Inclusion and inclusive classrooms at the preschool level

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Abstract
The purpose of this review of literature is to examine previous research concerning inclusive classrooms at the preschool level and to determine the most appropriate guidelines for inclusion. Benefits and problems of inclusion were discussed. Guidelines for developing and implementing inclusive programs were suggested. Also, a summary, conclusions, and recommendations are included in the last chapter.
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at the Preschool Level

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CHAPTER 1
INTRODUCTION

Early Childhood programs and Early Childhood Special Education programs have been in existence for many years. They can be traced back to the eighteenth century in Europe when private tutors were provided for children of property owners (Bowe, 1995). Early childhood programs that had been developed in Europe became available to children in America.

Early childhood programs have appeared in different forms. Frederick Froebel developed the first kindergarten in 1837 in Germany. Mrs. Carl Schurz, one of Froebel's pupils, brought his ideas to America. She established the first German-speaking kindergarten at Watertown, Wisconsin in 1856. She passed these ideas onto Elizabeth Peabody, who founded the first English speaking kindergarten in Boston during 1860. The kindergarten became a part of the public schools in the United States when Susan Blow established the first public school kindergarten at St. Louis in 1873. The further development of kindergarten occurred when Patty Smith Hill opened kindergarten and nursery schools in Louisville, Kentucky, in 1889. Later she taught at Teachers College, Columbia University, where she influenced early childhood education, using John Dewey's view of appropriate education for young children.

In the early 1900s the McMillan sisters began the first nursery school in London. It was developed to give poor children the same opportunities as wealthy children who attended private...
nursery schools. By the 1920s nursery schools were provided in America. Nursery schools were often affiliated with universities and colleges. At these schools, faculty members and college students could study young children and test teaching methods. Many of these centers included children with disabilities and developmental delays (Bowe, 1995).

During World War I and World War II early childhood programs became available to children of women who worked in factories. The programs provided child care and nursery education for their children while they worked. In 1965, Head Start programs were developed to provide children from low income families with educational opportunities. These programs not only benefited children from low income families, but children with disabilities.

Today there are more early childhood programs available for children. There are different types of early childhood and preschool programs. They include the following programs: day care centers, nursery schools, preschools, Montessori schools, early learning centers, and preschool/day care centers. These programs differ in style and philosophy. Day care centers often serve dual purposes, by providing educational activities for children while they attend day care.

Legislative mandates have made early childhood programs available to children with disabilities. One of these mandates was Public Law 93-112 (PL 93-112), Section 504 of the Rehabilitation Act of 1973. It forbade discrimination of persons with handicapping conditions. It also required states which
provided public school programs for children, who were kindergarten age or younger, to serve handicapped and nonhandicapped children. Community based programs which received federal funding were required to provide services or they risked losing federal funding (Safford, 1989). Other mandates offered financial assistance to those states which provided programs that would serve children with and without disabilities.

Serving children with disabilities and those without disabilities has met with controversy, for some people question the effectiveness of early childhood programs that include children with disabilities. Others support the inclusion of all children in the same classroom.

Background of the Study

Special education had a slow beginning in America. During Colonial times families were concerned mainly with survival. All family members were expected to perform daily chores. Families depended upon their children to care for younger siblings, assist in work, or to earn wages. A child's education was not a priority in poor families (Winzer, 1993).

Disabilities were viewed as an act of God, that was not to be changed by human intervention. Educating a child with a disability was forbidden, for the education and care of a child with disabilities was considered the responsibility of the family; extended family members assumed the responsibility if the immediate family members could not do so (Winzer, 1993).

Handicapped children were hidden at home, not to be seen or heard
by people outside of the family. If their families did not support them, they were placed in poor houses, charitable homes or other institutions (Kirk & Gallagher, 1983). Many people with handicaps were exploited and mistreated. They were often the target of other people’s jokes. Babies were often left to die, for their care was not always a priority (Langone, 1986).

