Pearson New International Edition

Exceptional Children
An Introduction to Special Education
William L. Heward
Tenth Edition

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PROLOGUE

A Personal View of Special Education

MY PRIMARY GOAL IN WRITING THIS TEXT is to describe the history, practices, advances, challenges, and opportunities that make up the complex and dynamic field of special education in as complete, clear, current, and accurate a manner as possible. This, of course, is much easier said than done: an author's descriptions of anything he holds dear are influenced by personal views. Because my personal beliefs and assumptions about special education—which are by no means unique, but neither are they held by everyone in the field—affect both the substance and the tone of this text, I believe I owe you, the reader, an explicit summary of those views. So, here are 10 assumptions that underlie and guide my efforts to understand, contribute to, and convey the field of special education.

People with disabilities have a fundamental right to live and participate in the same settings and programs—in school, at home, in the workplace, and in the community—as do people without disabilities. That is, the settings and programs in which children and adults with disabilities learn, live, work, and play should, to the greatest extent possible, be the same settings and programs in which people without disabilities participate. People with disabilities and those without have a great deal to contribute to one another and to society. We cannot do that without regular, meaningful interactions in shared environments.

People with disabilities have the right to as much self-determination as they can achieve.

Special educators have no more important teaching task than that of helping students with disabilities learn how to increase their level of autonomy over their own lives. Self-determination and self-advocacy skills should be featured curriculum components for all students with disabilities.

Special education must expand and improve the effectiveness of its early identification and prevention efforts. When a disability or a condition that places a child at risk for a disability is detected early, the chance of lessening its impact (or preventing it altogether) is greater. Great strides have been made in the early detection of physical disabilities, sensory impairments, and developmental delays in infants and preschoolers. Although systematic programs of early identification and prevention of less visible disabilities, such as learning disabilities and emotional and behavioral disorders, are less well developed, the field has made a commitment to doing just that with an approach called *responsiveness to intervention.*

Special education must do a better job of helping students with disabilities transition from school to adult life. Although increasing numbers of special education students are leaving high school for college or a job, a place to live on their own, and friends with whom to share recreation and leisure activities in the community, such positive outcomes still elude far too many young adults with disabilities. Special education cannot

be satisfied with improving students' achievement on classroom-based measures only. We must work equally hard to ensure that the education students receive during their school years prepares them to cope with and enjoy the multifaceted demands and opportunities of adulthood.

Special education must continue to improve its cultural competence. When a student with disabilities has the additional challenge of learning in a new or different culture or language, it is critically important that her teachers provide culturally responsive curriculum and instruction. Teachers who are most effective in helping these children combine fundamentally sound instructional methods with sensitivity to and respect for their students' heritage and values.

School and family partnerships enhance both the meaningfulness and the effectiveness of special education. Professionals have too long ignored the needs of parents and families of exceptional children, often treating them as patients, clients, or even adversaries instead of realizing that they are partners with the same goals. Some special educators have given the impression (and, worse, believed it to be true) that parents are there to serve professionals, when in fact the opposite is more correct. We must recognize that parents are a child's first—and, in many ways, best—teachers. Learning to work effectively with parents is one of the most important skills the special educator can acquire.

The work of special educators is most effective when supplemented by the knowledge and services

of all of the disciplines in the helping professions. It is foolish for special educators to argue over territorial rights when more can be accomplished for our students when we work together within an interdisciplinary team that includes our colleagues in psychology, medical and health services, counseling, social services, and vocational rehabilitation.

All students have the right to an effective education. An educator's primary responsibility is designing and implementing instruction that helps students with special needs learn useful academic, social, vocational, and personal skills. These skills are the same ones that influence the quality of our own lives: working effectively and efficiently at our jobs, being productive members of our communities, maintaining a comfortable lifestyle in our homes, communicating with our friends and family, and using our leisure time meaningfully and enjoyably. Instruction is ultimately effective when it helps students acquire and maintain positive lifestyle changes. To put it another way, the proof of the process is in the product. Therefore, . . .

Teachers must demand effectiveness from the curriculum materials and instructional tools they use. For many years, conventional wisdom has fostered the belief, still held by some, that teaching children with disabilities requires unending patience. I believe this notion does a great disservice to students with special needs and to the educators—both special and general education teachers—who teach them. A teacher should not wait patiently for an exceptional student to learn, attributing lack of progress to some inherent attribute or faulty process within the child, such as intellectual disabilities, learning disability, attention-deficit disorder, or emotional disturbance. Instead, the teacher should select evidence-based practices and then use direct and frequent measures of the student's performance as the primary guide for modifying those methods as needed to improve their effectiveness. This, I believe, is the real work of the special educator. Numerous examples of instructional strategies and tactics demonstrated to be effective through rigorous scientific research are described and illustrated throughout this text. Although you will not know how to teach exceptional children after reading this or any other introductory text, you will gain an appreciation for the importance of explicit, systematic instruction and an understanding of the kinds of teaching skills a competent special educator must have. And finally, I believe that . . .

The future for people with disabilities holds great promise. We have only begun to discover the myriad ways to improve teaching, increase learning, prevent and minimize the conditions that cause and exacerbate the effects of disabilities, encourage acceptance, and use technology to compensate for disabilities. While I make no specific predictions for the future, I am certain that we have not come as far as we can in learning how to help exceptional children and adults build and enjoy fuller, more independent lives in the school, home, workplace, and community.

The Purpose and Promise of Special Education

▼FEATURED TEACHER

MEGAN MENCINSKY

North Elementary School • District 84, Franklin Park, Illinois

EDUCATION—TEACHING CREDENTIALS—EXPERIENCE

- B.A., special education, Elmhurst College, 2007
- Currently pursuing M.S., special education (Curriculum Adaptation and Behavior Intervention), Northeastern Illinois University
- Illinois, Learning Behavior Specialist (LBS) I/Type 10, all disabilities except Deaf and Blind, preschool to age 21; LBS II (Certificate in Curriculum Adaptation); Standard Sign Language interpreter
- 5 years of experience as a special education teacher

WHY I CHOSE TO BE A SPECIAL EDUCATOR

When I was in college, a friend's concerned mother told me I would be "wasting my talents" as a special educator. Why, she wondered, would an intelligent and ambitious young person want to spend her time with students who struggled to learn? I said that I wanted a profession where I was challenged daily and had both the opportunity and responsibility to make a difference in people's lives. Special education is that profession and then some. To be a great special educator requires a myriad of talents and skills to teach the most difficult-to-teach students in schools. As my principal likes to say, "Other students will succeed despite us. Our special education students will succeed *because* of us."

When people find out I am a special education teacher, they'll often remark that I must be extremely patient and kind. If anything, I am impatient—not with my students, but with poorly designed lessons and weak instructional procedures. Being a special education teacher requires a vast skill set, one that I continue to try to develop and enhance every day. Every time I think I have mastered a strategy or content area, something new comes along: a new strategy, a new book to supplement the curriculum, a new website to use. The responsibilities of the job require knowledge of general education curriculum and state learning standards at various grade levels, how to modify and adapt curriculum, how to identify and write goals, and how to keep data that accurately track students' progress toward those goals. I must collaborate with outside service providers, administer district and state assessments, plan lessons, direct my paraprofessionals, manage my classroom effectively, provide positive behavior support—and oh, yes, I have to teach as well! A special educator's job is never boring, that's for sure. Every day is different, and every day is the chance to teach my students something new (and I learn something new every day!).

MY CURRENT CLASSROOM AND STUDENTS

I currently teach seven early primary students in a cooperative-run self-contained classroom in a typical elementary school. My students are eligible for special education under the disabilitiy categories of emotional and behavior disorders, autism, learning disabilities, and other health impairments. Among my biggest accomplishments this year were helping a student progress from "significantly below average" on his initial reading benchmark to "average," and teaching

another student the coping skills that prevented him from being hospitalized for his mental health issues the entire time he was with me. I know I am not solely responsible for these accomplishments; my students are the ones putting in the effort. I'm the facilitator who constructs the environment that supports their learning. Detecting and helping my students see their small successes are a key part of my job.

My classroom is a portal for new experiences for my students, which I create using a balance of technology and hands-on materials, and traditional texts. The Internet enables my students to see pictures of people from the past to supplement our history lessons, view videos of a butterfly's metamorphosis, and take virtual field trips to national parks.

TUNEFUL ROUTINES, REINFORCEMENT, AND PROGRESS DATA

I teach routines from day 1 of the school year. For example, I give students a tour to show them where everything is in class. I use music as cues for classroom routines. When I play "Yellow Submarine" by the Beatles, students know they have until the end of the song to complete whatever activity they are working on, clean up, and come sit at the carpet. The "Inspector Gadget" theme song means it is time to switch centers. A song gives the students a minute or two to process what they need to do and then time to clean up and get where they need to be without my saying a word. For my students who have anxiety, the music allows them a chance to complete their activity without panicking that they don't have enough time. I also use visual timers so students can see how long they have to complete a task.

I have incorporated a classroom token economy for positive behavior. I find that overcorrecting students does not get the behavior to stop, but that encouraging those who are doing the right thing usually leads the others to follow suit. I also use visuals on a lanyard that I show to students while I teach to give directions. For example, if a student is out of his seat, I will show him the card that says "Please sit down" with a picture of a student sitting. This way, I don't have to stop my instruction, and the student can process what I am asking him to do. This works exceptionally well with my students who are second-language learners or have a hard time processing information auditorally. It is also more subtle than verbally correcting students.

I also use self-monitoring techniques in my class. Students graph their daily point totals, spelling test

scores, and how long they can read independently. Their graphs are hung where they can easily access them. Students always want to better their scores when they can see how they are actually doing. I also share their monthly curriculum-based measurement scores and graphs with them, so they can see what they need to do to "get their lines going up" on their graphs. This motivates them to improve, rather than always working for a tangible reward.

Using a combination of best practices—following teaching routines, using visual prompts, reinforcing on-task behavior, and having students self-monitor their progress—makes the classroom run smoothly, which enables me to effectively use the curriculum assigned by our district. When time is spent on-task rather than on behaviors, we often end up finishing early, which allows me to plan supplemental lessons to the general education curriculum to take my students even deeper into the material.

Ms. Mencinsky shared her experiences during the 2010–2011 school year on Reality 101, the Council for Exceptional Children's blog for new special education teachers. To read Megan's entries and those of other beginning special educators, go to http://www.cecreality101.org.

CONSIDERING SPECIAL EDUCATION AS A CAREER?

If you are considering becoming a special education teacher, get as much hands-on experience with children with special needs as you can. Special education is a vast field. Involvement in local special recreation associations, volunteering, and other related activities will help you realize if this is an area of education you want to pursue, and even what age group and areas of special education might be your niche. Ask lots of questions and do research ahead of time, particularly when looking at different teacher preparation programs. I would always suggest attending a program whose graduates are enthusiastic about teaching and the training they received—merely satisfied is not enough.

MyEducationLab™

Visit the **MyEducationLab** for *Exceptional Children* to enhance your understanding of chapter concepts with a personalized Study Plan. You'll also have the opportunity to hone your teaching skills through video- and case-based Assignments and Activities, IRIS Center Resources, and Building Teaching Skills and Dispositions lessons.

EDUCATING EXCEPTIONAL CHILDREN IS A DIFFICULT CHALLENGE. Teachers like Megan Mencinsky who have accepted that challenge—special educators—work in a dynamic and exciting field. To begin to appreciate some of the action and excitement, as well as the persistent and emerging challenges and controversies that characterize special education, it is necessary to examine some concepts and perspectives that are basic to understanding exceptional children.

