

# Week 2: Inclusive Approach to Early Education

## Chapter 1

### I. Highlights

- A. Inclusion means giving children with and without disabilities equal access to the same programs, and to all the same materials and activities within your program.
- B. Inclusion benefits all children with and without disabilities.
- C. Inclusion is the law, not just a nice idea. We have to serve everyone and offer individualized care.
- D. Inclusion can be challenging — balancing children's different needs, adapting to different developmental levels, dealing with parents' concerns, getting support from your director, etc.
- E. Teachers need to take advantage of critical periods and teachable moments.
- F. Parents may go through a grief process when their child is diagnosed.

### II. Homework

- A. Read Chapter 2 by next week.
- B. Start looking for a family to observe/interview (due 3/4/14)

### III. General Notes

- A. Sign in every week when you arrive. If you miss a week of signing in, you can't get credit for attendance for that week. Don't come back next week and try to convince her you were here.
- B. Child Development Training Consortium can give us a stipend of about \$100 if we are working in a licensed center with children birth through 5 years of age. Contact Leslie Hotta to apply soon. She's trying to do it all online this time. Tell

her you're interested in the CDTC stipend. Contact info: Leslie Hotta, Office AAS Room 6, (408) 741-4603, [leslie.hotta@wvm.edu](mailto:leslie.hotta@wvm.edu).

- C. Will be some short courses offered at WVC (various departments) starting mid-Feb. If you feel there's a course you need that isn't offered right now, contact the department to ask for it. If they get enough demand, they may add it as a short course this semester.
- D. What do we want to learn in this course? (We all answered this last week. Will revisit this at the end of the semester.)
  - 1. Types of special needs, definitions
  - 2. What can I do about it, what are the resources available
  - 3. How to identify, signs to look for, where to refer
  - 4. How to work with children and families, communicate, support them to their full potential, care and support them in a learning environment, techniques we need to know
  - 5. Know more about their brain and needs, understand them better
  - 6. Extend my own knowledge, become a more effective teacher
  - 7. Help children follow the rules, feel connected in class
  - 8. Form relationships with children with autism
  - 9. Help parents who are in denial, or how to bring up concerns to parents for the first time
  - 10. Managing unacceptable behavior
  - 11. How can I be more comfortable with these children in general
  - 12. Documentation techniques
- E. Last week on the t-shirt we were asked to write a message to the child, design a shirt for a child with special needs. Are you willing to wear this shirt yourself? If not, why should we label our children this way?
- F. Observation interview assignment sheet is in the folder tonight.

1. Read the whole assignment sheet carefully, ideally a few times. Follow those questions when doing the observation and interview.
  2. Write the observation and the interview. (Separate pieces, one assignment.)
  3. The grading rubric is there on the assignment sheet.
  4. Due March 4.
- G. Handout tonight shows the stages of grief parents experience. We'll talk more about this tonight.

#### **IV. Chapter 1: Inclusive Approach to Early Education**

A. Definition of inclusion:

1. Children with special needs attend the same programs (child care, preschool, etc.) as children without disabilities, fully participating (not just visiting an hour a day)
  2. All children there are valued, belong equally, have equal access
  3. Is about valuing diversity, respecting every child
  4. This is the law, not just a nice idea. Throughout California, you cannot reject these kids by saying we're not trained or equipped or don't want to deal with it. All children must be served.
  5. Children must be with same-age peers, even if they're really 4 years old but acting like a 1-year-old. (Didn't used to be true. Used to group by ability, but then those children never got the typically-developing peers as role models. They kept acting like the younger children.)
- B. "Natural environments" = serving all children in settings where they would be anyway if they didn't have special needs.
1. Same materials, furniture, curriculum, etc. that's available to typically developing children is available for children with special needs.

2. Look at the needs of the children you serve and make sure every material in the classroom is accessible to them. (This is the part that stumps some teachers.)
  3. If the materials are not accessible, it's not a natural environment, even if the children are mixed together, because the child with special needs isn't getting the full experience. No exceptions.
  4. NOT ok to say Jonny has trouble with his hands, so he gets this special puzzle and everyone else gets different puzzles. Figure out how to adapt the puzzles you have so Jonny and everyone else can do them together. Use Velcro, sponges, popsicle sticks, whatever you need to do to make it usable.
- C. "Least restrictive environment" = no special exceptions/ rules for children with special needs. If you have a child with special needs that you don't want to use scissors, then no one else gets to use scissors either. No restriction on the child with special needs. (This is not the textbook definition, but it matters.)
- D. Keep in mind you won't have one of every type of special needs in your class all the time. Adapt for the needs you do have. If there's something the child can't use or won't be safe using, put it away and figure out how to adapt it so everyone can use it safely and effectively.
- E. "Inclusive programs" = accepting all children, treating them the same as everybody else. Developing a positive, respectful relationship is the first step in working with ANY child.
1. Smile, make eye contact, say hello, be affectionate, interact on their level, find something they're interested in, build on that, build the relationship, exactly like you do with anyone else.
  2. Overcome your fear of messing up or not understanding. They're like any other child — they want to be loved and cared for, to be safe, to have fun, to learn new things.