The early nineteenth century marked the first signs of progress in special education. Americans used information from Europe to establish their own institutions. In 1817 the first institution for deaf students was established by Thomas Hopkins Gallaudet in Hartford, Connecticut. The New England Asylum for the Blind was established in 1832. Institutions were usually designated for a specific type of disability, for there were institutions for the blind, and for the deaf. Mentally retarded people were admitted to these institutions on a very limited basis. Institutions for the mentally retarded developed at a much slower pace than other types of institutions (Winzer, 1993).

The general public had a low opinion of institutions, and as a result, institutions were under constant public scrutiny. The general public did not believe that clients in institutions were able to learn. Because of this attitude, the staff was expected to provide public displays of the progress of clients in blind and deaf institutions. The results of public displays did not always pacify the general public. Despite the progress of clients, public opinion about institutions continued to remain low (Winzer, 1993).
Samuel Gridley Howe established an experimental school for mentally retarded in 1848. The school was located at the Perkins Institution for the Blind in Boston. Enrollment was restricted to those who showed promise of improvement (Winzer, 1993). Edouard Seguin acted as consultant to the institution (Patton, Payne, & Beirne-Smith, 1986). The residential training school (asylum) model he developed in France was implemented in the school. The success of the school did not please the general public. The institution was required to provide a public exhibition of the clients. Before other schools were authorized, Howe had to speak to the legislative members. With legislative support, acceptance was gained based on the success of other schools (Winzer, 1993).

Special needs children began to be admitted to the public school system in segregated classes. By 1910 ninety-nine cities had classes for the mentally retarded (Thurman & Widerstrom, 1990).

Early special education programs were not originally designed for young children, but for adults. In the 1900s, the teenage years were considered formative years, it was thought that clients were more ready to learn between the ages of 10 and 19 than any other period. Therefore, children under five were excluded from schools. Most of the clients in the institution were adults (Winzer, 1993).

Changes in the views of child development during the last three decades of the 19th century aided changes in special education. Psychologists determined that young children from birth to six years old needed to be nurtured and educated. They
found that the period from birth to six years old, and not the teenage years were the most critical years to development. Education programs, such as kindergartens, day care and nursery education, were provided for children to aid this development. In 1877, Michael Anagnos established a kindergarten at Perkins Institution for Blind, using Friedrich Froebel's ideas. Separate child care facilities and special schools were designed for children with disabilities (Winzer, 1993).

During World War I, intelligence tests were used in assigning war personnel. The results of the testing indicated that there were many cases of mild mental retardation. The tests results caused people to be concerned about the menace of retardation. Some people demanded that anyone with mental retardation be institutionalized, and separated from society (Patton, et al. 1986).

World War I had positive effects on social attitudes toward people with handicaps. At the close of the war many veterans returned home with war-caused disabilities. Public Law 66-236, the Vocational Rehabilitation Act, was enacted to assist veterans with vocational rehabilitation. This law was extended to anyone who qualified for it (Patton, et al., 1986). World War II also brought improvements for people with handicaps. Financial commitments were made to support veterans and any persons who were handicapped (Kirk & Gallagher, 1983).

Between 1930 and 1950 there were few changes in views about special education. Many handicapped persons were still institutionalized. This attitude changed slowly. By 1952,
forty-six states had provided legislation to educate mentally retarded children (Patton, et. al., 1986). The education for young children fell within three categories; 1) private nursery school, 2) early intervention programs for lower class families, 3) community and private agencies that benefit handicapped children (Thurman & Winderstrom, 1990).

In the 1960s and 1970s, legislation expanded services to children with special needs. Early childhood education received lot of attention and financial support (Blenk & Fine, 1995). Special programs and services were developed. Head Start Programs, which began in 1965, were designed to improve the health, social-emotional development, and cognitive skills of four and five year old children from low socioeconomic families (Bailey Jr. & Wolery, 1992). The passage of the Economic Opportunity Act in 1972 made Head Start programs available to handicapped children. This mandate required that 10% of the programs enrollment be available to children with handicaps (Safford, 1989).