WHO ARE EXCEPTIONAL CHILDREN?

All children exhibit differences from one another in terms of their physical attributes (e.g., some are shorter, some are stronger) and learning abilities (e.g., some learn quickly and use what they have learned in new situations; others need intensive instruction and have difficulty maintaining and generalizing new knowledge and skills). The differences among most children are relatively small, enabling them to benefit from the general education program. The physical attributes and/or learning characteristics of **exceptional children** differ from the norm (either below or above) to such an extent that they require an individualized program of special education and related services to fully benefit from education. The term *exceptional children* includes children who experience difficulties in learning as well as those whose performance is so advanced that modifications in curriculum and instruction are necessary to help them fulfill their potential. Thus, *exceptional children* is an inclusive term that refers to children with learning and/or behavior problems, children with physical disabilities or sensory impairments, and children with superior intellectual abilities and/or special talents. The term *students with disabilities* is more restrictive than *exceptional children* because it does not include gifted and talented children. Learning the definitions of several related terms will help you better understand the concept of exceptionality.

Although the terms *impairment*, *disability*, and *handicap* are sometimes used interchangeably, they are not synonymous. **Impairment** refers to the loss or reduced function of a particular body part or organ (e.g., a missing limb). A **disability** exists when an impairment limits a person's ability to perform certain tasks (e.g., walk, see, add a row of numbers). A person with a disability is not *handicapped*, however, unless the disability leads to educational, personal, social, vocational, or other problems. For example, if a child who has lost a leg learns to use a prosthetic limb and functions in and out of school without problems, she is not handicapped, at least in terms of her functioning in the physical environment.

Handicap refers to a problem or a disadvantage that a person with a disability or an impairment encounters when interacting with the environment. A disability may pose a handicap in one environment but not in another. The child with a prosthetic limb may be handicapped (i.e., disadvantaged) when competing against nondisabled peers on the basketball court but experience no disadvantage in the classroom. Many people with disabilities experience handicaps that are the result of negative attitudes and inappropriate behavior of others who needlessly restrict their access and ability to participate fully in school, work, or community activities.

The term **at risk** refers to children who, although not currently identified as having a disability, are considered to have a greater than usual chance of developing one. Educators often apply the term to infants and preschoolers who, because of biological conditions, events surrounding their births, or environmental deprivation, may be expected to experience developmental problems at a later time. The term is also used to refer to students who are experiencing significant learning or behavioral problems in the general education classroom and are therefore at risk of being diagnosed with a disability.

Definition of *exceptional children*

Content Standards for Beginning Teachers—Initial Common Core: Similarities and differences of individuals with and without exceptional learning needs (ICC2K5).

Definition of *impairment, disability, handicap, and at-risk*

Content Standards for Beginning Teachers—Initial Common Core: Similarities and differences of individuals with and without exceptional learning needs (ICC2K5).

Certain physical characteristics and/or patterns of learning and behavior are shared by subgroups of exceptional children. These characteristics fall into the following categories of exceptionality:

- Intellectual disabilities
- Learning disabilities
- Emotional or behavioral disorders
- Autism
- Speech or language impairments
- Hearing impairments
- Visual impairments
- Physical or health impairments
- Traumatic brain injury
- Multiple disabilities
- Giftedness and special talents

Although children with disabilities have special instructional needs, they are more like other children than they are different.

As stated previously, all children differ from one another in individual characteristics along a continuum; exceptional children differ markedly from the norm so that an individually designed program of instruction—special education—is required if they are to benefit fully from education. Although exceptional children are more like other children than they are different, an exceptional child differs in important ways from his same-age peers without disabilities. And whether and how those differences are recognized and responded to will have a major impact on the child's success in school and beyond.

How Many Exceptional Children Are There?

Nearly 6 million children and youth with disabilities, from birth through age 21, received special education services during the 2009–2010 school year (U.S. Department of Education, 2011). Here are some demographic facts about special education in the United States:

- Children with disabilities in special education represent approximately 12% of the school-age population ages 6 to 17. Table 1 shows the number of school-age students in each of the 13 disability categories used by the federal government.
- About twice as many males as females receive special education.
- Early intervention programs have been major contributors to the increases since 1986. During the 2009–2010 school year, 731,250 preschoolers (ages 3 to 5) and 348,143 infants and toddlers (birth through age 2) were among those receiving special education.
- The number of children who receive special education increases from age 3 through age 9. The number served decreases gradually with each successive age year after age 9 until age 17. Thereafter, the number of students receiving special education decreases sharply.
- Since the federal government began reporting child count data in 1976–1977, the percentage of students receiving special education under the learning disabilities category has almost doubled (from 23.8% to 42.3%), whereas the percentage of students with intellectual disabilities has decreased to just one-third (from 24.9% to 7.8%).

TABLE 1 • Number of students ages 6–21 who received special education services under the federal government's disability categories (2009–2010 school year)

DISABILITY CATEGORY	NUMBER	PERCENT OF TOTAL
Learning Disabilities	2,483,391	42.3
Speech or Language Impairment	1,107,029	18.8
Other Health Impairment	678,970	11.6
Intellectual Disability	460,964	7.8
Emotional Disturbance	405,293	6.9
Autism	333,022	5.7
Multiple Disabilities	124,380	2.1
Developmental Delay	104,432	1.8
Hearing Impairment	70,548	1.2
Orthopedic Impairment	57,930	1.0
Visual Impairment	25,813	0.4
Traumatic Brain Injury	24,395	0.4
Deaf-Blindness	1,359	<0.1
All Disabilities	5,877,196	100.0

Source: From U.S. Department of Education. (2011). *Individuals with Disabilities Education Act (IDEA) data* (Table 3). Washington, DC: Author.

- The number of school-age students with autism in 2009–2010 was 10 times the number of students classified with autism just 10 years earlier.
- Although each child receiving special education is classified under a primary disability category, many children are affected by more than one disability condition. In a nationwide study of more than 11,000 elementary school students in special education, school staff reported that 40% of the students were affected by an additional or secondary disability (Marder, 2009).
- About 1 in 6 students with disabilities ages 6 to 13 are "declassified" and no longer receiving special education services 2 years later (SRI International, 2005).
- Although federal law does not mandate special education for children who are gifted and talented, approximately 3 million academically gifted and talented students were in pre-K to grade 12 gifted programs during the 2008–2009 school year (National Association for the Gifted, 2010).

WHY DO WE LABEL AND CLASSIFY EXCEPTIONAL CHILDREN?

Centuries ago, labeling and classifying people were of little consequence; survival was the main concern. Those whose disabilities prevented full participation in the activities necessary for survival were left on their own to perish and, in some instances, were even killed (Berkson, 2004). In later years, derogatory words such as *dunce, imbecile,* and *fool* were applied to people with intellectual disabilities or behavior problems, and other demeaning words were used for people with health impairments or physical

disabilities. These terms shared a common function: to exclude people with disabilities from the activities and privileges of everyday life.

Labeling and Eligibility for Special Education

Under the federal Individuals with Disabilities Education Act (IDEA), to receive special education and related services, a child must be identified as having a disability (i.e., labeled) and, in most cases, further classified into one of that state's categories, such as learning disabilities or orthopedic impairments. (IDEA allows children ages 3 to 9 to be identified as *developmentally delayed* and receive special education services without the use of a specific disability label.) In practice, therefore, a student becomes eligible for special education and related services because of membership in a given disability category.

Some educators believe that the labels used to identify and classify exceptional children stigmatize them and serve to deny them opportunities in the mainstream (e.g., Harry & Klingner, 2007; Kliewer, Biklen, & Kasa-Hendrickson, 2006). Others argue that a workable system of classifying exceptional children (or their exceptional learning needs) is a prerequisite to providing needed special educational services and that using more "pleasant" terms minimizes and devalues the individual's situation and need for supports (e.g., Anastasiou & Kauffman, 2011; Keogh, 2005a, 2005b). As Kauffman (2003) noted, the stigma of cancer was not eliminated by referring to those affected as people with prolific cells or challenging tissue.

Labeling and classification are complex issues involving emotional, political, and ethical considerations in addition to scientific, fiscal, and educational interests (Florian et al., 2006; McLaughlin et al., 2006). As with most complex issues, valid perspectives and arguments exist on both sides of the labeling question. The reasons most often cited for and against the labeling and classification of exceptional children follow.

Pros and cons of labeling

Content Standards for Beginning Teachers—Initial Common Core: Issues in definition and identification of individuals with exceptional learning needs (ICC1K5).

Possible Benefits of Labeling and Classification

- Labeling recognizes meaningful differences in learning or behavior and is a first and necessary step in responding responsibly to those differences. As Kauffman (1999) points out, "Although universal interventions that apply equally to all . . . can be implemented without labels and risk of stigma, no other interventions are possible without labels. Either all students are treated the same or some are treated differently. Any student who is treated differently is inevitably labeled. . . . Labeling a problem clearly is the first step in dealing with it productively" (p. 452).
- A disability label can provide access to accommodations and services not available to people without the label. For example, some parents of secondary students seek a learning disability label so their child will be eligible for accommodations such as additional time on college entrance exams.
- Labeling may lead to a protective response in which peers are more accepting of the atypical behavior of a child with disabilities than they would be of a child without disabilities who emitted that same behavior.
- Classification helps practitioners and researchers communicate with one another and classify and evaluate research findings (e.g., National Autism Center, 2009).
- Funding and resources for research and other programs are often based on specific categories of exceptionality (e.g., Interagency Autism Coordinating Committee, 2011).
- Labels enable disability-specific advocacy groups to promote specific programs and spur legislative action (e.g., Autism Speaks, http://www.autismspeaks.org).
- Labeling helps make exceptional children's special needs more visible to policy makers and the public.

Possible Disadvantages of Labeling and Classification

- Because the labels used in special education usually focus on disability, impairment, or performance deficits, they may lead some people to think only in terms of what the individual cannot do instead of what she can do or might be capable of doing (Terzi, 2005).
- Labels may stigmatize the child and lead peers to reject or ridicule the labeled child.
- Teachers may hold low expectations for a labeled student (Beilke & Yssel, 1999; Bianco, 2005) and treat her differentially as a result, which may lead to a self-fulfilling prophecy. For example, in one study, student teachers gave a child labeled "autistic" more praise and rewards and fewer verbal corrections for incorrect responses than they gave a child labeled "normal" (Eikeseth & Lovaas, 1992). Such differential treatment could impede the rate at which a child learns new skills and contribute to a level of performance consistent with the label's prediction.
- Labels may negatively affect the child's self-esteem.
- Disability labels are often misused as explanatory constructs (e.g., "Sherry acts that way *because* she is emotionally disturbed").
- Even though membership in a given category is based on a particular characteristic (e.g., deafness), there is a tendency to assume that all children in a category share other traits as well, thereby diminishing the detection and appreciation of each child's uniqueness (J. D. Smith & Mitchell, 2001).
- Labels suggest that learning problems are primarily the result of something inherently wrong with the child, thereby reducing the systematic examination of and accountability for instructional variables as causes of performance deficits. This is an especially damaging outcome when a label provides a built-in excuse for ineffective instruction (e.g., "Jalen's learning disability prevents him from comprehending printed text.").
- A disproportionate number of children from some minority and diverse cultural groups are included in special education programs and thus have been assigned disability labels (Sullivan, 2011).
- Classifying exceptional children requires the expenditure of a great amount of money and professional and student time that might be better spent in delivering and evaluating the effects of early intervention for struggling students (L. S. Fuchs & Fuchs, 2007a).

