

# Knowledge-Based Core Principles (0351)

## Introduction

Throughout the history of the special education movement, educational professionals have observed a multitude of changes due to political influences, societal attitudes, medical technologies and advancements, instructional design improvements, and changes in students themselves. The laws and litigation have shaped how services are delivered to students with disabilities. According to the current federal special education laws, school programs must be provided to accommodate the individual needs of students from ages 3 through 21 while younger children (0–3 years) may receive services through state programs.

Some historical cases in the special education movement that affected the services for students with disabilities and were turning points for the creation of federal laws are listed here. Some cases are explained in more detail along with additional cases in the “Legal and Societal Issues” section.

1896	<i>Plessy v. Ferguson</i>	Separate-but-equal legal segregation
1954	<i>Brown v. Board of Education KS</i>	Integration of students required; Segregated schools are unequal
1972	<i>PARC v. Commonwealth of Penn.</i>	FAPE (Free Appropriate Public Education) is required
1972	<i>Mills v. Board of Education</i>	Must provide services regardless of district’s ability to pay
1989	<i>Danny R v. State Board of Ed</i>	LRE-FAPE Right to inclusion to maximum extent possible

Professionals believe the primary focus for persons with disabilities is to reach attainable, realistic, and individualized goals to become successful and productive citizens. Many individuals with disabilities endure complications and barriers, but educators must support their efforts and guide them toward successful accomplishments. Take part in the efforts of your school, community, and state to enhance the education and productivity of individuals with disabilities.

During your university studies and work in this field, you may have discovered that information about individuals with disabilities is enormously complex. You may be aware of the various influences of all disabilities, the varieties of conceptual approaches, and the variations in curriculum design and instructional strategies that focus on these students. This very general information about special education is covered under the federal law IDEIA (Individuals with Disabilities Education Improvement Act–2004, formerly IDEA). These are also the areas that are critical for your preparation to complete the Special Education Praxis II exam.

Prior to taking the exam, you should review the basic concepts about disabilities: the characteristics, the causes, the prevalence, the various definitions, the facts about assessments, the placement steps, and the program issues, as well as curriculum and instruction information. As you peruse the study guide materials, notice they are not comprehensive but rather presented in summation format. If you need information not available in this guide, refer to your college texts, search the Internet, or speak with practicing educators. Websites related to special education are provided in the “Resources” section.

This Special Education Knowledge-Based Core Principles Praxis II exam (0351) is a knowledge-based assessment prepared for individuals who plan to teach students with disabilities in grades preschool through 12. There are 60 multiple-choice questions included, and the time allowed for examinees is one hour. The four content categories acknowledged in this assessment include Understanding Exceptionalities (15 questions, 25%), Legal and Societal Issues (8 questions, 13%), and Delivery of Services to Students with Disabilities (37 questions, 62%).

Your role as a special education professional and your participation in special education programs will involve collaborations with other professionals, support to families, implementation of student programs, being a student advocate, and participation in professional development activities. This is a serious but enjoyable career choice that may offer you many moments of pleasure as you observe and support students with disabilities.

### Content Clusters

As you prepare for the Praxis II exam on Special Education Knowledge-Based Core Principles, use the following questions to determine the areas you may need to study further. Although these questions do not reflect the type found on the actual exam, they provide the opportunity to examine your overall broad knowledge of the subject. Read each question and compose an answer that covers the important information. Write these answers on a separate sheet to use during your studies. If you read a question you are unsure of, identify that topic as an area for more intense study.

These questions are based on the content categories and should help you prepare to take the exam.

1. Identify the components of at least four theories related to the principles of human development and learning.
2. List the categories of disabilities under special education according to the federal law and explain the basic premises of each disability's identifying definition.
3. Explain the basic principles of each of the following federal laws: IDEA-2004 (IDEIA), Section 504, ADA (Americans with Disabilities Act), NCLB (No Child Left Behind), and FERPA (Family Education Rights and Privacy Act).
4. Define the conceptual approaches that pertain to the delivery of services for students with disabilities that may include: psychodynamic, behavioral, cognitive, sociological, and others important to special education services.
5. State the steps in the assessment process, identify some of the methods, and list common measurement tools used for students with disabilities.
6. Describe the issues related to families of children with disabilities that include advocacy, program participation, transition services, and support systems.
7. Provide examples of various behavioral interventions used with students who are identified in each of the disability categories.
8. Analyze the various aspects (steps) in the placement process, including a description of the continuum of services.
9. Clarify the diverse benefits of early intervention and early childhood programs for children with disabilities and the differences between Part B and Part C of the general special education law (IDEA-2004 or IDEIA).
10. Reveal the various teaching strategies, methods, and activities best suited for the different disability groups.

### Preview Questions

This section provides you with five multiple-choice questions that pertain to many areas of special education. Use this section to self-assess your recall of knowledge and to envision the types of questions that are included on this Praxis II exam. The answers to these questions will be found interspersed in the study guide materials that follow.

The questions and answers have been developed based on federal law and professional practices for students with disabilities in school settings. Some practices are different across the states, so do consider the answers you select based on the terminology, policies, best practices, and the law according to IDEIA.

1. The influential case of *Brown v. Board of Education* ended the practices of

- A. residential institutions.
- B. separate but equal schools.
- C. expulsions related to discipline.
- D. accommodations on assessments.

2. An organization that is highly recommended for practicing educators in the field of special education is

- A. APA.
- B. CEC.
- C. ASHA.
- D. AAMR.

3. All children with disabilities are entitled to \_\_\_\_\_ according to federal law.

- A. related services
- B. clinical therapy
- C. private school tutoring
- D. nutritional interventions

4. When team members conduct separate assessments and share results through communication and collaboration, and then develop a plan for interventions, this is called a(an) \_\_\_\_\_ team.

- A. intradisciplinary team
- B. interdisciplinary team
- C. transdisciplinary team
- D. multidisciplinary team

5. The first model to consider in the *least restrictive environment* provision is

- A. some therapy.
- B. the resource room.
- C. the residential facility.
- D. the general education class.

The correct answers are

1. B. The *Brown v. Board of Education* case occurred during the civil rights movement and caused schools to integrate children rather than separate them.
2. B. The (CEC) Council for Exceptional Children is a national organization for professionals that provides information and support regarding children with disabilities.
3. A. Related services is one of the components allowed on an IEP for children with disabilities.
4. B. An interdisciplinary team promotes sharing information about children with disabilities so team members may collaborate and develop a student education plan together.
5. D. The general education class is considered the first in a list of least restrictive environments under federal law and promoted for inclusion.

## Study Information

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The topic of *special education* is broad and comprehensive. Prior to taking the exam, it is important to review the general principles, theories, guidelines, and practices that pertain to the core knowledge of all disabilities as the programs and services for students with disabilities are mandated under federal law, IDEIA. In addition, the information included in this study guide in the “Preschool/Early Childhood” and “Application of Core Principles across Categories of Disability” sections will aid in your studies for the core knowledge exam.

Special Education is a constantly changing field of professional practices, trends, issues, and research. Studying these topics for the core knowledge exam will help you get started in the continuous study of the field. Even though current and contemporary practices are defined here, those may change in a couple of years; this should not diminish your interest and dedication to the students who will benefit from your support and your perseverance.

The population of students with disabilities is ever changing. Due to the number of birth defects, genetic complications, and childhood accidents, exactly how many students with disabilities are served varies from year to year. All of the categories of special education show increases and varying numbers from time to time. Some of the issues related to the increased numbers include the identification definition for students, the range of culturally and linguistically diverse students, the movement of students across districts, and the manner in which states promote their programming.

Thirteen unique categories of special education are recognized under federal law; however, individual states may label students differently. When you are ready to teach in your state, check with your school district or state department of education on the proper terminology used for students with specific disabilities, remembering that for this exam you will need to follow the required federal terms.

Be aware of the characteristics of various disabilities and the problems that individuals face. Learn the strategies and methods that are research-based and proven effective as you seek to understand the interventions that support academic achievement. An enormous variety of programs are offered for students with disabilities across the states, but all students with disabilities need the individualized instruction and interventions that will support them throughout their lifetimes.

As you enter this field, be aware of the professional status you bring to teaching. You have arrived at this point due to your interest, your commitment, your special training, and your studies. Continue to work toward competence in the field and strive to be more effective in your career each day.

## Understanding Exceptionalities

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Educators working with students who have disabilities should be very familiar with the typical patterns of development in all domains of learning, as well as the various kinds of disabling conditions. Learning about the typical stages of growth and development will help you understand the delays that children with disabilities exhibit. Knowing more about the different disabilities will support you when dealing with student issues in the classroom. Download a copy of a growth and development chart from the Internet or obtain one at the local health department.

## Theories and Principles of Human Development and Learning

Theories about how people develop and learn abound, and you probably studied this information in your university courses. You may still have textbooks that reflect the detailed information you may want to study. Check the Internet for additional articles, theories, and developmental charts.