Public Law 94-142, The Individuals with Disabilities Act, was established in 1975. In this law, the federal government mandated that all children have a right to a free public education within a least restrictive environment. The law set up guidelines for states to provide educational services for children, but in the 1970s, legislation did not affect the preschool population (Blenk & Fine, 1995).

Public Law 99-457, the Education of the Handicapped Act Amendments were passed in 1986. The amendments set the stage for
the development of new and expanded services for handicapped and at-risk infants and preschool children. The provisions of these amendments directly affected services for children from birth to age five. It extended all provisions of PL 94-142 to this younger population (Thurman & Widerstrom, 1990). States were required to provide services to early childhood children by the 1990-91 school year, or lose federal funding. The services were developed to meet the needs of children from birth to age two. This law provided establishment and maintenance of early intervention services (Thurman & Widerstrom, 1990).

Purpose of the Study

The purpose of this study is to review the literature concerning inclusive classrooms at the preschool level and to determine the most appropriate guidelines for inclusion. To accomplish this purpose, the following questions will be addressed:

1. What are the benefits of inclusion and inclusive classrooms?
2. What are the problems involved in setting up and implementing an inclusive classroom?
3. What guidelines should be used in developing an optimum inclusive program?

Need for the Study

There is controversy regarding inclusive programs. Some experts in the field of education support them, while others
disregard the practice of inclusion. This paper will help to give direction about the best practice.

Limitations of the Study

Appropriate research studies are difficult to collect for this paper. Studies are considered unethical that withhold intervention from a group of subjects. Challenges are presented to researchers when trying to establish heterogeneous groups and control groups (Bailey Jr. & Wolery, 1992).

Hanson and Lynch (1989) reported problems of early research. These problems include the following: 1) failure to include a control group, 2) limited documentation of treatment, 3) failure to document or control of effects, 4) small sample size, 5) lack of heterogeneity of the population, 6) direct correspondence between variables, and 7) lack of inappropriate measures.

Research to date has not focused on inclusion of children with severe and profound disabilities, or children with challenging behaviors. Earlier research focused on single case studies which provided anecdotal records (MacMillan, Gresham, & Forness, 1996).

Definitions of Terms

For the purposes of this paper, the following terms will be defined in the following way:

Early childhood education: preschool programs serving children between the ages of three and five years old.
Early childhood special education: education programs designed for children with handicapping conditions between the ages of birth and the age of five years.

Early intervention: Programs designed to provide educational opportunities to children from birth to school age and include all handicapping conditions and degrees of severity or functioning levels, as well as children who are considered at-risk.

Full inclusion: Full time placement of an individual student with disabilities in a regular education classroom.

Individuals with Disabilities Education Act (IDEA): A law that mandates that students with disabilities be educated in the least restrictive environment to the maximum extent possible.

IEP: a written document designed for an individual child that specifies the child’s educational program.

Individualized family service plan (IFSP): A plan that is developed to provide services to a family of a child with disabilities. It is designed to meet the individual family’s needs.

Inclusion: placement of an individual student with disabilities with age appropriate peers for any portion of the school day.

Least restrictive environment (LRE): A range of placement settings for children with disabilities that are as close to those of their nondisabled peers as possible. Placement settings include: regular classroom, special classes, special schools, home instruction, instruction in hospitals, or institutions.
Mainstreaming: inclusion of special education students in general education. Students are considered mainstreamed if they spend any part of the school day with regular classroom peers.
CHAPTER 2
REVIEW OF LITERATURE

Benefits of Inclusion

The benefits of inclusion have been documented for several years. Benefits for special education students include:

(a) Students who attend integrated settings learn more than in segregated settings. Within integrated settings children with handicaps have access to the same curriculum as their nonhandicapped peers (Guralnick, 1994).