Although the pros and cons of using disability category labels have been widely debated for several decades (Hobbs, 1976a, 1976b), neither conceptual arguments nor research has produced a conclusive case for the total acceptance or absolute rejection of labeling practices. Most of the studies conducted to assess the effects of labeling have produced inconclusive, often contradictory evidence and have generally been marked by methodological weakness.

Alternatives to Labeling and Classification

Educators have proposed a number of alternative approaches to classifying exceptional children that focus on educationally relevant variables (e.g., Hardman, McDonnell, & Welch, 1997; Iscoe & Payne, 1972; Sontag, Sailor, & Smith, 1977; Terzi, 2005). For example, Reynolds, Zetlin, and Heistad (1996) proposed that the lowest-achieving 20% and the highest-achieving 20% of students be eligible for broad (noncategorical) approaches to improvement of learning opportunities.

Some noted special educators have suggested that exceptional children be classified according to the curriculum and skill areas they need to learn. For example:

But if we shouldn't refer to these special children by using those old labels, then how should we refer to them? For openers, call them Rob, Amy, and

Effects of labels on behavior of others

Content Standards for Beginning Teachers—Initial Common Core: Teacher attitudes and behaviors that influence behavior of individuals with exceptional learning needs (ICC5K4).

Quotes by Thomas C. Lovitt (personal communication). Reprinted with permission.

11

CURRENT ISSUES AND FUTURE TRENDS

▶ What's in a Name? The Labels and Language of Special Education

SOME YEARS AGO AT THE ANNUAL CONVENTION OF THE COUNCIL FOR EXCEPTIONAL CHILDREN, hundreds of attendees were wearing big yellow and black buttons that proclaimed "Label jars, not children!" Wearers of the buttons were presumably making a statement about one or more of the criticisms leveled at labeling and categorizing exceptional children: labeling is bad because it focuses on the child's deficits, labeling makes it more likely that others will expect poor performance or bad behavior from the child, and labels may damage the child's self-esteem.

Labels, in and of themselves, are not the problem. Most special educators agree that a common language for referring to children who share instructional and related service needs is necessary. The words that we use as labels do, however, influence the degree to which those words effectively and appropriately communicate variables relevant to the design and delivery of educational and other human services. For example, blanket labels such as *the handicapped* or *the retarded* imply that all people in the group being labeled are alike; individuality has been lost. At the personal level, describing a child as a "physically handicapped boy" suggests that the disability is the most important thing to know about him.

How, then, should we refer to exceptional children? At the personal level, we should follow Tom Lovitt's advice and call them by their names: Linda, Shawon, and Jackie. Referring to "Mitch, a fifth-grade student with learning disabilities" helps us focus on the individual

Katelyn Metzger/Merrill

Changing the label used to identify Charlotte for her special education eligibility won't lessen the impact of her disability. But referring to her as "Charlotte, a fifth grader who likes to read mysteries," helps us recognize her strengths and abilities—what she can do—instead of focusing on a disability label as if it were the most important thing to know about her.

Jose. Beyond that, refer to them on the basis of what you're trying to teach them. For example, if a teacher wants to teach Brandon to compute, read, and comprehend, he might call him a student of computation, reading, and comprehension. We do this all the time with older students. Sam, who attends Juilliard, is referred to as "the trumpet student"; Jane, who attends Harvard, is called "the law student." (T. C. Lovitt, personal communication, August 7, 2011)

For continued discussion of labeling, including the perspectives of several people with disabilities, see *Current Issues and Future Trends*, "What's in a Name? The Labels and Language of Special Education."

child and his primary role as a student. Such a description does not ignore or gloss over Mitch's learning problems but acknowledges that there are other things we should know about him.

It is important for everyone, not just special educators, to speak, write, and think about exceptional children and adults in ways that respect each person's individuality and recognize strengths and abilities instead of focusing only on disabilities. Simply changing the way we talk about a person with a disability, however, will not make the problems posed by her disability go away. Some people with disabilities have spoken out against the efforts of those without disabilities to assuage their feelings with language that may be politically correct but that ignores the reality of a disability. Judy Heumann (1994), a former director of the U.S. Office of Special Education and Rehabilitation Services and a person who has used a wheelchair since she was 18 months old, explains her position:

> As our movement has evolved, we have been plagued by people, almost always not themselves disabled, attempting to change what we call ourselves. If we are "victims" of anything, it is of such terms as "physically challenged, able-disabled, differently-abled, handi-capables, and people with differing abilities," to name just a few. Nondisabled people's discomfort with reality-based terms such as disabled led them to these euphemisms. I believe these euphemisms have the effect of depoliticizing our own terminology and devaluing our own view of ourselves as disabled people. . . . Let the disabled people who are politically involved and personally affected determine our own language. . . . A suggestion to those of you who do not know what to call me: ask! (p. 1)

Professional and advocacy organizations have taken differing views on disability labels. On the one hand, the National Federation of the Blind adopted a resolution against the use of terms such as *visually challenged* and *people with blindness*, stating that such politically correct euphemisms are "totally unacceptable and deserving only ridicule because of their strained and ludicrous attempt to avoid such straightforward, respectable words as *blindness, blind, the blind, blind person*, or *blind persons*" (Jernigan, 1993, p. 867). The American Association on Mental Retardation (AAMR) changed its name to the American Association on Intellectual and Developmental Disabilities (AAIDD) because it considered *intellectual disabilities* to be less stigmatizing than *mental retardation* (Prabhala, 2007). In 2010, President Barack Obama signed into law Rosa's Law, which changed all references to *mental retardation* in federal statutes to *intellectual disabilities*.

Changing the label for a disability or need for special education will not lessen prejudice or stigma (real or imagined). In a discussion of the pros and cons of replacing *mental retardation* with *intellectual disabilities*, Eidelman called for a public education campaign to foster more positive attitudes towards people with disabilities: "Changing the term will make many people happy. That happiness will quickly fade when the new term is used as a pejorative. Without a long-term effort to include everyone and to educate those with negative or neutral attitudes toward our constituents, a change in terminology will become the new pejorative very quickly" (in Turnbull, Turnbull, Warren, Eidelman, & Marchand, 2002, p. 68). And a change in terminology will not reduce the effects of the condition on the person's life.

WHAT DO YOU THINK?

1. From the perspective of a school-age child (or the parent or sibling of a child) who needs special education, what labels would you find most appropriate for each category of exceptionality listed earlier in this chapter?
2. What should prospective teachers learn about the types and function of disability labels used in special education?
3. How can teachers minimize the potential of disability labels to stigmatize and prejudice?

Why Are Laws Governing the Education of Exceptional Children Necessary?

An Exclusionary Past

It is said that a society can be judged by the way it treats those who are different. By this criterion, the U.S. educational system has a less than distinguished history. Children who are different because of race, culture, language, gender, socioeconomic status, or exceptionality have often been denied full and fair access to educational opportunities (Banks & Banks, 2013). It's important, however, to note that past practices were not entirely negative. Long before there was any legal requirement to do

so, many children with special needs were educated by devoted teachers and parents (Brownell, Sindelar, Kiely, & Danielson, 2010).

In the not so distant past, many children with disabilities were entirely excluded from any publicly supported program of education. Before the 1970s, laws in many states permitted public schools to deny enrollment to children with disabilities (Murdick, Gartin, & Crabtree, 2006). One state law, for example, allowed schools to refuse to serve "children physically or mentally incapacitated for school work"; another state had a law stipulating that children with "bodily or mental conditions rendering attendance inadvisable" could be turned away. When these laws were contested, the nation's courts generally supported exclusion. In a 1919 case, for example, a 13-year-old student with physical disabilities (but normal intellectual ability) was excluded from his local school because he "produces a depressing and nauseating effect upon the teachers and school children" (J. D. Smith, 2004, p. 4).

When local public schools began to accept a measure of responsibility for educating certain exceptional students, a philosophy and practice of segregation prevailed. Children with disabilities were confined to segregated classrooms, isolated from the students and teachers in the general education program. One special education teacher describes the crude facilities in which her special class operated and the sense of isolation she felt in the 1960s:

> I accepted my first teaching position, a special education class in a basement room next door to the furnace. Of the 15 "educable mentally retarded" children assigned to work with me, most were simply nonreaders from poor families. One child had been banished to my room because she posed a behavior problem to her fourth-grade teacher.
>
> My class and I were assigned a recess spot on the opposite side of the play yard, far away from the "normal" children. I was the only teacher who did not have a lunch break. I was required to eat with my "retarded" children while other teachers were permitted to leave their students. . . . Isolated from my colleagues, I closed my door and did my thing, oblivious to the larger educational circles in which I was immersed. Although it was the basement room, with all the negative perceptions that arrangement implies, I was secure in the knowledge that despite the ignominy of it all I did good things for children who were previously unloved and untaught. (Aiello, 1976, p. 14)

Children with mild learning and behavioral problems usually remained in general education classrooms but received no special help. Those who did not make satisfactory academic progress were termed "slow learners" or simply "failures." If their deportment in class exceeded the teacher's tolerance for misbehavior, they were labeled "disciplinary problems" and suspended from school. Children with more severe disabilities—including many with visual, hearing, and physical or health impairments— were placed in segregated schools or institutions or kept at home. Gifted and talented children seldom received special attention in schools. It was assumed they could make it on their own without help.

Society's response to exceptional children has come a long way. As our concepts of equality, freedom, and justice have expanded, children with disabilities and their families have moved from exclusion and isolation to

In the past, many children like Jose were denied access to education in public schools.

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inclusion and participation. Society no longer regards children with disabilities as beyond the responsibility of the local public schools. No longer may a child with disabilities be turned away from school because someone believes he is unable to benefit from education. Federal legislation and court rulings have made it clear that all children with disabilities have the right to a free appropriate program of public education in the least restrictive environment (Yell, 2012).

Separate Is Not Equal

The history of special education is closely related to the civil rights movement. Special education was strongly influenced by social developments and court decisions in the 1950s and 1960s, especially the landmark case *Brown v. Board of Education of Topeka* (1954), which challenged the practice of segregating students according to race. In its ruling in the *Brown* case, the U.S. Supreme Court declared that education must be made available to all children on equal terms:

> Today, education is perhaps the most important function of state and local governments. Compulsory school attendance laws and the great expenditure for education both demonstrate our recognition of the importance of education to our democratic society. It is required in the performance of our most basic responsibilities. . . . In these days, it is doubtful that any child may reasonably be expected to succeed in life if he is denied the opportunity of an education. (*Brown v. Board of Education*, 1954)

The *Brown* decision began a period of intense questioning among parents of children with disabilities, who asked why the same principles of equal access to education should not apply to their children. Parents and other advocates dissatisfied with an educational system that denied equal access to children with disabilities initiated numerous court cases in the 1960s and early 1970s. Generally, the parents based their arguments on the 14th Amendment to the Constitution, which provides that no state shall deny any person within its jurisdiction the equal protection of the law and that no state shall deprive any person of life, liberty, or property without due process of law.

Equal Protection

In the past, children with disabilities were denied access to certain educational programs or received special education only in segregated settings. Basically, when the courts have been asked to rule on the practice of denial or segregation, judges have examined whether such differential treatment is rational and necessary. One of the most historically significant cases to examine these questions was the class action suit *Pennsylvania Association for Retarded Children (PARC) v. Commonwealth of Pennsylvania* (1972). *PARC* challenged a state law that denied public school education to children considered "unable to profit from public school attendance."

The lawyers and parents supporting *PARC* argued that even though the children had intellectual disabilities, it was neither rational nor necessary to assume they were ineducable. Because the state was unable to prove that the children were, in fact, ineducable or to demonstrate a rational need for excluding them from public school programs, the court decided that the children were entitled to receive a free, public education. In addition, the court ruled that parents had the right to be notified before any change was made in their children's educational program.