Following is a brief description of each area of development; however, for further information, turn to the Human Development Section of the “Preschool/Early Childhood” portion of this study guide.

## Social-Emotional Development

The social-emotional area of development is key for students to gain a sense of self. They can build upon their self-concept, self-esteem, self-confidence, and self-competence if they have strong skills in this area. A child's environment has great impact on this area of development, and parents, gender, siblings, and a child's temperament are all factors in how a student will develop in this domain. Communication, language, and cognition are also important to the proper growth of this area. Social-emotional development has been influenced by the work of Maslow, Skinner, Erikson, Gardner, and Freud.

## Language Development

Communication, language, speech, and literacy are all prime components for success in academic areas. Children must not only learn the words, structures, and patterns of language, but make the connections, use the gestures, observe the body movements, and figure out the facial expressions that are critical to understanding. Language affects reading, listening, writing, all academic areas, and social relationships. Bilingual and second language learners have other issues that cause lags in this developmental area.

## Cognitive Development

Several theories of cognition have influenced thoughts about human development of this domain: Behavioral, cognitive, socio-cultural, and the constructionist theories all have early beginnings in education. The names Piaget, Skinner, Vygotsky, and Gardner are well-known as people who have studied and presented ideas about how people learn.

The cognitive area is the most important area of development as it impacts all domains. This area of mental skill development focuses on thinking and reasoning with specific clusters of mental skills that are important to learning.

## Physical Development

Physical development is the first area of growth and learning that a child experiences. It includes skills related to gross motor, fine motor, sensory-integration, and perceptual motor development. The theories that impact this area are those of Gesell, Piaget, Ayres, and Kephart.

## Characteristics of Students with Disabilities

This section briefly explains the basic and stereotypical characteristics of each disability category. Know that students labeled in these categories exhibit their own very special qualities and unique characteristics.

- **Medical/Physical:** Includes problems related to diseases, illnesses, trauma, genetics, fine and gross motor, sensory input, and sensory perception.
- **Educational:** Includes cognitive and metacognitive deficits, low academic achievement, poor memory, attention problems, hyperactivity, and perceptual disorders.
- **Social:** Includes affective behaviors, poor social skills, poor self-concept, poor motivation, and debilitating mood states.
- **Psychological:** Includes various behaviors, adaptive behavior deficits, disruptive behaviors, and withdrawal issues.

## Types of Disabilities

The following is a list of the major disability categories:

**Autism:** Communication and language deficits, impaired social relationships, exhibiting difficult behaviors, and possible demonstration of limited intellectual functioning with atypical reactions to sensory stimuli

**Behavioral Disorders/Emotional Disturbance:** Exhibit inappropriate internalizing and externalizing behaviors, atypical emotions, disruptive behaviors, and lack skills for developing positive relationships

**Hearing Impairment:** Difficulties processing linguistic information and using spoken language to communicate, problems with social relationships, deficits in emotional maturity, and delays in academics

**Mental Retardation:** Deficits in adaptive behaviors, problems with learning, difficulties with memory, issues with problem solving, and delays in social skills

**Orthopedic Impairment:** Physical problems such as cerebral palsy, muscular dystrophy, and spina bifida, possibly requiring adaptations with devices and equipment

**Other Health Impairment:** Limited strength, vitality, and alertness with medical problems such as diabetes, epilepsy, attention deficits, and disease

**Specific Learning Disability:** Demonstrate difficulties with listening, reasoning, memory, attention, social skills, perception, and processing information and may emerge with problems in reading, written language, math, and behavior (Achievement is not commensurate with their abilities.)

**Speech/Language Impairment:** Difficulty using expressive and receptive language; delays in pragmatics; and problems with fluency, voice, and articulation

**Traumatic Brain Injury:** Difficulties in the areas of cognition, memory, attention, judgment, and problem solving, as well as physical and sensory changes, social, behavioral, or emotional problems

**Visual Impairment:** Problems with developing language concepts, impaired motor development and mobility, and lack of social adjustment skills and relationship interactions

## Basic Concepts

Children who differ from the norm, physically, intellectually, or behaviorally, may be eligible for services under a category identified in special education. Although some professionals believe that labeling a child is not generally a positive act, it becomes a necessary task in order for the student to obtain the appropriate services and for funding to flow into the schools supporting the special education programs.

Children identified collectively in a category share certain characteristics, patterns in learning, and types of behavior. Children are considered disabled and eligible for services only if the exhibited problem(s) have a major impact on learning, and special education is necessary to benefit from an education. Each category under federal law is accompanied by a definition to more clearly describe the children who may be identified.

## Definitions and Categories

In spite of the debates about labels or categories for children, it is the comprehensive assessment process that determines the label and eligibility for services. Although the federal special education law creates the general categories, each state may develop its own labels to suit the definitions of the disabilities.

The 13 specific federal categories for students ages 3 through 21 years to receive special education services are

- Autism
- Deaf-Blindness
- Developmental Delay
- Behavioral Disorders/Emotional Disturbance
- Hearing Impairment
- Mental Retardation
- Multiple Disabilities
- Orthopedic Impairment
- Other Health Impairment
- Specific Learning Disability
- Speech/Language Impairment
- Traumatic Brain Injury
- Visual Impairment

The definitions for each category found in federal law are summarized here.

**Autism:** A syndrome related to neurological function that appears through deficits in social interactions, communications, and patterns of behavior. Autism is one of the disorders associated with pervasive developmental disorder (PDD), now more currently referred to as autism spectrum disorders (ASD). The various disorders in this group are differentiated by the age of onset and severity of symptoms.

**Behavioral Disorders/Emotional Disturbance:** Conditions that exhibit two or more of the following: an inability to learn, an inability to maintain relationships, inappropriate behaviors, pervasive moods, or a tendency to develop physical symptoms or fears.

**Deaf-Blindness:** The combination of both auditory and visual disabilities that cause severe communication and other developmental and learning needs such that the individual cannot be appropriately educated in special education programs solely for children with hearing impairments, visual impairments, or severe disabilities without supplementary assistance.

**Developmental Delay:** Indicates a lack of age-appropriate skills in one or more of the following domains: cognitive, language, motor, self-help adaptive, and social-emotional. This category is generally used for children ages 3 through 5, but is allowed under federal law for students up to age 8.

**Hearing Impairment:** Suggests a hearing loss that adversely affects the educational performance and makes the child eligible for special education (includes deaf and hard of hearing).

**Mental Retardation:** Significantly subaverage general intellectual functioning that exists concurrently with deficits in adaptive behavior and manifests itself in the developmental period that adversely affects a child's educational performance.

**Multiple Disabilities:** A combination of concomitant impairments (mental retardation–vision impairment, mental retardation–physical impairment, and so on) that causes severe educational conditions that cannot be accommodated in special education programs for only one disability.

**Orthopedic Impairment:** A physical impairment that adversely affects educational performance. These impairments may be caused by genetic anomalies, disease, or other causes.

**Other Health Impairment:** Health impairments may be related to diseases or health conditions that prevent a child from participating in educational activities. If a child is found to have limited strength, vitality, or alertness due to a chronic or acute health problem, which adversely affects the child's educational performance, then the child is considered OHI. Some states provide services to students with ADD or ADHD under this category.

**Specific Learning Disability:** A disorder in one or more of the basic psychological processes involved in understanding or in using language and may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do math.

**Speech/Language Impairment:** Communication disorders that affect educational performance in an adverse manner that may include stuttering, impaired articulation, language impairments, or voice impairments.

**Traumatic Brain Injury:** This category includes children who have an acquired injury to the brain caused by external physical force that results in total or partial functional disability or psychosocial impairments and adversely affects the child's educational performance. It does not include brain injuries that are congenital, generative, or birth induced.

**Visual Impairment:** This category includes any impairment of vision that even with correction adversely affects a child's educational performance. This includes a wide range of vision impairments: totally blind, functionally blind, and low vision issues.

## Causation and Prevention

Although there are literally thousands of known causes for disability-related conditions, sometimes for a specific child the cause can be considered *unknown*. Among the known causes for disabilities, some may influence the development of several different types of disabilities, such as an illness that can create problems with hearing, seeing, thinking, and walking. Due to the significant number of causes, a summary of the more commonly known causes related to each specific disability is provided.

**Autism:** Not a specific known cause, but believed to be related to neurobiological conditions, abnormal brain development, genetics, multiple biological causes, and environmental factors.

**Behavioral Disorders/Emotional Disturbance:** Two major areas may contribute to these disorders: biological factors (brain disorders, genetics, temperament) and environmental factors (home, community, school).

**Hearing Impairment:** Many causes that include genetic factors, illness, prematurity, diseases, and noise-induced complications.