(b) The curriculum in integrated settings is not "watered down". Early childhood programs provide activities that allow for the diversity of children's needs and abilities. Within an early childhood program, developmentally appropriate practices can be combined with direct instructional practices, to serve children with disabilities. Preacademic skills will require more deliberate instruction directed by an adult (Jenkins, Odom, & Speltz, 1989).

(c) Students are presented with more challenges. There are more opportunities for advanced play and active involvement in integrated setting (Guralnick & Groom, 1988).

(d) Much of a child's schooling will occur in social situations. Within integrated settings, students generalize appropriate social behavior and learn to communicate. Simple contact with peers does not result in the acquisition and use of appropriate social skills (Bailey Jr. & Wolery, 1992).
They develop friendships, work together, and assist one another (Stainback & Stainback, 1992). Peer interactions and relationships are life-long skills that are important for adequate adjustment and development. Peer interactions are also useful context for learning other skills (Bailey Jr. & Wolery, 1992).

Benefits to regular education students include:

(a) students learn to respect, be sensitive to, and grow to respect differences in people (Stainback & Stainback, 1992).

Children form perceptions about people at an early age. Research has shown that these perceptions can be formed as early as age four (Diamond, 1993). Early childhood programs may be a fruitful time for teaching children about disabilities. Diamond (1996), found that children are aware of picture of physical disabilities and less aware of other disabilities.

(b) students learn to overcome fears and misunderstandings about people with disabilities. Younger children have not formed biases and are less likely to reject other children (Bailey Jr. & Wolery, 1984).

(c) from increased staffing, students are able to receive individualized instruction,

(d) students receive assistance from a classroom aide, and

(e) develop friendships (Morsink, 1994).

Problems of Inclusion

Shanker (1994/1995) noted that full inclusion is expensive to implement if done properly. Not all programs have the adequate
staff to provide the appropriate services to children with disabilities. Community based programs may find it difficult to coordinate special agency help such as, speech/language therapy, physical therapy. It may also be difficult to find an appropriate place to provide these services. Adaptive services and equipment may also be required for a child. These items are additional costs that a program will have to provide for a child (Berres & Knoblock, 1987).

It may be difficult for regular education teachers to effectively implement an inclusive program. To address this concern many universities are providing training that is similar for the early childhood educators (MacMillan, Gresham, & Forness, 1996).

Supporters of inclusion suggest that a one size fits all approach for providing services to children is a good approach. This idea contradicts earlier ideas of special education, which provided educational services for each child based upon individual needs. Advocates for full inclusion ignore the full range of placement options provided by IDEA, which provide options for placement within the best program available for each individual child (MacMillan, Gresham, & Forness, 1996). This idea is supported by Fuchs & Fuchs, (1995) who suggest that separate programs are best for some children. Program placement must be looked at on an individual basis.

Very little attention has been paid to the negative effects that inclusion may have upon children. Most research that has been conducted shows that inclusion does not have a negative
impact on the developmental progress of children with or without disabilities. Some children do exhibit behaviors that may adversely effect the learning of other students. These cases have not been reported, so that positive effects can be shown for inclusion. More research must be completed to truly determine the impact of inclusion (MacMillan, Gresham, & Forness, 1996).
Setting up and Implementing Inclusive Classrooms

Odom and McEvoy (1990) identified potential barriers of mainstreaming at the preschool level. The barriers they identified are professional and bureaucratic in nature and include these items:

- Philosophical and theoretical differences exist between ECE and ECSE. Many ECE programs are child-directed. These programs aim to match the child’s readiness level and the classroom environment. ECSE programs have been more teacher directed, and have included specific and individualized goals and objectives for the child.

- Personnel preparations for ECE and ECSE teachers have differed. ECE teacher have been given training that does not include procedures for evaluating children and teaching children with disabilities. ECSE teachers received very little training that focus on normal development. Their training focused on special education.