The wording of the *PARC* decision proved particularly important because of its influence on subsequent federal legislation. Not only did the court rule that all children with intellectual disabilities were entitled to a free appropriate public education, but it also stipulated that placements in general education classrooms and regular public schools were preferable to segregated settings.

> It is the Commonwealth's obligation to place each mentally retarded child in a free, public program of education and training appropriate to the child's

capacity. . . . Placement in a regular public school class is preferable to place-ment in a special public school class and placement in a special public school is preferable to placement in any other type of program of education and training. (*PARC v. Commonwealth of Pennsylvania*, 1972)

The *Brown* and *PARC* cases had far-reaching effects on special education (Yell, 2012). The rulings from these landmark cases were incorporated into subsequent federal legislation, most notably IDEA.

The Individuals with Disabilities Education Act

In 1975, Congress passed Public Law 94-142, the Education for All Handicapped Children Act. This piece of legislation completely changed the face of education in this country. Congress has reauthorized and amended PL 94-142 five times. The 1990 amendments renamed the law the Individuals with Disabilities Education Act—most often referred to by its acronym, IDEA. The most recent reauthorization of IDEA, PL 108-466, is titled *The Individuals with Disabilities Education Improvement Act of 2004*.

IDEA exerts a profound influence on what takes place in every school building in the country and has changed the roles and responsibilities of general and special edu-cators, school administrators, parents, and students with disabilities in the educational process. The law reflects society's concern about treating people with disabilities as full citizens with the same rights and privileges all other citizens enjoy.

The purposes of IDEA are

1. (A) to ensure that all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment, and independent living; (B) to ensure that the rights of children with disabilities and parents of such children are protected; and (C) to assist States, localities, educational service agen-cies, and Federal agencies to provide for the education of all children with disabilities;
2. to assist States in the implementation of a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention services for infants and toddlers with disabilities and their families;
3. to ensure that educators and parents have the necessary tools to improve educational results for children with disabilities by supporting system improvement activities; coordinated research and personnel preparation; coordinated technical assistance, dissemination, and support; and tech-nology development and media services; and
4. to assess, and ensure the effectiveness of, efforts to educate children with disabilities. (PL 108-466, Sec. 601 [d])

Major Principles of IDEA

The majority of the many rules and regulations defining how IDEA operates fall within six major principles, most of which have remained basically unchanged since 1975 (Turnbull, Huerta, & Stowe, 2009; Yell, 2012):

ZERO REJECT Schools must educate *all* children with disabilities. No child with dis-abilities may be excluded from a free public education, regardless of the nature or severity of the disability. The requirement to provide special education to all students with disabilities is absolute between the ages 6 and 17. If a state provides educational services to children without disabilities who are the ages of 3 to 5 and 18 to 21, it must also educate all children with disabilities in those age groups. Each state's education agency is responsible for locating, identifying, and evaluating all children, from birth to

age 21, residing in the state with disabilities or who are suspected of having disabilities. This requirement of IDEA is called the *child find system*.

NONDISCRIMINATORY EVALUATION Schools must use nonbiased, multifactored methods of evaluation to determine whether a child has a disability and, if so, whether the child needs specially designed instruction to benefit from education. Testing and evaluation procedures must not discriminate on the basis of race, culture, or native language. All tests must be administered in the child's native language, and identification and placement decisions cannot be made on the basis of a single test score. These provisions of IDEA are known as *protection in evaluation procedures*.

FREE APPROPRIATE PUBLIC EDUCATION All children with disabilities, regardless of the type or severity of their disability, shall receive a **free appropriate public education (FAPE).** This education must be provided at public expense—that is, without cost to the child's parents. An **individualized education program (IEP)** must be developed and implemented to meet the unique needs of each student with a disability. The IEP specifies the child's present levels of performance, identifies measurable annual goals, and describes the specific special education and related services that will be provided to help the child attain those goals and benefit from education.

Children with disabilities have sometimes been prevented from attending their neighborhood schools or benefiting from educational activities by circumstances that impede their access or participation. A child who uses a wheelchair, for example, may require a specially equipped school bus. A child with special health needs may require medication several times a day. A child with an orthopedic impairment may need physical therapy to maintain sufficient strength and flexibility in her arms and legs. IDEA requires that schools provide any related services and assistive technology that a child with a disability may need to access and benefit from special education. Types of related services included in the IDEA regulations are shown in Table 2.

LEAST RESTRICTIVE ENVIRONMENT IDEA requires schools to educate students with disabilities with children without disabilities to the maximum extent appropriate and

School districts must provide related services and assistive technology to students with disabilities—such as this device that enlarges printed material—so they may have access to and benefit from a public education.

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TABLE 2 • Types and definitions of related services that students with disabilities may need to benefit from special education

RELATED SERVICE	IDEA DEFINITION
Audiology	(1) Identification of children with hearing loss; (2) Determination of the range, nature, and degree of hearing loss, including referral for medical or other professional attention for the habilitation of hearing; (3) Provision of habilitative activities, such as auditory training, speech reading (lipreading), hearing evaluation, and speech conservation; (4) Creation and administration of programs for prevention of hearing loss; (5) Counseling and guidance of children, parents, and teachers, regarding hearing loss; and (6) Determining the child's need for group and individual amplification, selecting and fitting an appropriate hearing aid, and evaluating the effectiveness of amplification.
Counseling Services	Services provided by qualified social workers, psychologists, guidance counselors, or other qualified personnel.
Early Identification and Assessment	Implementation of a formal plan for identifying a disability as early as possible in a child's life.
Interpreting Services	(1) The following, when used with respect to children who are deaf or hard of hearing: Oral transliteration services, cued language transliteration services, sign language transliteration and interpreting services, and transcription services, such as communication access real-time translation (CART), C-Print, and TypeWell; and (2) Special interpreting services for children who are deaf-blind.
Medical Services	Services provided by a licensed physician for diagnostic or evaluation purposes to determine a child's medically related disability that results in the child's need for special education and related services.
Occupational Therapy	(1) Services provided by a qualified occupational therapist; and (2) includes (A) Improving, developing, or restoring functions impaired or lost through illness, injury, or deprivation; (B) Improving ability to perform tasks for independent functioning if functions are impaired or lost; and (C) Preventing, through early intervention, initial or further impairment or loss of function.
Orientation and Mobility Services	Services provided to blind or visually impaired children by qualified personnel to enable those students to obtain systematic orientation to and safe movement within their environments in school, home, and community.
Parent Counseling and Training	(1) Assisting parents in understanding the special needs of their child; (2) Providing parents with information about child development; and (3) Helping parents to acquire the necessary skills that will allow them to support the implementation of their child's IEP or IFSP.
Physical Therapy	Services provided by a qualified physical therapist.
Psychological Services	(1) Administering psychological and educational tests, and other assessment procedures; (2) Interpreting assessment results; (3) Obtaining, integrating, and interpreting information about child behavior and conditions relating to learning; (4) Consulting with other staff members in planning school programs to meet the special needs of children as indicated by psychological tests, interviews, and behavioral evaluations; (5) Planning and managing a program of psychological services, including psychological counseling for children and parents; and (6) Assisting in developing positive behavioral intervention strategies.
Recreation	(1) Assessment of leisure function; (2) Therapeutic recreation services; (3) Recreation programs in schools and community agencies; and (4) Leisure education.
Rehabilitative Counseling Services	Services provided by qualified personnel in individual or group sessions that focus specifically on career development, employment preparation, achieving independence, and integration in the workplace and community.
School Health Services and School Nurse Services	Health services designed to enable a child with a disability to receive FAPE as described by the child's IEP. School nurse services are provided by a qualified school nurse or other qualified person. School health services are services provided by either a qualified school nurse or other qualified person.

TABLE 2 • (Continued)

RELATED SERVICE	IDEA DEFINITION
Social work services in the schools	(1) Preparing a social or developmental history on a child with a disability; (2) Group and individual counseling with the child and family; (3) Working in partnership with parents and others on those problems in a child's living situation (home, school, and community) that affect the child's adjustment in school; (4) Mobilizing school and community resources to enable the child to learn as effectively as possible; and (5) Assisting in developing positive behavioral intervention strategies.
Speech-language pathology services	(1) Identification of children with speech or language impairments; (2) Diagnosis and appraisal of specific speech or language impairments; (3) Referral for medical or other professional attention necessary for the habilitation of speech or language impairments; (4) Provision of speech and language services for the habilitation and prevention of communicative problems; and (5) Counseling and guidance of parents, children, and teachers regarding speech and language impairments.
Transportation	(1) Travel to and from school and between schools. (2) Travel in and around school buildings. (3) Specialized equipment (such as special or adapted buses, lifts, and ramps), if required to provide special transportation for a child with a disability.
Exception—services that apply to children with surgically implanted devices, including cochlear implants	(1) Related services do not include a medical device that is surgically implanted, the optimization of that device's functioning (e.g., mapping), maintenance of that device, or the replacement of that device. (2) Nothing in paragraph (b)(1) of this section—(i) Limits the right of a child with a surgically implanted device (e.g., cochlear implant) to receive related services that are determined by the IEP Team to be necessary for the child to receive FAPE; (ii) Limits the responsibility of a public agency to appropriately monitor and maintain medical devices that are needed to maintain the health and safety of the child, including breathing, nutrition, or operation of other bodily functions, while the child is transported to and from school or is at school; or (iii) Prevents the routine checking of an external component of a surgically implanted device to make sure it is functioning properly.

Source: IDEA Regulations, 34 Code of Federal Regulations (CFR) §300.34; Authority: 20 USC §1401 (26).

that students with disabilities be removed to separate classes or schools only when the nature or severity of their disabilities is such that they cannot receive an appropriate education in a general education classroom with supplementary aids and services. IDEA creates a presumption in favor of inclusion in the general education classroom by requiring that a student's IEP contain a justification and explanation of the extent, if any, to which the student will not participate with nondisabled peers in the general academic curriculum, extracurricular activities, and other nonacademic activities (e.g., lunch, recess, transportation, dances). To ensure that each student with disabilities is educated in the least restrictive environment (LRE) appropriate for her needs, school districts must provide a continuum of alternative placements and service alternatives (e.g., consultation with general education classroom, resource room, special class, special schools).

PROCEDURAL SAFEGUARDS Schools must follow an extensive set of procedures to safeguard and protect the rights and interests of children with disabilities and their parents. Parental consent must be obtained for initial and all subsequent evaluations and placement decisions regarding special education. Schools must maintain the confidentiality of all records pertaining to a child with disabilities and make those records available to the parents. When parents of a child with disabilities disagree with the results of an evaluation performed by the school, they can obtain an independent evaluation at public expense. When the school and parents disagree on the identification, evaluation, placement, or provision of a FAPE and related services for the child, the parents may request a **due process hearing.** States also must offer parents an opportunity to resolve the matter through mediation by a third party before holding a due process

Due process safeguards

Content Standards for Beginning Teachers—Initial Common Core: Issues, assurances, and due process rights related to assessment, eligibility, and placement within a continuum of services (ICC1K6).

hearing. If parents prevail in due process or judicial proceedings under IDEA, the state must reimburse their attorneys' fees. The law also allows the court to award reasonable attorneys' fees to the prevailing school district against the attorney of a parent, or the parent who files a complaint that the court determines to be frivolous, unreasonable, without foundation, or filed for any improper purpose, such as to harass.