F. Benefits of inclusion (blending children with and without disabilities)

1. Both children with and without disabilities benefit from the social interaction, communicating, spending time together
2. Children without disabilities get to learn about disabilities and not be afraid, learn compassion and patience
3. Children with disabilities get positive peer role models who are developing typically, can challenge themselves to try new tasks they see their friends doing

G. Challenges of inclusion & suggestions

1. Trying to get the typically developing children to understand why these children act strangely, run around during circle, or make loud noises
2. Dr. Montessori said if a child doesn't want to join circle time, fine. If they don't want to come, give them one non-disruptive alternative (such as reading alone). Make circle so interesting and engaging that they want to come and not miss out. That avoids the power struggle of, "Come to circle time now, I told you to sit!" No learning happens when you make children do something against their will. It should be fun.
3. Interesting idea for children with autism: talk about "Level 0" voice (whispering), "Level 1" voice (soft talking), "Level 2" voice (normal talking), etc.
4. Handling transition times
  - a) Need to be very consistent
  - b) Have the daily schedule in pictures or on a flannel board so they know what comes next (or can have an individual one for individual child with special needs). Move the event from the schedule to the "done" pile, or move the marker from one activity to the next. Helps them see it, touch it, understand what it means to finish something and do something else.

- c) Give them a “heads-up” that change is coming from one activity to the next soon. Be flexible in timing.
5. Two sets of parents:
- a) Parents of the child with special needs may take longer than normal to trust you (but will appreciate your efforts to include their child because they want their child to be included in typical social experience)
  - b) Parents of typically developing children worry their children will get neglected and/or will learn bad habits from the other child’s behavior (may be harder because they won’t appreciate how hard you’re working to accomplish an inclusive classroom)
  - c) Our job is to help both groups understand that people are not segregated in our society. All children will have to deal with all kinds of people (different needs, cultures, personalities, etc.) throughout life in school and in work. Having all of them learn early on how to connect to people will help them all in the community in the long run.
6. Inclusion = “children with special needs attend school, child care, and recreational programs with their typically developing peers” (textbook page 3)
7. Natural environment = no segregation/separation of activities or children, everyone blended normally based on their age group
- H. What considerations must be made to include children with special needs in early education settings?
- 1. Need to know what special needs the child has, what we need to do
  - 2. Prepare the environment so the children can be safe and can use everything
  - 3. Let the children in your room know ahead of time that this child is coming, will have this obvious difference, how to interact appropriately / safely

- a) Can help to simulate by giving children cloudy glasses, or ear muffs, or a wheelchair, etc. so they can experience the special need first-hand as much as possible (helps them be more understanding and compassionate)
  - b) Good idea to also announce it to the parents, encourage them to read this article about it (knowledge reduces fear / stereotypes), ask me questions if you're worried.
  - c) Always have to have family's permission before telling anyone else about their child's situation! Confidentiality! If the family is reluctant, afraid the child will be stigmatized, explain that the behaviors / needs will become obvious eventually anyway, and it's better to start off openly so we can support each other effectively.
4. Tell the other teachers so everyone knows what to do when they're on the playground together.
- I. Early attitudes about special needs
- 1. "Forget and hide" = hide the child in the basement or attic because they were different, was disgrace / shameful to the family, was not accepted in society, no special education or services available to care for the child.
    - a) Even British royalty had a lot of children with special needs, sent them to another city with a nanny, were taken care of but not publicly recognized as part of the royal family.
    - b) Mothers often felt guilty for giving birth to these children.
  - 2. "Screen and segregate" 1970s
    - a) Screen to identify these children, put all the children with special needs together in a separate classroom so they had a chance to learn
    - b) This didn't work because they didn't learn productively from each other
  - 3. "Identify and help" 1980s-early 1990s

- a) Learning more about different types of special needs, diagnose more accurately, learning what to do after diagnosis
- b) More services available, but still often segregated
- 4. "Include and support" since 1990s
  - a) Diagnose then create individualized plan (IEP/IFSP) to serve
  - b) Inclusion whenever possible
- J. US Congress in 1995 established a grant incentive
  - 1. "Child Find" is an association that locates and identifies babies, toddlers and young children who qualify for early special education services and family services
  - 2. All services are articulated in a plan: IFSP (0-2 years, with family) or IEP (3-21 years)
  - 3. Government funds these programs because early intervention is the key to success.
  - 4. If diagnosed before first birthday and begin services early, that child can make amazing progress, no matter what the special need is. Same diagnosis and services at age 5, you don't see nearly as much progress.
- K. Critical data
  - 1. 1 in 10 children has a disability (in the US)
  - 2. Families have child care needs because both parents work
  - 3. There is a lack of child care options (for all families, especially for children with special needs) and it's very expensive
  - 4. Early educators' capacity must be developed (offering community college courses to develop a more well-trained workforce)
  - 5. 90% of infant/toddler care in the US is inadequate. We do a much better job with preschoolers overall.