**Mental Retardation:** Many causes are related to this condition, and they are classified as either biomedical, environmental, or unknown. These causes result from factors that occur in one of three stages: prenatal, perinatal, or postnatal.

**Orthopedic Impairment:** Primarily related to illness, disease, trauma, accident, or injury.

**Other Health Impairment:** Primarily related to illness, disease, trauma, accident, or injury.

**Specific Learning Disability:** Many times, the cause is unknown; however, the four most prevalent known causes are brain damage, heredity, biochemical imbalance, and environmental.

**Speech/Language Impairment:** Many possible causes, most likely attributed to damage, or dysfunction of a specific part of the body, environmental factors, cognitive impairments, hearing loss, brain injury, or diseases.

**Traumatic Brain Injury:** Primarily related to illness, disease, trauma, accident, or injury.

**Visual Impairment:** Damage or changes in the optical, muscular, or nervous system that may be from diseases, trauma, malnutrition, or genetics.

Although some disabilities appear from unknown causes and some are lifelong problems, some of the disabilities inflicted upon children could be prevented by proper and early medical care, prenatal care, appropriate mother and child nutrition, genetic counseling, PKU (phenylketonuria) testing, amniocentesis, limit toxic exposure, environmental improvements, early intervention programs, parent training, and vaccinations and immunizations.

## Behaviors

The behaviors children exhibit are unlimited, and the methods used to manage them can be complex. The types of behaviors demonstrated might be related to a specific disability, and methods common to that group of children may be helpful.

Helpful terms:

- **duration:** a measure of the length of time a student engages in a particular behavior
- **degree of severity:** a measure of how problematic or complicated a particular behavior is
- **extinction:** when a reinforcement for a previously reinforced behavior is withheld, so the behavior will decrease until it no longer exists
- **frequency:** the amount of time (how often) that a behavior reoccurs
- **intensity:** the degree to which a behavior is repeated
- **maintenance:** the extent that a previously learned behavior continues once the intervention to support it has been ended

## Legal and Societal Issues

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Great influences on the programs for students with disabilities come from federal and state laws as well as litigation on behalf of individuals with disabilities. Laws and regulations may be changed when decisions are handed down from these legal cases. It is the responsibility of educators to be knowledgeable about the changes made to improve situations and programs for those with disabilities.

### Federal Laws

The impetus for the creation of special education laws that protect individuals with disabilities began during the civil rights movement of the 1960s. In 1954, the *Brown v. Board of Education* case based on the segregation of students according to race went before the Supreme Court, who ordered that education must be on equal terms for all children.

The result of this decision caused a movement in the education field that has been unequalled, and eventually children with disabilities gained the right to a free and appropriate public education.

Historically, many believe that the passage of the special education law, The Education for All Handicapped Children Act (EAHCA, also EHA), in 1975 (PL94–142) is “landmark legislation” and marked a tremendous change in how the needs of students with disabilities were addressed across the country. Since this date, the law has been amended and reauthorized five times.

1. 1983–Amendments to the Education of the Handicapped Act
2. 1986–Education for the Handicapped Act Amendments
3. 1990–Individuals with Disabilities Education Act Amendments (PL101–476)
4. 1997–Individuals with Disabilities Education Act (IDEA) (PL105–17)
5. 2004–Individuals with Disabilities Education Improvement Act (IDEIA), known as IDEA–2004 (PL108–446)

These changes did not come easily but were based on the collaborative efforts of professionals, parents, politicians, and community members. The federal special education law provided educational rights to children with disabilities and their parents in accessing services in schools across the country. States still individually interpret the law, but must comply with the basic provisions.

## IDEIA

The purpose of IDEIA (formerly IDEA) is identified in four key statements:

1. To ensure all children with disabilities are guaranteed a free and appropriate public education (FAPE)
2. To assist States in establishing early intervention services for infants and toddlers with disabilities
3. To ensure that educators and parents have the necessary tools to improve the education for children with disabilities
4. To assess the effectiveness of the education for children with disabilities

IDEIA extends the right to an education for all students with disabilities in the public school system. There are six major principles:

1. Zero reject (Child Find system): No child with a disability may be excluded from a public education.
2. Protection in the evaluation process: Nondiscriminatory identification and evaluation must be conducted, which includes the procedures and the tools.
3. Free Appropriate Public Education (FAPE): Education of students with disabilities must be at the public expense based on the development of an IEP (Individualized Education Program) to include related services.
4. Least Restrictive Environment (LRE): Children with disabilities must be educated with nondisabled children to the maximum extent appropriate, and a continuum of placement services must be imposed.
5. Due Process Procedures (Procedural Safeguards): Required parent and student rights regarding assessment, placement, and service implementation of education program.
6. Parent and Student Participation and Shared Decision-Making: Parents and students (as appropriate) must be included in the special education process.

Other provisions stressed for students with disabilities include the following:

- Extension of services to children age 5 and under
- Access and participation in the general education curriculum
- Participation in and accommodations for district and statewide high stakes tests
- Related services and Assistive Technology (AT) required to access and benefit from special education
- Federal funding of special education provides funds to states to support programs
- Tuition reimbursement costs for private school placement is available

When IDEA–1997 was reauthorized to IDEIA (IDEA–2004), all of the major provisions and components remained, but changes mounted and the impact they may have on special education programs remains to be seen. These were some of the changes proposed.

- Paperwork reduction
- Short-term objectives and benchmarks eliminated from IEPs
- Implementation of comprehensive and multiyear (3-year) IEPs
- Focus on highly qualified teachers to align IDEIA with NCLB

Specific within the federal special education law are two main provisions for students with disabilities that schools and communities use in guiding delivery of the most appropriate services to all students with disabilities. They have some similarities and some differences, which are outlined here:

### **IDEIA-Part B:**

- Students with disabilities ages 3 through age 21
- Educational programs in public school settings
- Educators, staff, and other school professionals provide services
- Yearly evaluations and annual review of program
- Participation in transition from Part C
- IEP describes the individual student’s needs

### **IDEIA-Part C:**

- Students with disabilities ages birth to three years
- Family and child services in natural environments, particularly the home
- Service or case manager coordinates the necessary services
- Evaluations two times per year and regular reviews
- Participation in the transition services to Part B
- IFSP describes the child and family needs

## **Other Federal Laws**

**Section 504 (Rehabilitation Act of 1973):** Extends civil rights to individuals with disabilities, prohibiting discrimination in education, employment, and other community settings. It requires compliance by any recipient of federal funds; however, the requirements are not supported by federal funding.

**ADA (Americans with Disabilities Act–1990):** Based on Section 504, it extends civil rights to individuals with disabilities to private sector employment, public services, public accommodations, transportation, and telecommunications.

**NCLB (No Child Left Behind–2001, the Reauthorization of the Elementary and Secondary Education Act):** The primary goal is that all children will be proficient in all subject matter by 2014, and it imposes a requirement that all teachers must be “highly qualified.” There are four key principles:

- Stronger accountability through district and state testing
- Increased flexibility for use of federal funds
- Additional options for parents
- Focus on curriculum and instructional methods with proven effects

**FERPA (Family Educational Rights and Privacy Act):** Although not a specific special education law, it affects education programs and those professionals associated with students who have disabilities. This federal law protects the privacy of all students’ education records and is applicable to all schools receiving federal funds.

## Legal Cases

Court decisions have proven to be a critical indicator of the interpretations and changes in the special education law over the years. It seems to be the nature of special education that parents, schools, and advocates challenge the law and the decisions made about students. Because of the numbers of due process hearings and the amount of court cases, professionals and parents must take a strong look at the programs and services that students with disabilities receive. Although the law does not clearly define many of the provisions and requirements, schools should strive to avoid the confrontational proceedings, as they are costly and time-consuming.

One of the most difficult rulings for schools is the requirement to provide health-related services for medically fragile students, which could include a one-on-one nurse and medical equipment imposing a financial burden.

1972—*Mills v. Board of Education*: Determined that financial problems cannot be a reason for the lack of appropriate programs to children with disabilities.

1972—*Pennsylvania Association for Retarded Citizens v. the Commonwealth of Pennsylvania*: Established the right for all children with mental retardation to a free public education.

1979—*Armstrong v. Kline*: Ordered schools to provide extended school year services for students with disabilities who may regress over long periods without school.

1982—*Board of Education of the Hudson School District v. Rowley*: Upheld that each child with a disability has the right to an individualized program and supportive services deemed appropriate and necessary.

1984—*Department of Education v. Katherine D.*: Ruled homebound instruction for a student with multiple health problems did not comply with the LRE and required the student to be placed in a class with nondisabled children with related medical services.

1984—*Irving Independent School District v. Tatro*: Forced the school to provide nonphysician required medical services to allow a physically impaired student to attend school.

1988—*Honig v. Doe*: Ruled that students with disabilities may not be excluded for misbehavior that is disability-related, but services could cease if the behavior was not related to the disability.