Although most conflicts between school districts and parents are resolved without resorting to a due process hearing, hearings occur with increasing frequency (Bateman, 2010). Zirkel and D'Angelo (2002) reviewed all reported hearing decisions in the United States from 1998 to 2000 and found that schools received a favorable decision in 55% of hearings, parents prevailed in 23%, and 22% of the decisions were mixed results.

PARENT PARTICIPATION AND SHARED DECISION MAKING Schools must collaborate with parents and students with disabilities in the planning and implementation of special education and related services. The parents' (and, whenever appropriate, the student's) input and wishes must be considered in determining IEP goals, related-service needs, and placement decisions.

Other Provisions of IDEA

SPECIAL EDUCATION SERVICES FOR PRESCHOOLERS Noting that states were serving at most about 70% of preschool children with disabilities and that early intervention services for infants and toddlers with disabilities from birth through age 2 were scarce or nonexistent in many states, Congress included provisions in the Education of the Handicapped Act Amendments in 1986 (PL 99-457) to expand services for these segments of the population. Beginning with the 1990–1991 school year, PL 99-457 required each state to fully serve all preschool children with disabilities ages 3 to 5—that is, to provide the same services and protections available to school-age children.

EARLY INTERVENTION FOR INFANTS AND TODDLERS PL 99-457 included an incentive grant program to encourage states to provide early intervention services to infants and toddlers with disabilities and their families. The children served are those from birth through age 2 who need early intervention services because they are experiencing developmental delays or have a diagnosed biological condition likely to result in developmental delays. Rather than mandate special services for this age group, IDEA encourages each state to develop and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency program of early intervention services for infants and toddlers with disabilities and their families. The encouragement is in the form of a gradually increasing amount of federal money awarded to states that identify and serve all infants and toddlers with disabilities. Various education and human services agencies within each state work together to provide services such as medical and educational assessment, physical therapy, speech and language intervention, and parent counseling and training. These early intervention services are prescribed and implemented according to an **individualized family services plan (IFSP)** written by a multidisciplinary team that includes the child's parents.

ASSISTIVE TECHNOLOGY IDEA requires IEP teams to consider whether assistive technology is necessary in order for a child to receive a FAPE. The law defines **assistive technology** as "any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of a child with a disability" (20 USC 1401, Sec. 602[1]). Assistive technology includes devices and services such as alternative and augmentative communication devices, low-vision aids, positioning and mobility devices, and adaptive toys and games (Bryant & Bryant, 2012).

SCIENTIFICALLY BASED INSTRUCTION An important addition to IDEA 2004 was the stipulation that the special education and related services prescribed in a child's IEP

be "based on peer-reviewed research to the extent practicable." For example, a large body of peer-reviewed research supports the use of instructional activities that build students' fluency with tool skills such as reading and math computation (Kubina & Hughes, 2005). See *Teaching & Learning*, "It's Good to Go Fast!"

UNIVERSAL DESIGN FOR LEARNING The concept of universal design originated in architecture, with the design and construction of barrier-free physical environments (e.g., installing ramps and curb cuts for wheelchair users). IDEA 2004 defines *universal design* consistent with the Assistive Technology Act as "a concept or philosophy for designing and delivering products and services that are usable by people with the widest possible range of functional capabilities, which include products and services that are directly accessible (without requiring assistive technologies) and products and services that are interoperable with assistive technologies" (Sec. 3[19]).

The basic idea of **universal design for learning (UDL)** is that new curricular materials and learning technologies should be designed from the beginning to be flexible enough to accommodate the learning styles of a wide range of individuals, including children with disabilities. UDL applied to curriculum and instruction encompasses three principles: (a) multiple means of representation to to give diverse learners options for acquiring information and knowlege (e.g., presenting material in different formats such as print, print with audio pictures, accessible web pages); (b) multiple means of action and expression to provide learners options for demonstrating what they know (e.g., students can respond, such as speaking, writing, and using voice-operated switches); and (c) multiple means of engagement to tap into students' interests, offer appropriate challenges, and increase motivation (National Center on Universal Design for Learning, 2011).

Legal Challenges to IDEA

Although IDEA has resulted in dramatic increases in the number of students receiving special education services and greater recognition of the legal rights of children with disabilities and their families, it has also resulted in numerous disputes concerning the education of students with disabilities. Parents and other advocates have brought about thousands of due process hearings and hundreds of court cases. Due process hearings and court cases place parents and schools in confrontation and are expensive and time-consuming (Getty & Summey, 2004; Yell, Katsiyannis, & Bradley, 2009).

It is difficult to generalize how courts have resolved the various legal challenges based on IDEA. Many different judicial interpretations exist for *free appropriate public education* and *least restrictive environment*. The federal statute and regulations use these terms repeatedly; but in the view of many parents, educators, judges, and attorneys, they are not defined with sufficient clarity. Thus, the questions of what is appropriate and least restrictive for a particular child and whether a public school district should be compelled to provide a certain type of instructional program or service must often be decided by judges and courts based on the evidence presented. Some of the key issues that courts have ruled on are the extended school year, FAPE and related services, disciplinary procedures, and the fundamental right to an education for students with the most severe disabilities.

EXTENDED SCHOOL YEAR Most public schools operate for approximately 180 days per year. Parents and advocates have argued that, for some children with disabilities, particularly those with severe and multiple disabilities, a 180-day school year is not sufficient to meet their needs. In *Armstrong v. Kline* (1979), the parents of five students with severe disabilities claimed that their children tended to regress during the usual breaks in the school year and called on the schools to provide a period of instruction longer than 180 days. The court agreed and ordered the schools to extend the school year for these students. As a result of this and other related judicial rulings, the IDEA regulations require school districts to provide extended school years services if an IEP team determines they are necessary for a student to receive a FAPE (34 *CFR* § 300.309).

It's Good to Go Fast!
Fluency-Building Activities Promote Student Achievement

Ask 100 teachers, "Is practice important?" and every one will answer, "Yes" (and more than a few will give you a funny look for asking a question with such an obvious answer). Then ask the same 100 teachers, "What is the purpose of practice?" Their answers to this question will vary considerably, but responses such as the following will be common: practice should help students "internalize the knowledge," "attain a deep or rich understanding," and "gain confidence" with the skill. These are worthy outcomes, but what does the performance of a student who has "internalized" a concept look like, and what types of practice will help students "gain confidence"?

Here's another purpose of practice: practice should help students achieve fluency.

WHAT IS FLUENCY, AND WHY DOES IT MATTER?

Fluency is the combination of accuracy and speed that characterizes competent performance. A person who is fluent performs a skill automatically, without hesitations, as if by second nature. Accuracy, typically in the form of percent correct, is commonly used to assess student performance; fluency gives a more complete picture of learning than accuracy alone. Whereas two students might each complete a page of math problems with 100% accuracy, the one who finishes in 2 minutes is much more accomplished than the one who needs 7 minutes to answer the same problems. Fluency also has important functional implications. Many of the skills we use every day in school, home, community, or the workplace must be performed at a certain rate or speed to be useful. The student who needs 5 minutes to read the directions on a worksheet that his classmates read in 1 minute may not be able to finish the task in the time allotted.

A student who is fluent with a particular skill or knowledge is likely to exhibit the following outcomes (Binder, 1996; Kubina, 2005; Kubina & Morrison, 2000; Lin & Kubina, 2005; Smyth & Keenan, 2002):

- **Better retention.** The ability to use the skill or knowledge at a later point in time, even when no opportunities to emit the behavior have occurred since prior practice.
- **Greater endurance.** The ability to stay at the task for longer periods of time and stay engaged. Fluent performers are also less likely to be distracted by minor events in the environment.
- **Improved application and generalization.** For example, a student who has achieved fluency in

How many directional arrows can you correctly identify in 1 minute? "See-say" time trials are helping Robert attain fluency with this map-reading skill.

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component skills (e.g., multiplication facts and subtraction) may learn composite skills (e.g., long division) more quickly.

THREE FLUENCY-BUILDING TECHNIQUES

The three fluency-building techniques described next—repeated reading, time trials, and SAFMEDS—can be conducted as teacher-directed practice activities one-on-one in small groups or with the whole class. Each technique can also be used as peer-managed or independent practice activities.

Repeated Reading. Oral reading fluency is a key component of reading success (National Reading Panel, 2000a). Students who can read fast can cover more material, and their comprehension is better than slower readers (Daane, Campbell, Grigg, Goodman, & Oranje, 2005). One of the most often-used interventions to improve reading fluency is repeated reading. With **repeated reading**, the student orally reads the same passage, usually three to five times during each session. With each successive reading, the student tries to increase the number of words read correctly per minute. The student first listens to the teacher, who models reading the passage; the student may read the passage silently, before beginning; and the teacher provides feedback and practice on missed words and phrases (Alber-Morgan, 2007). When the student achieves the fluency criterion on a given passage, the teacher introduces a new passage. The difficulty level of successive passages gradually increases over time. The set goal is slightly higher than the current reading rate (Bursuck & Damer, 2011). Numerous studies report that repeated reading is an effective means for improving oral reading fluency for students with and without disabilities in elementary, middle, and high school (Alber-Morgan, Ramp, Anderson, & Martin, 2007; Tam, Heward, & Heng, 2006; Yurick, Robinson, Cartledge, Lo, & Evans, 2006).

Time Trials. Giving students the opportunity to perform a skill as many times as they can in a brief period—**time trials**—can be an excellent way to build fluency. Practice in the form of 1-minute time trials helps students with and without disabilities achieve fluency with a wide range of academic, vocational, and other skills (e.g., Beck, Conrad, & Anderson, 2010; Codding, Burns, & Lukito, 2011; Johnson & Layng, 1994; Miller, Hall, & Heward, 1995; Smith, Marchand-Martella, & Martella, 2011).

SAFMEDS. *Say All Fast a Minute Each Day Shuffled* (**SAFMEDS**) consist of a deck of cards with a question, vocabulary term, or problem on one side of each card and the answer on the other side. A student answers as many items in the deck as he can during 1 minute. The student looks at the question or problem, states the answer, flips the card over to reveal the correct answer, and puts the card on either a "correct" or "incorrect" pile. Eshleman (2000) provides examples and guidelines for using SAFMEDS.

HOW TO GET STARTED

When planning and conducting fluency-building activities, teachers should consider these guidelines:

- **Use fluency building during the practice stage of learning.** During the initial acquisition stage of learning, the student should focus on learning to perform the skill correctly. A student who tries to "go fast" before she can perform the skill correctly more often than incorrectly might end up "practicing errors" instead of building fluency. (Because they reveal the correct answer to each question, SAFMEDS can help build fluency during the acquisition stage of learning.)
- **The time for each fluency-building trial should be brief.** One minute is sufficient for most academic skills. Brief interval sprints of 10 seconds, then 15 seconds, 20 seconds, and so on, can help students gradually build their fluency (Kostewicz & Kubina, 2010).
- **Do fluency-building activities daily.** For example, a series of two or three 1-minute oral reading time trials could be conducted at the end of each day's lesson.
- **Make fluency building fun.** Time trials should not be presented as a test; they are a learning activity that can be approached like a game.
- **Follow fluency-building activities more relaxed activities.**
- **Feedback should emphasize proficiency** (total number correct), not simply accuracy (percentage correct).
- **Encourage each student to set goals and try to beat his or her own best performance.**
- **Have students keep track of their progress** by self-graphing their best performance each day.
- **Consider using a performance feedback chart** to provide both individual students and the class with feedback during a fluency-building program.

MyEducationLab™

To watch students and teachers engaged in fluency-building activities in math, reading, writing, and social studies, go to MyEducationLab, Chapter 1, and click on Fluency Building videos.