- a) Yet we want children to be diagnosed and served early, which can't happen if our infant/toddler programs are too weak and teachers don't know what to look for.
  - b) Now we have children in care from 6 weeks of age, 12 hours/day. That means they have more than one caregiver during the day.
  - c) If infant/toddler caregivers are not trained to spot special needs warning signs, we will miss it. They slip through the cracks.
- L. IDEA Part C requires natural environments
- 1. "Natural environment" = a program that would still exist if children with disabilities did not attend (a program also mainly serving typically-developing children), not a segregated program created for special education
  - 2. Provides better places for the child to play and learn
  - 3. Promotes community acceptance and expands options of support
- M. IDEA Part B requires least restrictive environment (LRE) = "Children with disabilities, to the maximum extent appropriate, are included in public or private institutions or other care facilities. They are educated with children who are not disabled."
- N. Inclusion environments, approach, and programs
- 1. Inclusion is a place where everyone belongs, is accepted, supports and is supported by his or her peers and other members of the program community and the community at large, in the course of having the child's developmental and educational needs met.
  - 2. The base of the inclusive program is the community's acceptance. Want the child to feel supported and respected by peers and adults.
  - 3. Not just the child's main teacher being welcoming: the community has to hold that attitude that all children belong and have a right to learn.

4. As the number of children with special needs grows, we have to awaken the community to understand how to embrace inclusion.
  - a) Large number of children with behavior problems, ADD/ADHD, etc. in this area
  - b) Large number of second language learners in this area
- O. As teachers of young children, we have an ethical responsibility to all children, their families, our coworkers, and the community.
- P. Rationale for inclusion
  1. Ethical: every child has the right to be accepted
  2. Equality: the right to equality in social affairs (children with special needs have the same right to access whatever society offers to typically developing children)
  3. Developmental: the responsibility to lay the foundation for lifelong learning (every child is capable; teachable moments happen in every room for every child)
  4. Cost: the cost could be capitalized on existing programs (more efficient to include children in existing community programs than to build a separate parallel network of special education preschools)
- Q. Right now, California has enough funding for young children with special needs. The hold-up is usually getting an early and accurate diagnosis.

## **V. Sensitive periods**

- A. "Sensitive period" or "critical period" = at a certain age, children are most able to absorb certain types of information, learning can happen. For example, young children absorb language by being in a family environment. Later in life, we can't pick up language as completely and easily as in the first three years of life.
- B. Responsiveness of the child to learn (children are born driven to learn)

- C. Critical periods (different periods for different skills: language in the first three years, mathematics around age 3, etc.)
- D. Sensory deficit (if one or more of the five senses is missing, the child is missing an important channel for learning, so we have to diagnose that and then make special effort to give them access to information through their other senses)
- E. Teachable moments (moments when the child is focused and highly motivated to learn, teachers need to take advantage of these by giving the child just what they need in that moment, have to be focused and observant to know when these moments happen)
- F. Imitation (beginning at birth, cognitive development happens when children naturally learn by copying what they see/hear other children or teachers doing, how other people behave or talk, so be sure there are positive role models available -- this is one of the strongest arguments for including children with their typically developing peers instead of younger children)
- G. Child-child interaction (children will remind each other how to sit or what to do, and children will often listen to each other more than to an adult saying the same thing)
  - 1. Still need limits, have to respect each other.
  - 2. Can support this by modeling problem-solving for children starting with infants. Provide the language for both sides, "You can tell her, 'I don't like that, move back,'" until they're able to do it for themselves.
- H. Implications for teachers
  - 1. Individualizing care (know what is normal development, know what the normal range is, leave room for each child to develop at their own pace given cultural differences and individual developmental differences)
  - 2. Engaging the child (get on their level, make eye contact, follow their interests)