- The attitudes of both the regular and special education staff may be a barrier. The attitude of these professionals affects the success of a mainstreamed program.

- State and local education agencies may now be asked to monitor preschool programs that mainstream children with disabilities. The programs may not be monitored by staff members who have training in special education.
e. Many children with disabilities require additional services, such as, speech/language therapy, occupational therapy, and adaptations for visual or hearing impairments. Community based programs are located away from public schools and specialized facilities. Finding available spaces to provide these services may be difficult.

Berres and Knoblock (1987) also noted economic barriers to inclusion. Including students within community programs may or may not reduce the costs of transportation. Inclusive programs are also costly to run effectively. Specialized equipment, additional personnel may need to be hired and trained, other costs may arise.

Rose and Smith (1993), offered a model for program changes based upon research and information from successful programs. Their suggestions include:

1. The administrator of the program must make a commitment to change and provide leadership.

2. Team decision making must be encouraged. Decisions about the program changes should include all stakeholders. Team members may include; teachers, parents, community personnel, and administrators. The decision about the changes should be collaborated between all of the team members.

3. A vision must be established to determine the focus of the program. This vision will be used to drive the program.

4. The goals and objectives are based upon the established vision.
5. Awareness raising and attitude changing strategies are accomplished through training and experience.

6. Administrators can cultivate leadership and risk-taking by encouraging anyone who is willing to take a risk on inclusion.

7. Provide technical assistance, fiscal support, and other resources. Training should be provided to all members of the team. Ongoing opportunities for training should be offered. Team members need opportunities to collaborate and team.

8. Policy barriers may need to be changed to allow for inclusion.

9. The program change should be evaluated throughout the change process.
CHAPTER 4
SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

The purpose of this review of literature was to determine appropriate guidelines for inclusion at the preschool level. The review of literature addressed three questions to accomplish this purpose:

1. What are the benefits of inclusion and inclusive classrooms?

2. What are the problems involved in setting up and implementing an inclusive program?

3. What guidelines should be used in developing an inclusive program?

The review of literature discussed various types of Early Childhood Education and Early Childhood Special Education programs that were available since the eighteenth century. These programs have included: day care centers, nursery schools, preschool, Montessori school, learning centers, and preschool/day care centers. Legislative mandates have made these programs available to children with disabilities.

Serving children with disabilities within these programs has been met with controversy. Some question the effectiveness of early childhood programs that include children with disabilities. Others support the inclusion of all children in the same classroom.
Research was difficult to complete for this study. The research focused on single case studies. Some of the studies did not follow sound research practices, making the results difficult to generalize. The research did not include children with severe and profound difficulties or with challenging behaviors.

Benefits of inclusion were noted for children with and without disabilities. Most of the benefits were social in nature and included: developing friendships, learning to accept differences and learning to work together.

The negative effects of inclusion are not well documented. Advocates who support full inclusion suggest that every child can benefit from inclusive programs. Those who disagree argue that a full range of program options needs to be available to assist children. They argue that by eliminating these services special education would no longer be special.

Program guidelines have been offered as suggestions. These ideas were compiled from successful early childhood programs. These guidelines suggest that inclusion can work, but takes planning and team work to be successful.

Conclusions

More research on inclusion is needed. The research must capture the variability between types of disabilities, the availability of resources and services, regular teachers and classrooms, parent's attitudes and preferences, and should focus on child outcomes.
Recommendations

Based on the findings of this study, the following recommendations are suggested;

1. More research needs to be conducted to determine the value of inclusion.

2. The needs of regular children should be considered at the same level as special needs children.

3. The impact of inclusion on teachers needs to be evaluated to determine which teachers suited and which teachers are not suited for this organizational option.

4. Inclusion must be planned for by the people who will be stakeholders. These stakeholders must include; both regular education and special education teachers, administrators, parents, community members, area agency personnel, and other people that the inclusion will involved.
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