1989—*Timothy v. Rochester School District*: Upheld that all children with disabilities must be provided a free, appropriate, public education without exception.

1993—*Zobrest v. Catalina School District*: Determined that a student in a parochial school should be provided the assistance of a related service due to the disability and that these findings did not violate the constitution of the separation of church and state.

1999—*Cedar Rapids v. Garrett F.*: Ruled that medical services necessary to a student with a disability to access and benefit from special education must be provided by the school as long as the service does not require a physician.

## Issues of Family, School, and Community

Family members and the community have an impact on students with disabilities. Involvement in the educational programs of students with disabilities aids in successful student achievement and positive outcomes. They may share in advocacy efforts to help individuals with disabilities gain the support they need throughout their lifetime.

### Advocacy

Advocacy can have a tremendous effect on the outcomes for persons with disabilities. It seems that many of the changes in the laws, services, and program delivery over the past several decades have been because of the on-going and consistent efforts of individuals with disabilities, parents, educators, and communities. When groups of people with the same mission attempt to clarify or improve something for individuals who need the support, changes occur.

Whether those changes happen because of amended laws, court cases, or awareness rallies, the influence on those with disabilities can be staggering.

It seems that the biggest problem for individuals with disabilities is how they are treated by others. It is important to not just accept that individuals with disabilities are in the schools and communities, but that they are capable of productivity and a quality of life much like other people.

Advocacy instruction must be a part of the educational program for children with disabilities so they may understand their rights and come to know their own capabilities. Through instruction on advocacy issues and self-advocacy actions, individuals with disabilities will begin to make a difference for themselves. It is an especially important component of the transition plans that are developed and implemented for students age 16 and older.

Advocacy groups have been established for persons with disabilities in order to help them protect their rights, gain information, maintain their dignity, meet others under the same circumstances, and join in the efforts to sustain positive outcomes. Joining an advocacy group, and being a self-advocate requires that the person be self-determined.

### Family Participation

Under federal law, educators and professionals working in school programs are encouraged to include parents and families of children with disabilities in the special education process and the implementation of special education programs. For all practical purposes, the parents and family members are to be considered partners in the education of the child with a disability that is based on respect and dignity.

Research has shown that parents can be a positive influence in their child's education, as the effectiveness of the student's program seems to improve, and the child performs at a more successful level. Involving parents is a meaningful activity as they may aid in developing proper IEP goals; they can deliver consistency for the child; they may be able to access additional resources; and they may provide opportunities for additional learning situations.

Several of the most common methods of providing home-school communication to effectively involve parents on a regular basis include parent-teacher conferences, telephone calls or e-mails on daily progress, written messages, class newsletters or websites, parent group meetings, parent classroom volunteers, family homework activities, and class activities with family spectators.

### Attitudes Toward Individuals with Disabilities

Students with disabilities face problems with discrimination, sympathetic people, the ignorance of others, teasing, and cruelty. These actions do not generally stop when a student becomes an adult. Even adults with disabilities find themselves in problematic situations. How others react to individuals with disabilities affects their lives in school and as adults.

Very often people without disabilities are uncomfortable in the presence of someone with a disability. Many people assume that children with disabilities are different than their peers, when in fact, they are more alike. It is how people respond to their unique differences that will impact the child's school achievement and future success.

There have been increased efforts on behalf of individuals with disabilities over the past several years, as educators have found that individuals with disabilities blend better into society and enjoy the same privileges as those individuals without disabilities. When educators effectively guide and support children with disabilities to use their realistic potential, reach reasonable academic and behavioral performance, improve their self-esteem, and develop independence, these professionals do much to enhance the individual's ability to participate in community life.

Terms related to disability constantly change (disability, handicap, impairment, and so on), and many of these terms conjure up the idea of individuals who are unable to do things. Due to the negative image, the preferred terms are those that impose the **person-first** concept for individuals with disabilities. Person-first terms are a more respectful way of speaking and writing about students who have disabilities, as the child is always mentioned before the disability. Those who favor and promote these terms believe that children are children first, whether they have a disability or not, and should not be denigrated because of the impairment. Using the person-first language is a critical step toward including these individuals in society and enhancing their lives.

Following are examples of person-first language:

- the young boy with cerebral palsy as compared to the young cerebral palsied boy
- the child with mental retardation as compared to the mentally retarded child
- the girl with a physical disability as compared to the physically disabled girl

Public attitudes toward persons with disabilities have changed greatly in recent years. People are more accepting, more tolerant, more respectful, and far less negative. These changes will not erase the disability, but they will pave the way for more appropriate responses and a smoother journey within communities.

## Cultural and Community Influences

Communities and the various cultures within have great influences on the development and progress of individuals with disabilities. Society establishes rules about how people should function and in the past, individuals with disabilities were not completely approved as members of the greater society or local communities. Now, with changed attitudes, more individuals with disabilities are considered viable contributors to the everyday function of their communities.

When a person with a disability is allowed to participate in daily activities and given the freedom to join in the regular routines of life, her skills and abilities seem to improve. When society's attitudes are more accepting, communities are more likely to embrace the membership of individuals with disabilities in work environments, local businesses, and neighborhood living situations. By treating people with disabilities as individuals and accepting their differences, we move closer to more unified communities who treat all productive citizens equally.

## Delivery of Services

The realm of special education is diverse and constantly changing, just as the students are unique and evolving. The delivery of services to students with disabilities must be clearly individualized and provided in compliance with the laws, policies, and best practices. It is mandated that children with disabilities access their programs according to a free and appropriate public education in the least restrictive environment.

In pursuing the appropriate delivery of services for students with disabilities, consider several essential elements: the student's disability and assessed needs, the environment, the strategies used, the professionals involved, and the partnerships with parents. A team of professionals must implement the delivery of services also based on the assessment process, the curriculum and instruction components, the strategies and methods of instruction, and the management of the environment.

Research has proven that children with disabilities and those without disabilities benefit academically and socially when they are educated together in the same setting. Therefore, the inclusion movement offers a realistic placement for students with disabilities and the delivery of services should be carefully contemplated by the IEP team. This is critical to the student's academic achievement and success.

The number of students with disabilities has grown over the years, and they are significantly dispersed within the general population. As an educator, find the most appropriate ways to guide and support all students so they may lead productive and independent lives.

## Conceptual Approaches

The theories related to how students learn are important guidelines for educators in knowing how to instruct students with disabilities. Not every theory works for every child or every situation so educators also need to know what their own personal philosophy is about how children with disabilities learn.

Students have constantly emerging needs, and since they are uniquely individual, the approaches used to support their needs must be based on research and theoretical topics that include information, interventions, and strategies. As an educator, continue to search for quality information that will help students reach their fullest potential and go on to lead productive lives.

This section discusses six of the learning theories related to academic achievement of children with special needs: medical, psychodynamic, behavioral, cognitive, sociological, and eclectic.

### Medical

Many disabilities are the product of medically related issues, whether resulting from genetic causes, diseases, illnesses, accidents, or unknown etiologies. The medical field can provide information about the diagnosis, treatment, and prognosis as well as how to service those issues for children with disabilities. This field focuses on clinical therapy, but can also support programs through medical practitioners, physicians, public health professionals, and mental health professionals who follow a child's condition, prescribe medications, and make adjustments throughout the child's early life. Medical theory does not apply to the school programs, but has a place in the development of a child's education program.

### Psychodynamic

The names of Brucke, Jung, and Freud may be familiar as they are the drivers of the psychodynamic theory, which is the study of human behavior based on motivation and drives, and the functional significance of emotions. It is believed that an individual's personality and reactions are the result of interactions in an individual's mind, genetic constitution, emotions, and the environment. These emotional and motivational interactions affect behavior and a person's mental state. Additionally, internal forces affect a person's behavior. This approach is based on the premise that human behavior and relationships are shaped by conscious and unconscious influences.

### Behavioral

The behavioral learning theory emphasizes a systematic approach to learning and instruction. This theory is based on the work of Skinner and incorporates the ABC model to instruction (A = antecedent or stimulus, B = target behavior or target response, C = consequences or reinforcement). Examples of this theory in the field of special education include the development of an IEP and the use of Functional Behavior Assessments and Plans, as they demonstrate measurable learning behaviors that can be observed and documented.

Since Skinner believed that learning is a function of the changes in behaviors and the responses to these events, the key components of this theory emphasizes the effectiveness of **explicit teaching** and **direct instruction**. This type of instruction focuses on the tasks to be learned, the skills to be developed, and the established environmental setting. Educators assess a student's learning by examining the presented task and observing how well the student performs to the response (known as *operant conditioning*).

### Cognitive

Based on Gestalt psychology and the work of Piaget, the cognitive theory examines the internal mental processes that include problem solving, memory, and language. This theory is most concerned with how people understand, analyze, and solve problems. Theorists believe that the student constructs the acquisition of new information and skills based on prior knowledge.

