C			Figure C-3
	Self-Contained	Classified-Mstrm/Incl	Declassified
Preschool	100%	0%	0%
Kindergarten	28.50%	50%	14.30%
4th Grade	21.40%	35.70%	28.50%

Number of children by type of placement

Figure C-4



Chapter 5

The initial question to be explored in this project was, once children have been classified preschool handicapped, how many continue in special education programs and how many are eventually declassified after exiting the preschool and move forth into a regular education setting? I hypothesized that preschool handicapped programs are effective in predicting what type of educational setting a child will be placed in during his future years of education. I also questioned whether preschool handicapped programs proved as indicators for future special education programs within a school district.

In answering the initial question of how many of these children continue in special education and how many are actually declassified, the data shows that a fairly high number of the students remain with some degree of classification throughout their educational career. On the average, 67.2% of the children remained classified with an need for some type of special services. Looking at the children who have been completely declassified, 23.8% of them no longer need special education services.

When looking at the results of the data, one must note the problems that arise when drawing conclusions. To begin with, there is no way to compare as to whether the rate of children placed in regular education is good or bad. The reason for this is that it is impossible to have a control group to compare with. To have a control group, there would need to be a group classified preschool handicapped that would

not receive special education services, and then follow them to see where they ended up in the educational system. This is not only unethical, but illegal to have this type of control group since federal laws require that children identified having special needs must be serviced by the public schools. Another difficulty which arises is the effects of the various types of programs that the children may be placed in. One would need to look at the quality and effectiveness of these different programs (which vary greatly from not only district to district, but also from school to school) on the children.

It is also important to do a cross comparison of the data across the three different school districts. The data for School District A shows that by fourth grade, 25% of the children who remained in the district were completely declassified, while 62.5% still needed some type of special education services. School District B showed 18% of the children declassified with 82% of the children still requiring special education services. Finally, the data for School District C showed that 28.5% of its students were declassified, while 57.1% still received special education services.

When looking at the differences in the data between the three school districts, the results appear to be quite varied. There is a 25% difference between two of the school districts among children who remain classified and receive special education services. One needs to consider possible reasons for this large difference in the outcomes of these children. One reason for the vast differences among the three school districts could be due to parental involvement. In education, there appear to be many trends, one of which is inclusion. In some school districts, parents demand that their children participate in regular education regardless of the positive and negative effects this may have on the children. Other parent groups may be on the reverse side and demand that their children receive specialized education, and maybe even out of district placements. Another factor which could be considered is the fact that some districts are identifying these children earlier. Some districts have very active outreach programs which go out into the community to identify these "at risk" children and

bring them in for preschool screenings. Other districts may not be so active and tend to wait for the children to enter the district at school age. One also needs to look at the quality of programs provided to the children, as well as to the levels of degree of the disabilities of the children. Also, many school districts have very different philosophies in terms of special education and the transitioning of children into regular education programs.

It appears that further studies would need to be performed in order to confirm the hypotheses of this project. More than one group of students needs to be followed to prove consistency among the projections. For example, as the data indicates, School District A can expect that their special education programs will contain approximately 60% of children who have been classified preschool handicapped. One would need to compare this among percentages of other years to ensure this is an accurate projection. If these numbers would appear to be consistent for several years, then a school district could plan its future special education programming using these projections.

It would appear to be very difficult to predict whether a child entering a preschool handicapped program will remain classified throughout his educational career because of the many variables which may be factored in. The data for School District A does show a tendency for the children who were classified for speech, language and socialization concerns only appear to be the most likely to become declassified and receive the least amount of special education services. School Districts B and C also confirm that the children who enter preschool handicapped classes with only speech/language concerns and socialization concerns appear to be the most likely to need the least amount of services in their future elementary years. Although this is not to say that if a child enters school classified preschool handicapped because of speech, language and/or communication concerns, they will automatically be declassified when they exit the program. Their difficulties in these

areas could be the results of other problem areas. In agreement with the Hume and Dannenbring (1989) study, it is very appropriate to use caution in predicting future disability categories, especially for those children who fall into the communication disability category. Data for these children indicate a broad spectrum of later disabilities in school, or even no disability at all. (Hume & Dannenbring).

One also needs to look at the children classified for other reasons, such as cognitive, perceptual, physical, etc. Although the data seems to show that these types of delays during the preschool years may indicate future educational difficulties, it may not mean a child is "condemned" to special education. Many of these children are able to participate to some extent in regular educational programs.

As noted in Chapter 2 of this study, there can be many benefits of early intervention. These benefits may include developmental as well as educational gains for the child. Smith (1988) states that early intervention has been shown to result in the child needing fewer special education and other habilitative services later in life. I feel that although this is ideal, and the intention of early childhood special education, this is very difficult to prove. There are too many variables which may be included to determine this.

The many variables which factor into the results appeared to be one limitation of this study. These variables may include the child's home life, the teachers he has, the school district he is in, the extent of his disability, and possibly his social experiences. The problem I ran into, was that these children cannot be grouped into a couple of simple categories. Each child has his own set of difficulties and none of the children are the same. One cannot just look at a group of children with appearingly similar types of disabilities and say that they will or will not remain in special education.

Another limitation of this study was the differences in school districts. Each school district seemed to have its own style, procedures and language in their

classification systems. Another difference which was noted was that one of the districts seems to include their special education students as much as possible in regular education classrooms, while two of the districts seemed to have a high percentage of children in self-contained classes.

Implications of this study could prove to be very helpful to school districts in terms of planning for their future special education planning. As stated earlier, additional research would be needed to ensure the accuracy of the projections. With this information, a school district would know approximately how many students would need to be serviced each year. Obviously, uncontrollable factors, such as students moving in and out of the district would also need to be considered when predicting these projections.

In conclusion, it was hypothesized that preschool handicapped programs are indicative of what type of educational setting a child will be placed in during his future years of education. The data for this study was collected from three different school districts of varying size and socio-economic backgrounds. Children who were classified preschool handicapped during the 1989-90 school year were followed during their kindergarten and fourth grade years of school. It was found that it is difficult to predict where a child will be placed throughout his educational career by looking at his reasons for classification during preschool. Data from this study shows that children classified with only speech, language, and communication concerns, have a more of a likelihood of being declassified and participating primarily in regular education programs, while children classified with cognitive and perceptual delays have a greater likelihood of remaining classified and participating in special education programs.

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