3. Value of play (play is a learning experience from very early on: infants mouthing toys, shaking rattles, smiling at other infants)
  4. Structuring learning environment (making sure the indoor and outdoor environment meets the needs of the children being served -- vary it during the school year as the children get older, vary it year to year when you have different children)
  5. Flexible curriculum (be open to doing a project about what interests the children, whether or not it's in your plans)
  6. Supporting development of the child (physical, cognitive, social-emotional, all areas of development on an individual basis)
  7. Collaborating with the team (coworkers, parents/families, IFSP/IEP team participants — anyone who's involved in this child's care)
- I. Benefits of inclusion
1. Children with disabilities
  2. Typically developing children
  3. Families
  4. Society
- J. Brainstorming our concerns and challenges with inclusion
1. Helping children who don't have a diagnosis yet: how to involve and serve them without any formal services or professional help
  2. Helping "gray area" kids who aren't behind enough to get a diagnosis from the school district and their parents can't afford to go through the doctor to get a diagnosis. Can be a long waiting list. (Contact PHP Parents Helping Parents if you get stuck in the system.)
  3. Not everyone who is misbehaving has special needs; maybe it's their first time in group care or in an English classroom. We struggle with how to tell

- the difference. (See if your coworker sees the same thing, then observe and document, involve your director, approach the parents if needed.)
4. Parents who are in denial: how to serve their kids' needs without services when the parents refuse to pursue a diagnosis, how to open the conversation with parents
  5. Bullying by children without disabilities
  6. Balancing time as a teacher to reach everyone's needs
  7. Remember that the most we can say is, "This doesn't seem to fit normal development. We need to know why, so I recommend you consult your pediatrician." Don't ever diagnose a child! We are not specialists! Even if the parents ask, "Do you think he's colorblind?" Answering "yes" is the same as if we had started the conversation and made a diagnosis. The answer is, "I don't know, that diagnosis is a process. I can tell you he isn't able to match colors when we do color activities, but only the doctor can tell you about colorblindness."
  8. Keeping everyone safe and comfortable, giving everyone the same amount of attention/time, not getting caught up in this one child's needs
  9. Making sure everyone is on board, shares the same vision/philosophy
  10. Adapting the curriculum to meet the various developmental levels, keeping kids with delays interested (not overwhelmed) while still challenging the higher-functioning children
  11. Knowing how to respond to emergencies such as a seizure or diabetic issue or asthma attack
  12. Making sure the child gets a sense of belonging and positive role models from the other children, doesn't feel depressed by seeing all the things other children can do that they're not capable of doing yet

13. At parent conferences, make sure to sandwich a negative between two positives.
  14. Adapting the outdoor environment to make it accessible for all children, especially with physical disabilities.
  15. Being more aware of the environment (such as toys the child could trip on that the rest of you would step over)
  16. Making sure center-provided food is safe for the child to eat and the child will accept it
  17. Tuning into the child's sounds and signals when they are unable to speak, or to their body language if they have a physical disability that affects their muscle/joint movements
- K. Individualized care: in Montessori, they will give the same presentation of the same material to ten children, it will be different for each child because you read that child's needs and abilities. It's harder to individualize in a less structured, more group-oriented, play-based program, but it's still important. (You can see why Montessori works so well for children with special needs.)

## **VI. Parent reactions to a child's diagnosis: stages of grief (see handout)**

### **A. Shock, disbelief, denial**

1. Denial = not accepting that their child has this disability / diagnosis, I'm going to wake up tomorrow and this will be over, he'll grow out of it, maybe the teacher or doctor is wrong (thus "shopping" for different opinions)
2. Often we say "denial" as a negative thing when parents don't react to information the way we want them to, or don't follow our advice, or have different ideas about the cause or treatment or timing. In fact, it's likely that we're in denial because we believe that if only the family would \_\_\_\_, then our problem and discomfort would disappear.

3. When we say parents are in denial, are we thinking of the parents or of ourselves? Food for thought. We often label children and those labels stick throughout their school years, and we say parents are in denial when they don't agree with our labels.
- B. Anger and resentment = may be angry at the doctor, teachers, school, specialists, etc.
  - C. Bargaining = parents may work harder to try to make it go away
  - D. Depression and discouragement = feeling useless, helpless, mourning the loss of their vision/dreams for their "normal" child
  - E. Acceptance = realization that something *can* be done, become willing to do practical things. We should praise parents when the child shows progress so the parent feels like all the energy and help and support they're providing are serving a purpose, motivates them to keep going.
  - F. Keep in mind these stages are difficult for parents to go through, so they often come to us (teachers) for support. They may blame us at the same time they look up to us as experts.
  - G. For parents and teachers: make ourselves knowledgeable about the special need and available resources. More knowledge makes it less scary.
  - H. Remember a child has one disability and many, many abilities. Build a relationship and trust based on those positive abilities. Even when they're kicking and screaming, in their quiet moments, remind them again, "I'm here to take care of you."