Instruction under this theory must be delivered at the student's particular level or stage of development while managing the environment and allowing the student to develop necessary and generalized skills. Motivational activities should be utilized to enhance and encourage learning. The instructional application of the cognitive theory includes the styles of learning, metacognition, learning strategies, peer tutoring, scaffolded instruction, behavioral temperaments, and the social context of learning.

### Sociological

The social learning theory is based on observation. Bandura discovered that children learn through their observations of others. This concept focuses on providing modeling and demonstrations so children may observe what they need to learn.

## Eclectic

Since special education stresses the use of an individualized educational program for every child with a disability, some professionals choose to select certain components of several different theoretical approaches when constructing a student's instruction. The eclectic approach utilizes a combination of practices to best suit the student's individual special needs. Certain approaches work best for certain types of disabilities and certain characteristics in individual students. The teacher should base selection on the comprehensive assessment conducted on the student.

## Professional Roles and Responsibilities

As a professional responsible for the education of students with disabilities, clearly understand the educator's role in this process. Maintaining professional competence includes acknowledging the role educators play in supporting students and families as well as pursuing continued education and gaining further information to improve professional skills and abilities.

Reveal your professionalism to the families you serve, your teaching peers, and the community in several ways. Show your dedication to the education of children, use appropriate individualized procedures, and demonstrate your knowledge of the scope of the position and expose your competencies regarding required policies. Read professional journals, stay abreast on rising issues, enroll in training workshops, join professional organizations, and attend conferences. Utilize instructional practices and strategies that are research-based as these will acknowledge your further effectiveness as a professional.

## Collaboration

Teachers in special education and general education must work together to enhance the individual educational programs by sharing their expertise and demonstrating appropriate communication practices, especially for students placed in inclusive settings. It is a valuable practice when students with disabilities are receiving more of their specialized individual programs in the general education program.

This method is called **collaborative teaming** and usually focuses on the successful programs of inclusion. It is recommended to develop an effective team, the members should determine their shared goals, apply voluntary participation procedures, use proper on-going communications, practice team decision making, share the responsibilities, schedule planning time together, and pool resources. Team members may work together, collaboratively, in three different ways: coordination, consultation, and teaming.

**Coordination** is a very simple form of collaboration and includes communication and cooperation so the services to students with disabilities are ensured delivery. Professionals do not necessarily share their expertise, their information, or ideas with one another about individual students, but rather may provide updates on how well the implementations are going.

During the **consultation** process, professionals work with one another to meet the needs of students with disabilities by communicating and sharing expertise to improve the services to students. It is the responsibility of the special education teacher to manage the student's program and provide support to the general education teacher and the student so the individualized program proceeds adequately and appropriately. Teachers share strategies and methods that will help students access their educational programs.

Another important professional practice in special education programs, effective for inclusion settings, is the use of **co-teaching**. When two or more teachers work together to plan lessons, deliver instruction, and assess students, it provides the additional supports to students with disabilities that improves student performance and achievement.

## Teaming

Three types of teams utilized in schools and critical to the effectiveness and implementation of the special education process are described here.

**Multidisciplinary teams** are described as professionals with defined roles, who work independently of one another. This is not an encouraged practice in the schools, as it promotes more fragmentation of student programs. If a student is seen as a whole person, then the services should be delivered to the student as a whole and not separately as this type of team implies. Because this kind of team often conducts separate assessments, delivers services independent of other providers, and works with the families separate of other professionals, this kind of teamwork shows a lack of communication and a lack of understanding about student needs.

Although the **Interdisciplinary team** has members who conduct independent assessments, unlike the multidisciplinary team, this group promotes communication and collaboration. An interdisciplinary team uses more formal communication efforts by meeting together to share the gained information and develop a plan for interventions and strategies that will enhance the student's educational success. Then team members implement their separate portion of the program, while remaining in contact with other team members.

The **Transdisciplinary team** is the more preferred type, as it demonstrates a high level of coordination and involvement; however, due to schedules and the numbers of professionals involved, it may be the most difficult to achieve. This team tries to deliver services in an integrated approach across disciplines, which includes assessment, information, program development, and interventions, while including the family in all stages. Team members usually work together by sharing roles, and the responsibility for assessment and interventions, unlike multidisciplinary and interdisciplinary teams that work in isolation.

## Assessments

Assessments are required under the law for students to be placed and receive services in special education no matter which disability category is identified. The process can be lengthy and at times debatable among professionals, but without the proper assessment and application of student information, it will be very difficult to develop and implement an appropriate program for a student with a disability. The assessment process may depend on a variety of measurements in order to gather the best information needed: observation, interventions, case history, and informal and formal tests.

The purposes of an assessment include

- To determine the nature of the problem
- To decide the eligibility for special education and related services
- To discover the present levels of performance and areas of need
- To target skills or identify content areas
- To ascertain which factors support learning
- To plan student instruction and types of interventions
- To manage the data related to instruction

Over the years, this sensitive area of special education has produced numerous due process claims and created many legal cases across the country. Some of the supported changes made to the law provide more proper assessment processes, techniques, and tools for students with disabilities were due to certain cases. Three such cases stand out: *Hobson v. Hansen*, 1967; *Larry P. v. Riles*, 1972–1984; *Diana v. State Board of Education*, 1970. These cases collectively indicated that IQ tests may not be the primary means for placement in special education, and the assessment methods and procedures for certain individuals must be changed according to the individual's needs, including the use of nonbiased tests.

Following are the steps in the assessment process:

**Pre-referral:** This is the initial step of the entire special education process and begins with the assessment procedures. When a teacher suspects that a student may be having problems in the general education classroom, interventions are imposed to determine whether the student may benefit from them. This is an informal process and should be a problem-solving procedure for the teacher and student. The student's difficulties may be brought to the attention of the school assistance team for further discussion and support. If the student is not making the expected progress, the second step is followed; however, if the student does make adequate progress, the referral for special education support ends.

**Screening:** In this step, professionals provide a quick assessment that covers basic skills and information to detect individuals who may require more comprehensive evaluation and may need the support of special education services.

**Referral:** In this step, professionals use information from a variety of sources (parents, teachers, others) and conduct observations to identify classroom performance and behaviors. In particular, the concerns of the general education teacher are reviewed, and the professional watches for those problem areas as the student is observed.

**Evaluation and identification:** This step necessitates a comprehensive evaluation by all related professionals to determine a student's eligibility for special education services and to identify the special education category. This process has imposed timelines and requirements under federal law for the types of measurement tools to be used. Specifically, a **multifactor assessment** conducted by a multidisciplinary evaluation team, using a variety of test instruments and procedures as required under IDEIA, determines the educational placement for special education services.

**Instructional program planning:** The use of assessment information to create goals, determine placement, and make plans for instructional delivery is essential to assist in the program development for a student with a disability. The team meets to discuss the results of the evaluations and to make critical decisions about the student while identifying the services that are necessary.

**Placement:** At the team meeting, after the instructional program is designed, the team makes decisions about the LRE and how and when the services will begin. The IEP is then implemented.

**Review and evaluation:** Monitoring the progress of a student, as it pertains to the IEP, is the final step in the process and required in order to develop regular progress reports and adjust the IEP if necessary. A review of the student's progress may be conducted using various approaches and may include formal, informal, or alternate measurements.

## Utilizing Appropriate Assessment Procedures

Appropriate assessment procedures are a requirement under the law and must be implemented for every student for each evaluation. A variety of assessment tools and strategies must be administered in the child's primary language and be free from racial or cultural bias, since they are used with diverse groups of students. The assessment tools used should be appropriate for the particular student in order to gather relevant functional, developmental, and academic information while providing the relevant information to help a team determine the educational needs of the student.

Several types of measurement tools may be used throughout the special education process, whether during a comprehensive evaluation or for evaluation of on-going student progress. Following are some of the assessments that may be utilized.

- **Achievement test:** A formal tool used to measure student knowledge or proficiency in a subject or topic area that has been learned.
- **Active student response:** A frequency-based measure used to determine a student's participation rate during an instructional period.
- **Anecdotal record:** An informal measurement of teacher notes based on observation of student work and performance and often used for parent conferences.
- **Aptitude test:** A formal measure of standardized or norm-referenced tests that evaluate a student's ability to acquire skills or gain knowledge.
- **Authentic assessments:** An informal method of determining a student's actual understanding and performance on a skill, particularly used in classroom assessments of specific criteria.
- **Behavior assessments:** A variety of behavior evaluation tools are available to track student behaviors and to document progress on a behavior intervention plan or the use of self-management techniques.
- **Criterion-referenced test:** A formal measure that evaluates a student on specific information, most often used to check a student's knowledge of subject areas by answering specific questions, and does not compare one student to another.
- **Curriculum-based measure:** This evaluation of a student's progress and performance of skills is based on the curriculum and lessons presented, which helps teachers determine how to assist the student and is used in parent conferences.