FAPE AND RELATED SERVICES The related-services provision of IDEA has been highly controversial, creating much disagreement about what kinds of related services are necessary and reasonable for the schools to provide a FAPE and what services should be the responsibility of the child's parents. The first case based on IDEA to reach the U.S. Supreme Court was *Board of Education of the Hendrick Hudson Central School District v. Rowley* (1982). Amy Rowley was a fourth grader who, because of her hearing loss, needed special education and related services. The school district had originally provided Amy with a hearing aid, speech therapy, a tutor, and a sign language interpreter to accompany her in the general education classroom. The school withdrew the sign language services after the interpreter reported that Amy did not make use of her services: Amy reportedly looked at the teacher to read her lips and asked the teacher to repeat instructions rather than get the information from the interpreter. Amy's parents contended that she was missing up to 50% of the ongoing instruction (her hearing loss was estimated to have left her with 50% residual hearing) and was therefore being denied an appropriate public school education. The school district's position was that Amy, with the help of the other special services she was still receiving, was passing from grade to grade without an interpreter. School personnel thought, in fact, that an interpreter might hinder Amy's interactions with her teacher and peers. It was also noted that this service would cost the school district as much as $25,000 per year. The Supreme Court ruled that Amy, who was making satisfactory progress in school without an interpreter, was receiving an adequate education and that the school district could not be compelled to hire a full-time interpreter.

DISCIPLINING STUDENTS WITH DISABILITIES Some cases have resulted from parents' protesting the suspension or expulsion of children with disabilities. The case of *Stuart v. Nappi* (1978), for example, concerned a high school student who spent much of her time wandering in the halls even though she was assigned to special classes. The school sought to have the student expelled on disciplinary grounds because her conduct was considered detrimental to order in the school. The court agreed with the student's mother that expulsion would deny the student an FAPE as called for in IDEA. In other cases, expulsion or suspension of students with disabilities has been upheld if the school could show that the grounds for expulsion did not relate to the student's disability. In 1988, however, the Supreme Court ruled in *Honig v. Doe* that schools could not recommend expulsion or suspend a student with disabilities for more than 10 days.

The IDEA amendments of 1997 (PL 105-17) contained provisions that enable school districts to discipline students with disabilities in the same manner as students without disabilities, with a few notable exceptions. If the school seeks a change of placement, suspension, or expulsion in excess of 10 days, the IEP team and other qualified personnel must review the relationship between the student's misconduct and her disability. This review is called a **manifestation determination** (Katsiyannis & Maag, 2001). If the team determines that the student's behavior is not related to the disability, the same disciplinary procedures used with other students may be imposed. However, the school must continue to provide educational services in the alternative placement.

IDEA 2004 revised the discipline provisions of the law such that under special circumstances (e.g., student brings to or possesses a weapon at school; possesses, uses, or sells illegal drugs at school; inflicts serious injury upon someone at school or a school function), school personnel have the authority to remove a student with disabilities to an interim alternative educational setting for up to 45 school days, whether or not the misconduct was related to the child's disability.

RIGHT TO EDUCATION The case of *Timothy W. v. Rochester School District* (1989) threatened the zero-reject philosophy of IDEA. In July 1988, Judge Loughlin of the district court in New Hampshire ruled that a 13-year-old boy with severe disabilities and quadriplegia was ineligible for education services because he could not benefit from special education. The judge ruled in favor of the Rochester School Board, which claimed that IDEA was not intended to provide educational services to "all

Manifestation determination

Content Standards for Beginning Teachers—Initial Common Core: Laws, policies, and ethical principles regarding behavior management planning and implementation (ICC1K2).

handicapped students." In his decision, the judge determined that the federal law was not explicit regarding a "rare child" with severe disabilities and declared that special evaluations and examinations should be used to determine "qualifications for education under PL 94-142."

In May 1989, a court of appeals overturned the lower court's decision, ruling that public schools must educate all children with disabilities regardless of how little they might benefit or the nature or severity of their disabilities. The three-judge panel concluded that "schools cannot avoid the provisions of EHA [Education of the Handicapped Amendments] by returning to the practices that were widespread prior to the Act's passage . . . of unilaterally excluding certain handicapped children from a public education on the ground that they are uneducable" (U.S. Court of Appeals, 875 F.2d 954 [1st Cir.]).

Related Legislation

JAVITS GIFTED AND TALENTED STUDENT EDUCATION ACT IDEA does not apply to children who are gifted and talented. The Jacob K. Javits Gifted and Talented Student Education Act (PL 100-297), enacted in 1988, is the only federal program that addresses the needs of the nation's 3 million gifted and talented students. This act provides federal support for demonstration programs at a national research center on the gifted and talented, competitive grants to institutions of higher education and state and local school districts to develop and expand models serving students who are underrepresented in gifted and talented programs, and competitive grants for state agencies and school districts to enhance gifted education curricula and programs. While the purpose of the Javits Act is laudable, it has been "chronically underfunded" (Council for Exceptional Children, 2011). The $7.5 million Congress appropriated for the act in fiscal year 2010 represents less than 2 cents of every $100 of the federal K–12 education budget.

SECTION 504 OF THE REHABILITATION ACT OF 1973 Another important law that extends civil rights to people with disabilities is Section 504 of the Rehabilitation Act of 1973, which states that "no otherwise qualified handicapped individual shall . . . solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance" (Sec. 504, 29 USC § 794[a]). This law, worded almost identically to the Civil Rights Act of 1964 (which prohibited discrimination based on race, color, or national origin), expanded opportunities to children and adults with disabilities in education, employment, and various other settings. It requires provision of "auxiliary aids for students with impaired sensory, manual, or speaking skills"—for example, readers for students who are blind and people to assist students with physical disabilities in moving from place to place. This requirement does not mean that schools, colleges, and employers must have all such aids available at all times; it simply means that no person with disabilities may be excluded from a program because of the lack of an appropriate aid.

Section 504 is not a federal grant program; unlike IDEA, it does not provide any federal money to assist people with disabilities. Rather, it "imposes a duty on every recipient of federal funds not to discriminate against handicapped persons" (T. P. Johnson, 1986, p. 8). "Recipient," of course, includes public school districts, virtually all of which receive federal support. Most colleges and universities have also been affected; many students in private institutions receive federal financial aid. The Office of Civil Rights conducts periodic compliance reviews and acts on complaints when parents, individuals with disabilities, or others contend that a school district is violating Section 504.

Architectural accessibility for students, teachers, and others with physical and sensory impairments is an important feature of Section 504; however, the law does not call for a completely barrier-free environment. Emphasis is on accessibility to programs, not on physical modification of all existing structures. If a chemistry class is required for a pre-med program of study, for example, a college might make this program accessible to a student with physical disabilities by reassigning the class to

an accessible location or providing assistance to the student in traveling to an otherwise inaccessible location. Not all sections of all courses need to be made accessible, but a college should not segregate students with disabilities by assigning them all to a particular section. Like IDEA, Section 504 calls for nondiscriminatory placement in the "most integrated setting appropriate" and has served as the basis for many court cases over alleged discrimination against individuals with disabilities, particularly in their right to employment. For a discussion of what teachers need to know about Section 504, see T. E. C. Smith (2002).

AMERICANS WITH DISABILITIES ACT The Americans with Disabilities Act (ADA) was signed into law in 1990 and amended in 2008. Patterned after Section 504 of the Rehabilitation Act of 1973, ADA extends civil rights protection of people with disabilities to private sector employment, public services and accommodation, transportation, and telecommunications. A persons with a disability is defined in ADA as a person (a) having a physical or mental impairment that substantially limits one or more major life activities (e.g., caring for oneself, walking, communicating, working); (b) having a record of such an impairment (e.g., a person who no longer has heart disease but who is discriminated against because of that history); or (c) who is regarded as having such an impairment (e.g., a person with significant facial disfiguration due to a burn who is not limited in any major life activity but is discriminated against). The major provisions of ADA fall under four areas:

- *Employment.* Employers with 15 or more workers may not discriminate against a qualified individual with a disability in the application and hiring process or in opportunities for advancement. Employers must make reasonable accommodations that will allow a person with a disability to perform essential job functions. The employer must make reasonable accommodations in job requirements or situation if they will not impose "undue hardship" or expense on the employer.
- *Public entities (including public transportation).* ADA regulations detail accommodations requirements for making public transportation accessible to people with disabilities. New vehicles purchased by public transit authorities must be accessible to people with disabilities. All intercity and commuter rail services must be accessible and usable.
- *Public accommodations and commercial facilities.* Businesses open to the public, such as hotels, restaurants, grocery stores, and parks and recreation facilities, must not discriminate against people with disabilities. New buildings must be made accessible, and existing facilities must remove barriers if doing so is "readily achievable." The law recognizes that what might be readily achievable by a large company might not be so for a small, local business.
- *Telecommunications.* Companies offering telecommunications services to the general public must offer telecommunications relay services (TRS) to consumers with disabilities, notably those who are deaf or hard of hearing, 24 hours per day, 7 days per week. In TRS, communication assistants translate between the signed/typed words of a consumer and the spoken words of others.

Masterfile Royalty Free Division

The Americans with Disabilities Act requires employers to make reasonable accommodations to allow a person with disabilities to perform essential job functions.

ELEMENTARY AND SECONDARY EDUCATION ACT (A.K.A. NO CHILD LEFT BEHIND ACT) The Elementary and Secondary Education Act (ESEA) was first enacted in 1965 as part of President Lyndon Johnson's war on poverty. The law's first part, Title I, includes criteria and formulas for determining schools' eligibility for funding for programs serving children from low-income families. Congress appropriates funds for ESEA annually, and the law is to be reauthorized every 5 to 6 years. When Congress reauthorized ESEA in 2001, it renamed it the No Child Left Behind Act (NCLB). The intent of NCLB is to improve the achievement of all students, with a particular emphasis on children from low-income families. The ultimate goal of NCLB was that all children would be proficient in reading and math by 2014 and be taught by qualified teachers highly trained in their subjects. Two major provisions of NCLB stress accountability for student learning and scientifically based programs of instruction.

Accountability for Student Learning. States are expected to make annual progress toward the 100% goal by 2014. NCLB requires annual assessments of at least 95% of all students in each school district in reading/language arts and math in grades 3 through 8 and at least once in grades 10 through 12. States must report disaggregated test results for students by poverty levels, race, ethnicities, disabilities, and limited English proficiency. Each school and children from each category must achieve state-determined pass rates that gradually rise each year toward the 100% goal. Annual school "report cards" provide comparative information on the performance of each school. These report cards are intended to show not only how well students are doing on meeting standards but also the progress that disaggregated groups are making in closing achievement gaps. Districts and schools that repeatedly fail to make **adequate yearly progress (AYP)** toward state proficiency goals for 2 consecutive years are subject to increasingly intrusive corrective actions and ultimately restructuring. Schools whose test results meet or exceed a state's pass rates are eligible for academic achievement awards such as public commendations.

Scientifically Based Instruction. NCLB puts a special emphasis on using educational programs and practices that rigorous scientific research has demonstrated to be effective. The NCLB-funded Reading First program is a prime example of the emphasis on research-based practices. Reading First is designed to help states, school districts, and schools ensure that every child can read at grade level or above by the end of grade 3 through the implementation of instructional programs and materials, assessments, and professional development grounded in scientifically based reading research. Lyon and Riccards (2007) used data from Washington state as an example of "just one of many success stories across the nation" for the Reading First program. They reported that even though the poverty rate in Reading First schools is 84% compared to the statewide average of 36%, reading achievement scores in Reading First schools increased by 22% compared to an 11% increase across the state.

Implications for Students with Disabilities. The provisions of NCLB apply to all students, including those with disabilities. When Congress reauthorized IDEA in 2004, it aligned many provisions of the law with NCLB. Although IDEA already required students with disabilities to participate in state- and districtwide assessments, the inclusion of all students' scores in a school district's report card has resulted in higher expectations for achievement by students receiving special education and increased the accountability of schools to help them attain it. Some students with mild to moderate disabilities are provided with **accommodations** (e.g., additional time, large print) when taking district- and statewide tests (Carter, Prater, & Dyches, 2009). Students with severe disabilities for whom standard academic achievement tests would be inappropriate can take **alternative assessments** (e.g., a video portfolio demonstrating improvements in language or adaptive behavior) if their IEP team recommends them (Thompson, Quenemoen, Thurlow, & Ysseldyke, 2001).

While recognizing that NCLB is a complex, powerful law, Yell (2012) describes it as a "a logical step" in a progression of federal laws intended to improve the academic

achievement of our nation's students. Strongly divided opinions over the merits of NCLB, particularly with respect to how test scores of students with disabilities and those with limited English proficiency are used to determine schools' effectiveness, will likely lead Congress to make significant revisions in the next reauthorization of ESEA. This author hopes that Yell is correct in his prediction that two provisions of the law will remain unchanged: the emphasis on evidence-based instruction and holding schools accountable for student learning. Table 3 summarizes federal legislation regarding the education of exceptional children and rights of individuals with disabilities.

WHAT IS SPECIAL EDUCATION?

Special education is a complex enterprise that can be defined and evaluated from many perspectives. One may, for example, view special education as a legislatively governed enterprise whose practitioners are concerned with issues such as due process procedures for informing parents of their right to participate in decisions about their children's education and the extent to which the school district's IEPs include each component required by IDEA. From a sociopolitical perspective, special education can be seen as an outgrowth of the civil rights movement and society's changing attitudes about people with disabilities. Each of these perspectives has some validity, and each has had and continues to play an important role in defining special education and its practice. Neither view, however, reveals the fundamental purpose of special education as *instructionally based intervention*.

Special Education as Intervention

Special education is, first of all, purposeful intervention designed to prevent, eliminate, and/or overcome the obstacles that might keep a child with disabilities from learning and from full and active participation in school and society. Special education provides three basic types of intervention: preventive, remedial, and compensatory.

PREVENTIVE INTERVENTION Special educators design preventive intervention to keep a potential or minor problem from becoming a disability. Preventive interventions include actions that stop an event from happening and those that reduce the negative outcomes of a disability or condition that has already been identified. Prevention can occur at three levels:

- *Primary prevention* is designed to reduce the number of new cases (**incidence**) of a disability; it consists of efforts to eliminate or counteract risk factors so that a child never acquires a disability. Educators use primary prevention efforts for all people who could be affected by the targeted problem. For example, in a school-wide program to prevent behavior disorders, primary prevention would include building- and classroomwide systems of positive behavior support for all students (Sugai et al., 2010).
- *Secondary prevention* is aimed at individuals who have already been exposed to or are displaying specific risk factors and is intended to eliminate or counteract the effects of those risk factors. Secondary prevention in a schoolwide program to prevent behavior disorders would entail specialized interventions for those students exhibiting early signs of troubled behavior.
- *Tertiary prevention* is aimed at individuals with a disability and intended to prevent the effects of the disability from worsening. For example, intensive interventions would be provided for students identified with emotional or behavioral disorders.

Preventive efforts are most promising when they begin as early as possible—even before birth, in many cases. Later we describe some of the promising methods for preventing and minimizing the effects of disabilities. Unfortunately, widespread primary and secondary prevention programs are rare in this country, and it is likely that it will be decades before a significant reduction in the incidence and prevalence of most disabilities is achieved. In the meantime, we must rely on remedial and

Preventive, remedial, and compensatory interventions

Content Standards for Beginning Teachers—Initial Common Core: Models, theories, and philosophies that form the basis for special education practice (ICC1K1).

TABLE 3 • Federal legislation concerning the education of exceptional children and rights of individuals with disabilities

DATE	LEGISLATION	EDUCATIONAL IMPLICATIONS
1958	National Defense Education Act (PL 85-926)	Provided funds for training professionals to train teachers of children with mental retardation
1961	Special Education Act (PL 87-276)	Provided funds for training professionals to train teachers of deaf children
1963	Mental Retardation Facility and Community Center Construction Act (PL 88-164)	Extended support given in PL 85-926 to training teachers of children with other disabilities
1965	Elementary and Secondary Education Act (PL 89-10)	Provided money to states and local districts for developing programs for economically disadvantaged and disabled children
1966	Amendment to Title I of the Elementary and Secondary Education Act (PL 89-313)	Provided funding for state-supported programs in institutions and other settings for children with disabilities
1966	Amendments to the Elementary and Secondary Education Act (PL 89-750)	Created the federal Bureau of Education for the Handicapped (today's Office of Special Education)
1968	Handicapped Children's Early Assistance Act (PL 90-538)	Established the "first chance network" of experimental programs for preschool children with disabilities
1969	Elementary, Secondary, and Other Educational Amendments (PL 91-230)	Defined learning disabilities and provided funds for state-level programs for children with learning disabilities
1970	Education Amendments of 1970 (PL 92-318)	Mandated a study of the gifted that resulted in the *Marland Report* (1972), which many states used as a basis for building programs for gifted and talented students
1973	Section 504 of the Rehabilitation Act (PL 93-112)	Declared that a person cannot be excluded on the basis of disability alone from any program or activity receiving federal funds
1974	Education Amendments (PL 93-380)	Extended previous legislation; provided money to state and local districts for programs for gifted and talented students for the first time; protected the rights of children with disabilities and their parents in placement decisions
1975	Developmental Disabilities Assistance and Bill of Rights Act (PL 94-103)	Affirmed the rights of citizens with mental retardation (MR) and cited areas in which services must be provided for people with MR and other developmental disabilities
1975	Education for All Handicapped Children Act (EAHCA) (PL 94-142)	Mandated free appropriate public education for all children with disabilities ages 6 to 21; protected the rights of children with disabilities and their parents in educational decision making; required the development of an IEP for each child with a disability; stated that students with disabilities must receive educational services in the least restrictive environment
1978	Gifted and Talented Children's Education Act of 1978 (PL 95-561)	Provided funds for in-service training programs, research, and other projects aimed at meeting the needs of gifted and talented students
1983	Amendments to the Education of the Handicapped Act (PL 98-199)	Required states to collect data on the number of youth with disabilities exiting their systems and to address the needs of secondary students making the transition to adulthood; gave incentives to states to provide services to infants and preschool children with disabilities
1984	Developmental Disabilities Assistance and Bill of Rights Acts (PL 98-527)	Mandated the development of employment-related training activities for adults with disabilities

(Continues)

TABLE 3 • (Continued)

DATE	LEGISLATION	EDUCATIONAL IMPLICATIONS
1986	Handicapped Children's Protection Act (PL 99-372)	Provided authority for the reimbursement of attorney's fees to parents who prevail in a hearing or court case to secure an appropriate education for their child
1986	Education for the Handicapped Act Amendments of 1986 (PL 99-457)	Required states to provide free appropriate education to all 3- to 5-year-olds with disabilities who were eligible to apply for federal preschool funding; included incentive grants to encourage states to develop comprehensive interdisciplinary services for infants and toddlers (birth through age 2) and their families
1986	Rehabilitation Act Amendments (PL 99-506)	Set forth regulations for the development of supported employment programs for adults with disabilities
1988	Jacob K. Javits Gifted and Talented Students Education Act (PL 100-297)	Provided federal funds in support of research, teacher training, and program development for the education of gifted and talented students
1988	Technology-Related Assistance for Individuals with Disabilities Act of 1988 (PL 100-407)	Created statewide programs of technology assistance for people of all ages with disabilities
1990	Americans with Disabilities Act (PL 101-336)	Provided civil rights protection against discrimination to citizens with disabilities in private sector employment; provided access to all public services, public accommodations, transportation, and telecommunications
1990	Individuals with Disabilities Education Act (IDEA) Amendments of 1990 (PL 101-476)	Renamed the EAHCA; added autism and traumatic brain injury as new categories of disability; required all IEPs to include a statement of needed transition services no later than age 16; expanded the definition of related services to include rehabilitation counseling and social work services
1994	Goals 2000: Educate America Act (PL 103-227)	Provided federal funds for the development and implementation of educational reforms to help achieve eight national education goals by the year 2000
1997	Individuals with Disabilities Education Act (IDEA) of 1997 (PL 105-17)	Added several major provisions including: a regular education teacher must be a member of the IEP team; students with disabilities must have access to the general education curriculum; the IEP must address positive behavior support plans where appropriate; students with disabilities must be included in state- or districtwide testing programs; if a school seeks to discipline a student with disabilities resulting in change of placement, suspension, or expulsion for more than 10 days, a "manifestation determination" by the IEP team must find that the student's misconduct was not related to the disability
2001	No Child Left Behind Act of 2001 (Reauthorization of the Elementary and Secondary Education Act (PL 107-110)	NCLB's ultimate goal is that all children will be proficient in all subject matter by the year 2014. School districts are expected to make adequate yearly progress (AYP) toward the 100% goal, ensure that all children are taught by "highly qualified" teachers, and use curriculum and instructional methods validated by rigorous scientific research. Schools that do not make AYP are initially targeted for assistance and then subject to corrective action and ultimately restructuring
2004	Individuals with Disabilities Education Improvement Act of 2004 (PL 108-446)	Retained major components and principles of IDEA; key changes include benchmarks and short-term objectives required only in IEPs for students who take alternative assessments related to alternative achievement standards; pilot program for multiyear IEPs; "response-to-instruction" may be used to identify learning disabilities; "highly qualified" special education teacher defined; under special circumstances (e.g., brings a weapon to school) a student with disabilities may be removed from school to an interim setting for up to 45 school days whether or not the misconduct was related to the child's disability

compensatory efforts to help individuals with disabilities achieve fuller and more independent lives.

REMEDIAL INTERVENTION Remediation attempts to eliminate specific effects of a disability. The word *remediation* is primarily an educational term; social service agencies more often use the word *rehabilitation*. Both terms have a common purpose: to teach the person with disabilities skills for independent and successful functioning. In school, those skills may be academic (reading, writing, computing), social (initiating and maintaining a conversation), self-care (eating, dressing, using the toilet without assistance), or vocational (career and job skills to prepare secondary students for the world of work). The underlying assumption of remedial intervention is that a person with disabilities needs special instruction to succeed in typical settings.

COMPENSATORY INTERVENTION Compensatory intervention involves teaching a substitute (i.e., compensatory) skill that enables a person to engage in an activity or perform a task in spite of a disability. For example, although remedial instruction might help a child with cerebral palsy learn to use her hands in the same way that others do for some tasks, a headstick and a template placed over a computer keyboard may compensate for her limited fine-motor control and enable her to type instead of write lessons by hand. Compensatory interventions give the person with a disability an asset that nondisabled individuals do not need, including, for example, assistive devices or special training such as orientation and mobility instruction for a child who is blind.

Special Education as Instruction

Ultimately, *teaching* is what special education is most about. But the same can be said of all of education. What, then, is *special* about special education? One way to answer that question is to examine special education in terms of the who, what, how, and where of its teaching.