- **Ecological-based assessment:** This involves the use of an informal observation of the child interacting with the natural environment during a regular schedule.
- **Functional Behavior Assessment (FBA):** The process of gathering information about problem behaviors on an individual student and used to evaluate the student's need for intervention in the behavior area or to create a behavior intervention plan.
- **Intelligence test (IQ test):** A norm-referenced test used to assess a student's learning abilities or intellectual capacity as it measures cognitive behaviors.
- **Norm-referenced test:** These formal tools are also referred to as standardized tests and are used when attempting to compare a student to peers in the same age group, primarily helpful in developing curriculum options and identifying interventions.
- **Observation:** Teachers or professionals watch a student in several settings and make notes regarding performance and behaviors, particularly helpful in developing behavior plans and required as a component of a comprehensive special education assessment.
- **Performance assessment:** An informal measure used by teachers to assess a student's ability to complete a task specific to a topic or subject area, such as a mathematic equation, an oral report, or an art project.
- **Portfolio assessment:** An informal method of gathering information based on the student's completed products (art work, compositions) over a period of time; particularly helpful for evaluating progress and sharing information with parents.
- **Standards-based assessment:** This more formal evaluation can be either a criterion-referenced or norm-referenced test and measures a student's progress toward meeting goals or standards as previously established by district, or state.
- **Summative evaluation:** This informal procedure is a method used to check student achievement and teacher instruction.

## Interpretation of Results

The results of a comprehensive evaluation are used to develop a student's individual education program (IEP). Generally there are several professionals (teacher, psychologist, speech pathologist, other therapists) who have worked with the student, conducting an evaluation, and who have information to share on evaluation outcomes. Each professional is an expert in the assessment area for which she has gathered the results.

Under IDEIA, the examiner who has conducted the evaluations of a student, or at the very least a person who is qualified to interpret the results of the evaluation, is to be present at the team meeting. Prior to creating an IEP, the assessment results are presented and discussed with other team members, which include the parents. The results should be considered valid if proper selection of the evaluation tools and consideration of bias on the assessment were made prior to the testing.

During the meeting, the team members should take turns at providing background information about the assessment that was conducted. A review of the testing instruments, the setting of the evaluation, information about the student's testing abilities, and the procedures used all give valuable insight into the assessment process and the student's learning style. As the members contribute the scores and results, they should be translated into educational terms and present levels of educational performance. Members then work together to develop the goals for the student's educational program and identify the materials, methods, and strategies best suited to the student's needs.

## Use of Results for Various Purposes

A comprehensive evaluation is necessary in order to evaluate all aspects of the student's growth and development. The results can then be used to help the team make quality decisions about the student's educational program.

The primary purpose of an assessment is to determine the specific needs of the student as well as to identify the instructional strategies and methods most beneficial to the academic achievement of the student. The assessment results will guide the development of the IEP, in which the present levels of performance determine the goals, interventions,

accommodations, and related services. The evaluation results will also help the team make a decision regarding the least restrictive environment and the method for monitoring student progress.

Certain assessments pertain to instruction and should be considered by teachers for gathering information to prepare periodic progress reports, to discuss with parents at conferences, and to make decisions at IEP annual reviews. The options include systematic observations, formal assessments, criterion-referenced tests, rating scales, interviews, charting, and alternative assessments (direct assessment, outcome-based assessment, portfolio assessment, performance assessment).

## Development of Reports and Communication of Findings

Report writing is a skill, and most professionals in the field of special education who are examiners have developed this skill. There are certain requirements of report writing and specific criteria to include in the final report. A written report must indicate a statement of the disability, identify the specific characteristics of the student's disability, explain how the disability affects learning, and suggest methods and interventions for instruction. The types of assessments conducted and the related scores should be described and explained, and a review of the student's past performance, health and developmental history, behaviors, and family influences are important pieces of report information.

The **communication of findings** (results of the evaluation) should be provided at a team meeting. The examiner (or a person qualified) should review the scores and data and interpret the results, sharing the most pertinent information with the other members. If more than one evaluation was conducted through other examiners, they should give the information that will aid the team in making appropriate educational decisions.

## Placement and Program Issues

Children with disabilities should be placed, according to the law, in the environment where the child's needs may best be met, with an emphasis on being placed with nondisabled peers to the greatest extent possible. This decision should be made by the team according to a comprehensive assessment and the selection should be the primary placement for all service delivery.

Previously, children with exceptional needs were placed in special segregated classes unless they had mild disabilities. More and more schools, because of the emphasis on the law and preferences of parents, are creating general education classes as inclusive settings for students with disabilities. These inclusive programs allow students a more natural environment for their education services and prepare them for community settings as adults.

## Continuum of Services

Under IDEIA, a provision related to placement is called the **continuum of alternative** (educational) **placements**. It specifies that there must be options for the implementation of the educational program in order for students with disabilities to receive their special education services and the necessary related services, and to access the general education curriculum.

This **continuum of placement options** must be discussed when an IEP team convenes to discuss the student's program and related services. The general education setting is the first recommended placement to consider and the **least restrictive environment** for all students with disabilities. Many students with disabilities are successful when appropriate services, accommodations, and supports are implemented. It can be challenging for the IEP team to make a decision about placement, but the student's social and educational needs must be assessed prior to making the final decision.

## Inclusion

The basic concept of *inclusion* is that students with disabilities and students who are nondisabled should be placed in classes together so those with special needs will receive instruction in the general education curriculum with either pull-out therapies or reach-in therapies, as needed. Around the 1990s, inclusion became the recommended practice so students with disabilities could obtain the support needed in the general education classrooms with their same age peers in neighborhood schools. The hope was that students with disabilities would avoid placement in segregated settings.

Placing students with disabilities in general education programs can be a daunting task for regular education teachers. Students with varying disabilities are diverse learners and often require adaptations, modifications, and accommodations to be successful. Each student with a disability has different characteristics and a range of needs. The methods and strategies they need require special attention and time to implement, which causes difficulty for the regular education teachers. It is important for the special education teachers to support and assist the general education teachers in order to enhance students' education programs and encourage successful inclusion.

### **Mainstreaming**

This term pertains to the practice of implementing educational services in such a way that students with disabilities are placed in special education programs part of the day and regular education programs part of the day. This type of placement has been promoted since 1975 as a way to provide services to students with disabilities in the least restrictive environment. This process has been used mostly for students with mild to moderate disabilities where they remain in the general education program as much as possible. A popular delivery of services system, it is used in combination with a resource room delivery model, promoting more collaborative efforts between general education and special education personnel.

### **Least Restrictive Environment**

Children with disabilities should learn to function in a variety of environments and interact with typical peers. The least restrictive environment (LRE) is a provision of the federal special education law that pertains to the educational placement of children with disabilities, in which the setting of service delivery closely resembles a regular school program while meeting the child's special needs. It must be considered by the IEP team for every child with an IEP, but only after the student's educational needs are determined and special education goals and related services are outlined. This requirement was established so IEP teams will consider the setting in which a student's special education services may be best delivered. Each district must be prepared to offer the continuum of placement options and service alternatives.

The least restrictive environments options for students with disabilities include general education classroom (inclusive model), general education classroom (consultative model), co-teaching setting (collaborative model), resource room (pull-in model), self-contained program (separate, segregated model), separate school (private setting), a residential facility, homebound placement, and hospital setting.

Every child with a disability has the right to be educated with nondisabled peers to the maximum extent appropriate. Special classes, segregated programs, and separate schools are to be the placement of choice only when the severity of the disability prohibits the education of a student with a disability in a more typical setting. A natural environment (especially in early childhood programming) is recommended under the law.

### **Related Services**

Another requirement under IDEIA is that children with disabilities must be provided those additional services such as transportation, speech therapy, physical therapy, occupational therapy, counseling, behavior coach, paraprofessional, and so on, if necessary, in order to access and benefit from special education. These services, called **related services**, are added to the IEP according to the decisions of the team, based on the comprehensive assessments of the student's needs and the goals set to meet those needs. How these services are provided and where they are conducted is at the discretion of the professionals who implement the services.

### **Early Intervention**

Under Part B (3–5 years) and Part C (0–3 years) of IDEIA, young children are entitled to individualized programs that address their special needs. Early childhood education is at the forefront of the special education movement, as research on the brain and human development has given this area of education the credibility it deserves.

Children placed in preschool programs or early intervention programs are identified under categories other than the regular school age special education labels. Each state creates its own category headings, but for the younger children a less descriptive label of *developmental delay* is often used.

Refer to the “Legal and Societal Issues” section earlier and check the “Preschool/Early Childhood” section later in this study guide for more information on this topic.

## Transitions

Over the years, research has shown that adults with disabilities face barriers in their daily lives that prevent them from feeling independent and being successful. Because of issues determined through research studies, the federal government has implemented requirements in the special education law to help students with disabilities prepare for their futures. The studies found that adults with disabilities are challenged with underemployment, job dissatisfaction, dependent living arrangements, social skills difficulties, poor work habits, and job selection problems.

Transition, under federal law, must begin at age 16 for children with disabilities. It is not only a plan for services, but a recommended statement of the responsibilities of the student, the parents, the school, and the interagencies who will provide the resources to the student. Special education law requires that school personnel assist students in planning their post-school activities so they may be more successful as adults. This program must be based on the student’s individual needs and include the student’s interests and preferences. The areas to be incorporated are postsecondary education, integrated or supported employment, vocational training, continuing and adult education, adult services, independent living, community participation, and recreation and leisure activities.

The transition plan for a high school student must outline the activities and resources that will support the student’s movement from school, usually upon graduation, to adulthood. The student should be involved in the creation and development of this plan, as capable, as consideration of the student’s ideas, interests, and preferences is important to the outcomes. The team consists of school personnel, the student, community and agency personnel, and parents, as appropriate.

Another formal transition mentioned in the law may occur when a child is moving from Part C services (early intervention) to the Part B services (school age). An IEP should be created based on the services that were implemented just prior to the child’s third birthday. The Part C personnel, the Part B professionals, and the parents should convene to evaluate the student’s present needs and create an appropriate program.

## Assistive Technology

Another requirement of IDEA is the provision of assistive technology for those students with disabilities in order to access and benefit from special education. Assistive technology includes devices and services, such as augmentative communication tools, specialized equipment for computer use, visual aids, and other low- and high-tech devices or services. The use of the devices and services are based on an assessment of the student with the disability, and decisions are made by the IEP team as to the need for and type of assistive technology provided.

## Curriculum and Instruction

The curriculum design used for students with disabilities may be the single most important factor in their education. What is selected for instruction is important to their ability to achieve academic standards. The use of special materials, methods, adaptations, modifications, and accommodations of the general curriculum all add to the success of their program. Students with disabilities have diverse needs and span all levels of abilities, so choosing a curriculum means that the educator knows each student well.

Many children with disabilities need systematic instruction for skills that are easily acquired by their nondisabled peers without instruction. Some require intense and specialized instructional periods or tutoring to gain skills and knowledge. Curriculum choices are not easy, and must be made with the unique characteristics of the students in mind. The general education curriculum may be appropriate for some students with disabilities, while others need a more specialized program.

Different curriculum types are available for students with disabilities.

- **Behavioral-based curriculum:** Demonstrates student interactions in the environment in order to instruct students in functional and age appropriate skills.
- **Cognitive-developmental curriculum:** Provides age appropriate activities that are discovery-based and interactive, such as DAP.
- **Life skills curriculum:** Used in functional skills training for supporting the transition into the community.
- **Social skills curriculum:** Used to improve social skills, aid with interactions, following directions, handling various situations, increasing self-competence, and utilizing appropriate behaviors across settings.
- **Functional curriculum:** Helps develop knowledge and skills to support independence in school, community, work, personal, social, and daily living situations.

Instructional variables related to learning and student achievement can make all the difference in the success of the program and the outcomes for the student. When preparing for instruction, teachers should focus on learning time, ensure high rates of success for students, provide easy access to materials and supplies, impart a quality educational environment, plan and maintain motivation, and participate in teacher training programs.

### IEP Process

Students with disabilities from ages 3 through 21 are entitled to the creation of an IEP (Individualized Education Program) based on their disability and their needs, which are determined through a non-discriminatory assessment. The development of an IEP follows a systematic process and should establish a realistic and appropriate program. After an IEP has been finalized, it must be implemented by specific personnel and follow these seven steps: pre-referral, referral, evaluation, eligibility, development of the IEP, implementation of the IEP, and annual review.

After a student with an identified disability is assessed, an IEP team collaboratively prepares to develop the individualized plan. Seven components focused on the individual student with the disability must be included in this plan.

1. Present levels of academic performance
2. Statement of measurable annual goals, including objectives as needed
3. Description of the method to measure progress
4. Statement of related services, supplementary aids, and services
5. Explanation of the extent of involvement in general education programs
6. Statement of accommodations and participation in state and district testing
7. Description of the date, frequency, location, and duration of services

As the IEP is prepared, the team must ensure that the program is appropriate to the needs of the student and that it is not based solely on the disability or the current, available school programs. The least restrictive environment must be considered, and the scope and sequence of the curriculum with methods and strategies for instruction discussed in relation to the goals set. The IEP will guide instruction for the student with a disability and will reflect a measure of accountability of the student's program and the staff involved.

### Instructional Implementation

Instruction for students with disabilities is not much different than that for other students, except that it must be more individualized. Because of the diversity of learners in special education, instruction must include activities, curricular materials, resources, equipment, specific classroom personnel, tutoring, and the use of technology. Integrating all of these features into a general education classroom can be overwhelming for regular education teachers, so the special education team needs to be available to the general education teachers as they attempt to meet the needs of all children, including those with disabilities.

Enrichment and remediation are important for special needs learners. **Enrichment** extends the lesson for those capable of more, which may help students with learning disabilities, autism, deafness, blindness, orthopedic impairments, and

emotional disabilities. **Remediation** is important as it is the use of various strategies to teach and reinforce skills for those needing more practice. Although this technique may apply to all students, it is particularly helpful to those with mental retardation, deafness, speech-language problems, other health impaired, and traumatic brain injury.

The following are essential elements of instruction: present anticipatory set, explain objective and purpose, provide input (step by step instruction), model task, check for understanding, allow guided practice, give closure, and allow independent practice.

Reading is an area in which many students with special needs must have a variety of programs and strategies available. Through the assessment process, the team should be able to identify the approach that will offer the student the most success. Reading instruction approaches found to be beneficial to students with disabilities include basal reading approach, literature based reading approach, phonics approach, linguistic approach, whole language approach, language experience approach, and individual reading approach.

Writing is another academic area that can be challenging to students with disabilities. The various components that are covered in the writing process are fluency and syntax development, vocabulary development, structural development, and content development.

Mathematics is a difficult subject area that must include instruction that focuses on problem solving, mathematical concepts, mathematical reasoning, application of daily math, estimation, computation, and measurement.

## Strategies and Methods

Again, it cannot be stressed enough that the instruction for students with disabilities is based on an individualized program, with specific strategies and methods. The strategies must support the learner and encourage independence. Instructional strategies must focus on the strengths and needs of each student while teaching the generalization of skills. The methods must be age appropriate, engage an active learner, and emphasize motivation. Instructional methods are generally an outcome of empirical research.

There are two very distinct methods for providing instruction and these are used for various disability groups depending on the functioning level and the subject area:

**Explicit instruction:** The teacher provides the knowledge and supports the learning process.

**Implicit instruction:** The focus is on the students as active and involved learners who construct knowledge by using previously learned knowledge.

Following are some of the terms related to instructional strategies and methods:

- **Adaptations:** Changes made to the environment or curriculum
- **Accommodations:** An adjustment that enables a student to participate in educational activities
- **Active student response\*:** Engagement of the learner in tasks and activities
- **Content enhancements:** Techniques used to enhance the organization and delivery of curriculum (guided notes, graphic organizers, mnemonics, and visual displays)
- **Cues and prompts:** Provides assistance to ensure adequate support of instruction
- **Diagnostic-prescriptive method:** Individualizing instruction to develop strengths and remediate weaknesses
- **Direct instruction:** Synonymous with explicit instruction
- **Direct measurement\*:** Frequently checking on student performance
- **Fluency building:** Practice to gain smooth skill use
- **Generalization\*:** Using skills learned across various settings
- **Mediated scaffolding:** Providing cues and gradually removing them so students can perform and respond independently
- **Modeling tasks:** Acting out sequences while students observe and then having students imitate the task to learn it; it helps make connections between the material to be learned and the process to learn it

- **Modifications:** Changing the content, materials, or delivery of instruction
- **Naturalistic teaching procedures:** Involves activities interesting to students and naturally occurring consequences
- **Peer tutoring:** Assistance of nondisabled student to enhance learning
- **Precision teaching:** Direct daily measure of student performance
- **Repetition:** Helps build rote memory skills
- **Response cards:** Signs, cards, or items held up by students in class to demonstrate responses
- **Strategic instruction:** Planned and sequential instruction to show similarities and differences between old and new knowledge
- **Systematic feedback\*:** Providing positive reinforcement and confirmation to improve learning
- **Task analysis\*:** Reducing complex skills into smaller sequential tasks
- **Transfer of stimulus control\*:** Providing instructional prompts to aid in correct responses

\*Examples of explicit, systemic instruction.

### Instructional Formats

Instructional formats are designed for different subject areas and a variety of lesson activities. Certain formats are more beneficial for particular students, and the purpose of the instruction must be chosen in congruence with the student's unique needs. Examples include individualized instruction, small and large group instruction, modeling, and drill and practice.

### Areas of Instruction

The school program developed for individuals with disabilities should not be limited to academic instruction. Students with disabilities need instruction in other areas to best absorb the information. Depending on the type of disability and the severity, different students will need different areas of instruction and various levels of instruction and methods added to the IEP. The primary areas that must be considered are academics, study skills, social skills, self-care skills, vocational skills, and behavioral skills. Students should be assessed in these areas when a comprehensive evaluation is conducted by the team members, and decisions should occur with the entire team.

### Academics

Because every child with a disability is an individual and the disability influences the child's development and academic achievement in ways different than others with the same disability, remember that what works for one child may not work for another child. A child's academic achievement is based on the areas of need that are identified, the goals developed in the IEP, the interventions provided, the professionals who guide the child, the setting, and the accommodations. No one can predict the success of a child, but every IEP team can prepare for the best program based on the comprehensive evaluation results to support the child.

This section briefly identifies some of the academic areas that are of particular importance for students with specific disabilities, but this information is provided in a general sense and should not be interpreted as the only way to work with these children.

- **Autism:** Varies depending on the functioning level, and uneven skill development is common.
- **Emotional disturbance:** Behaviors and social interactions interfere with academics and most score in the low average range on IQ tests.
- **Hearing disability:** Difficulty with all academic areas, especially reading and math.
- **Learning disabilities:** Problems with reading, written expression, math, and inappropriate behaviors, and lack of social skills that interfere with learning.

- **Mental retardation:** Learning rate below average and most have problems in all academic areas, especially with generalizing skills.
- **Vision impairments:** May need specialized services in all academic areas.

## Study Skills

Research has shown that the use of appropriate study skills promotes student achievement, so students with disabilities need extensive instruction in this area. Students should be assessed in study skill areas so an appropriate program may be developed and strategies for study skills instruction implemented. Topics of study skill instruction include reading, listening, note taking, outlining, report writing, oral presentation, graphic aids, test taking, library use, time management, and behavior self-management.

## Social Skills

Although social skills instruction is helpful to children in all categories of disabilities, social skills development is an area of instruction that is critical for some children with particular disability types. Children with disabilities who specifically lack social skills noticed in the general characteristics of the disability include autism, emotional disabilities, hearing and vision impairments, learning disabilities, and mental retardation.

All students with a disability should be evaluated in the social skills area during the evaluation process. Following are some of the social issues related to specific disability types.

**Autism:** Isolated due to communication issues and lack of social competence, avoids people and forming relationships, not able to express or understand emotions, or social gestures, lacks pragmatic language skills.

**Emotional Disturbance:** Difficulties forming relationships, low levels of empathy, and lacks the ability to interpret social gestures.

**Hearing Impairment:** Due to communication barriers and the imposed isolation, may lack the ability to make friends and be accepted socially; have behavior problems and difficulty in social situations; and are often withdrawn, inattentive, and distractible, causing disruptive behaviors.

**Learning Disabilities:** Generally have poor relationships, a lack of self-esteem, difficulty perceiving the emotions of others, problems with attention and behaviors, hyperactivity, and compulsive.

**Mental Retardation:** Due to limited cognitive processing skills, lack of strong language development and inappropriate behaviors. Social situations are a challenge, and they do not have many appropriate personal relationships with peers or others, so instructing in the social skill area is extremely important to these students.

**Vision Impairment:** Often delayed in the social area, as interact less often with peers and others in the environment, are socially isolated, and are not able to respond to visible social cues, gestures, and body language, so must develop social competence.

## Self-Care Skills

Self-care skills or daily living skills have been found to be an area of weakness for many adults with disabilities. It is for this reason that this area should be included in the educational program designed for students with disabilities, and these students should be given every opportunity to practice these skills prior to their transition from school into the community as adults. Instructing students with disabilities in the areas of personal hygiene, housekeeping, social skills, daily tasks, and social communications will help them to become better prepared to function appropriately in their community. Students who learn can practice these skills early in their school program and can become more independent as they begin to generalize these skills across settings.

This area of self-care is of critical importance to students with mental retardation as they generally lack the adaptive skills necessary for appropriate performance. Without instruction to improve these skills, they face a limited adult life. Direct instruction and environmental cues, such as using a routine schedule, aid them in learning these skills.

## Vocational Skills

Vocational skills instruction is an area supported under federal law, as it follows the provision to include transition services and plans on the IEP once a student with a disability reaches the age of 16. The selection of vocational skills training to be imposed depends on the characteristics of the individual student's disability and a thorough assessment of abilities and vocational needs. Contact between educators and outside agencies will enhance the support of a student's on-going program.

To aid students with disabilities in learning these vocational skills, they often require structured learning experiences in integrated settings. Students with disabilities need to gain the proper functional skills so they may participate in a productive life of independent living, access and maintenance of employment, enjoy leisure activities, utilize routine living skills, and join community events. **Community-based instruction** is one highly recommended method (based on extensive research) that includes hands-on, interactive opportunities in vocational and life skills training. **Supported employment** is another recommended method that is primarily used for students with more severe disabilities.

Studies have shown that for a person with a disability, being employed seems to be one of the most valuable components of adult life. Adaptations to the environment may be necessary for students with physical disabilities or vision impairments, and assistive technology may be a critical component added to student programs. Educators must be in contact with vocational teachers as well as vocational rehabilitation counselors in community agencies to select the proper skills and career track for each student with a disability.

## Management of the Learning Environment

Research suggests that effective instruction is the foundation for classroom management. Establishing a positive environment is known to increase the appropriate and desired behaviors for students, increase positive student-teacher interactions, and reinforce the individual learning programs. Educators must self-evaluate their teaching skills and maintain effective strategies for students with disabilities. Management of the environment takes skill and time, but the primary purpose is to build upon academic success.

## Behavior Management

Assessments of social-emotional and behavior development are often needed for students with certain types of disabilities and characteristics. Social-emotional development yields valuable information about how a student may perform with peers in social settings. Common methods of assessment are conducted through student observation and interview, as well as rating scales from the parent, student, teachers, and other adults. The information collected should include the type of behaviors, the frequency, the intensity, and the duration.

Other tools used in social-emotional and behavior development assessments include observer-rater scales, measures of adaptive behavior, self-report instruments, Sociometric techniques, and Naturalistic observation.

In order to maintain classroom management, student behaviors must be under control, whether imposed by the teacher or self-regulated by the student. Educators must understand how behaviors impact learning and the influences that the classroom environment have on positive behavior management.

Behavior analysis can be a step forward in developing a Behavior Intervention Plan (BIP) for a student with a disability. The process steps are record and track systematic behaviors, use contingency contracting, focus on target behaviors and use of reinforcements or consequences, and use token reinforcement system.

Behavior modification techniques include using extrinsic motivators to reinforce appropriate behavior, moving toward intrinsic motivators, using reinforcement techniques immediately for appropriate behavior, using reinforcements continuously, using shaping for target behaviors, and avoiding the use of punishments.

**Manifestation determination**, a team review of the relationship between a student's inappropriate behavior and the disability is required under IDEIA when a student violates a code of conduct. It includes a Functional Behavior Assessment (FBA) and results in a Behavior Intervention Plan (BIP) with a possible alternative placement for those students with disabilities who violate discipline codes. The IEP team should also conduct a review of the IEP and continue the implementation after final changes have been made.

## **Classroom Organization**

Students with special education needs are a diverse population, and management requires that teachers examine the physical space, classroom tone, rules, expectations, class procedures, active engagement of the learners, schedule, sequence of lessons and activities, access to materials, and types of praise and positive reinforcements used. Research suggests an enriching environment that is comfortable, positive, and safe for all students is of great value in learning. Just as important as the environment is the educator's ability to organize and manage it. Every child's needs must be accounted for with accommodations and interventions implemented appropriately.

## **Documentation**

Records management can be a daunting task, as special education has requirements for the completion of specific paperwork. It is most reasonable to ask for information from your school district and special education office regarding the specific guidelines for safekeeping student documents, and you must understand the rights of parents to access their child's files. Remember that access to student information is protected, under IDEIA and FERPA, so proper storage of student documents and records is critical.

Organization is the key to maintaining the proper files and documents pertaining to each student's program. It is important to keep valuable, accurately written information about each student since teachers must be prepared for meetings, progress reports, and annual reviews, in addition to the daily records. Teachers have the right to access files, which may include medical records, assessment results, psychological information, behavioral information, therapy summaries, progress notes, letters, and parent information.

The IEP and the BIP are the most often used documents for classroom teachers, so easy access to these two documents will save time. The IEP goals and the BIP interventions should be reviewed regularly and additional documentation added.