WHO We have already identified the most important *who* in special education: exceptional children whose educational needs necessitate an individually planned program of instruction. Teachers provide the instruction that is the heart of each child's individualized education program. These teachers include both general education classroom teachers and special education teachers—teachers "with a special certification who [are] specially trained to do special things with special students" (Zigmond, 2007, p. 151). Working with special educators and general education teachers are many other professionals (e.g., school psychologists, speech-language pathologists, physical therapists, counselors) and paraprofessionals (e.g., classroom aides) who help provide the educational and related services that exceptional children need. This interdisciplinary team of professionals, working together with parents and families, bears the primary responsibility for helping exceptional children learn despite their special needs.

WHAT Special education can sometimes be differentiated from general education by its curriculum—that is, by *what* is taught. Although every student with disabilities needs access to and support in learning as much of the general education curriculum as appropriate, the IEP goals and objectives for some special education students will not be found in state standards or the school district's curriculum guide. Some children need intensive, systematic instruction to learn skills that typically developing children acquire without instruction. Educators often use the term **functional curriculum** to describe the knowledge and skills that some students with disabilities need in order to achieve as much success and independence as they can in school, home, community, and work settings. Skills such as dressing, toileting, making a purchase, preparing a snack are a critically important component of the special education received by many students with severe disabilities. Also, as discussed previously, some children are

taught certain skills, such as reading braille or using a voice-output device, to compensate for or reduce the effects of a disability.

HOW Special education also differs from general education by its use of specialized, or adapted, materials and methods. This difference is obvious when you observe a special educator use sign language with students who are deaf. When watching a special educator gradually and systematically withdraw verbal and physical prompts while helping a student learn to perform the steps of a task, you may find the differentiated nature of special education instruction less obvious, but it is no less specialized.

Other features that often distinguish special education teaching from instruction in general education are its precision, focus, intensity, and frequency of student progress measures. For example, Mellard, McKnight, and Jordan (2011) identified 10 different dimensions by which the intensity of instruction can be varied, including dosage (number of minutes, frequency, and duration of instruction), group size, number of response opportunities, and immediacy of feedback.

WHERE Special education can sometimes be identified (but not defined) by where it takes place. Although the majority of children with disabilities spend most of the school day in general education classrooms, others are in separate classrooms or separate residential and day schools. And many of the students in general education classrooms spend a portion of each day in a resource room, where they receive individualized instruction. Table 4 lists the definitions of six educational placements used by the U.S. Department of Education.

Special educators also teach in many settings not usually thought of as school. An early childhood special educator may spend much of his time teaching parents how to work with their infant or toddler at home. Special education teachers of students with severe disabilities often conduct community-based instruction, helping their students learn and practice functional daily living and job skills in the actual environments where those skills must be used.

Approximately four out of five school-age children with disabilities received at least part of their education in general education classrooms during the 2009–2010

TABLE 4 • Federal government's definitions of educational environments for students with disabilities

EDUCATIONAL SETTING	DEFINITION
Regular Classroom*	Student spends at least 80% of the school day inside regular class.
Resource Room (Pull-Out)	Student spends at least between 40% and 79% of the school day inside regular class.
Separate Classroom	Student spends less than 40% of the school day inside regular class.
Separate School	Student receives special education and related services in a public or private separate day school for students with disabilities, at public expense, for more than 50% of the school day.
Residential Facility	Student receives special education and related services in a public or privately operated residential facility in which children receive care or services 24 hours a day.
Homebound/Hospital	Student receives special education and related services in a hospital or homebound program.

Source: Adapted from U.S. Department of Education. (2011). *Twenty-second annual report to Congress on the implementation of the Individuals with Disabilities Education Act* (p. II-14). Washington, DC: Author.

*Most educators use the term *general education classroom* instead of *regular classroom*. Note that the federal government's definition of "regular classroom" placement enables a student to leave the classroom for supplemental instruction and related services for up to one full day per week.

PERCENTAGE OF SCHOOL-AGE STUDENTS WITH DISABILITIES SERVED IN DIFFERENT EDUCATIONAL ENVIRONMENTS
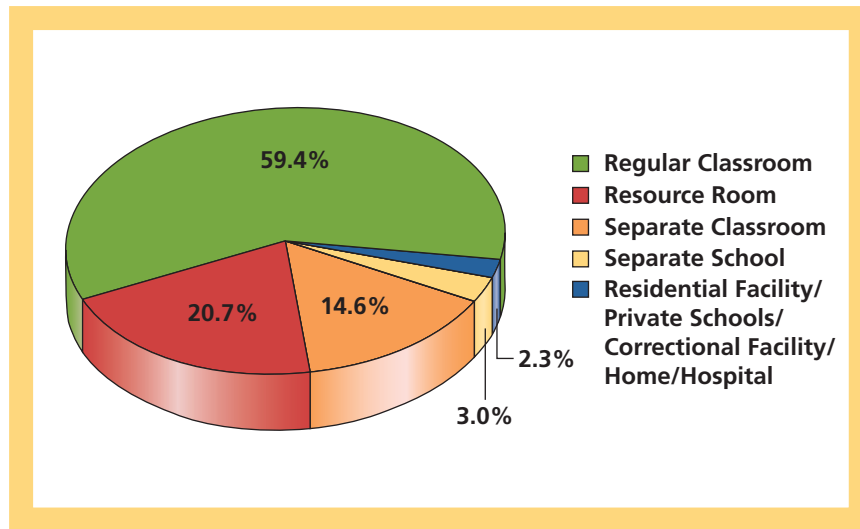
Regular Classroom — 59.4%
Resource Room — 20.7%
Separate Classroom — 14.6%
Separate School — 3.0%
Residential Facility/Private Schools/Correctional Facility/Home/Hospital — 2.3%

Source: From U.S. Department of Education. (2011). *Individuals with Disabilities Education Act (IDEA) data* (Table 2-2). Washington, DC: Author.

school year (see Figure 1). This includes 59% who were served in a general education classroom and 21% who were served for part of each school day in a resource room, a special setting in which a special educator provides individualized instruction. About one in seven children with disabilities are educated in separate classrooms within a regular public school. About 3% of school-age students with disabilities—usually those with severe disabilities—are educated in special schools. Residential schools serve less than 1% of all children with disabilities, as do nonschool environments such as homebound or hospital programs.

A Definition of Special Education

At one level, special education is an important part of society's response to the needs of exceptional children and the rights of individuals with disabilities—a response brought about by parent advocacy, litigation, legislation, and, increasingly, self-advocacy by people with disabilities. At another level, special education is a profession with its own history, cultural practices, tools, and research base focused on the learning needs of exceptional children and adults. But at the level where exceptional children most meaningfully and frequently contact it, *special education is individually planned, specialized, intensive, goal-directed instruction*. When practiced most effectively and ethically, special education is also characterized by the use of evidence-based teaching methods, the application of which is guided by direct and frequent measures of student performance. Table 5 shows the fundamental dimensions and defining features of special education.

Special education is not general education, and efforts to "blur" the identity of special education are not in the best interest of children with disabilities who need specially designed instruction (Fuchs, Fuchs, & Stecker, 2010; Zigmond, Kloo, & Volonino, 2009). See *Current Issues and Future Trends*, "General Education and Special Education Are (and Should Be) Different."

Defining features of special education

Council for Exceptional Children — Content Standards for Beginning Teachers—Initial Common Core: Models, theories, and philosophies that form the basis for special education practice (ICC1K1).

TABLE 5 • Dimensions and defining features of special education instruction

DIMENSION	DEFINING FEATURES
Individually Planned	• Learning goals and objectives selected for each student based on assessment results and input from parents and student • Teaching methods and instructional materials selected and/or adapted for each student • Setting(s) where instruction will occur determined relative to opportunities for student to learn and use targeted skills
Specialized	• Sometimes involves unique or adapted teaching procedures seldom used in general education (e.g., constant time delay, token reinforcement, self-monitoring) • Incorporates a variety of instructional materials and supports—both natural and contrived—to help student acquire and use targeted learning objectives • Related services (e.g., audiology, physical therapy) provided as needed • Assistive technology (e.g., adapted cup holder, head-operated switch to select communication symbols) provided as needed
Intensive	• Instruction presented with attention to detail, precision, structure, clarity, and repeated practice • "Relentless, urgent" instruction (Zigmond & Baker, 1995) • Efforts made to provide incidental, naturalistic opportunities for student to use targeted knowledge and skills
Goal-Directed	• Purposeful instruction intended to help student achieve the greatest possible personal self-sufficiency and success in present and future environments • Value/goodness of instruction determined by student's attainment of learning outcomes
Research-Based Methods	• Recognition that not all teaching approaches are equally effective • Instructional programs and teaching procedures selected on basis of research support
Guided by Student Performance	• Systematic, ongoing monitoring of student progress • Results of frequent and direct measures of student learning used to inform modifications in instruction

Special education is individually planned, specially designed, intensive instruction.

Katelyn Metzger/Merrill

CURRENT AND FUTURE CHALLENGES

Special educators have legitimate reason to feel good about progress their field has made. Much has been accomplished in terms of making a free appropriate education available to children with disabilities. Educators have learned much about how to effectively teach children with severe disabilities, whom many previously had assumed were incapable of learning. Special educators and families are learning to work as partners on behalf of exceptional children. Technological advances have helped many students overcome physical impairments and communication disabilities.

Of the many challenges faced by the field of special education, none is more critical than getting effective teaching practices more widely implemented.

Close the Research-to-Practice Gap

Special education can be nothing more, or less, than the quality of instruction (Heward & Dardig, 2001). Contrary to the contentions of some observers, special education research has produced a significant and reliable knowledge base about effective teaching practices (e.g., Cook, Tankersley, & Landrum, 2009; Coyne, Kame'enui, & Carnine, 2011). No knowledgeable person will argue that research has discovered everything important to know about teaching exceptional students. Far from it: a great many questions remain to be answered, the pursuit of which will no doubt lead to other questions yet to be asked.

While a significant gap remains between what is relatively well understood and what is poorly understood or not understood at all, the more distressing gap may be between research findings about teaching and learning and practices in many classrooms (Heward, 2005). Researchers have discovered and continue to refine reliable, scientifically based knowledge about effective teaching practices for students with disabilities. For example, we know what features of early reading instruction will reduce the number of children who later develop reading problems (Simmons, Kame'enui, Coyne, Chard, & Hairrell, 2011); how to use a teaching tactic called **time delay** to help students with severe intellectual disabilities learn new skills (Browder, Ahlgrim-Delzell, Spooner, Mims, & Baker, 2009); and the components of secondary special education programs that increase the success of youth with disabilities in transitioning from school to adult life (Sitlington, Neubert, & Clark, 2010). Sadly, the instruction received by many students with disabilities not only fails to take advantage of that knowledge (e.g., McLesky & Waldron, 2011; Zigmond, 2007) but often embraces approaches and methods scientific studies have shown to be ineffective (see Botts, Hershfeldt, & Christensen-Sandort, 2008; Cox, Gast, Luscre, & Ayers, 2009; Heward, 2003).

It is critically important for special education to close the gap between the field's knowledge of evidence-based practices and the curriculum and instruction that students receive (Carnine, 1997; Cook et al., 2009; Deshler, 2005; Heward & Silvestri, 2005; Odom et al., 2005). Instructional practices supported by scientific research are described throughout this text and featured in the *Teaching & Learning* boxes.

Getting available knowledge to work in the classroom is by no means the only problem and challenge facing special education today. The field faces numerous other challenges. For example:

- Improve the quality of pre- and in-service training programs to ensure that all special educators meet professional standards (CEC, 2009).
- Increase the availability and quality of special education programs for gifted and talented students.
- Help secondary students with disabilities transition to adult life. When special education is judged by its ultimate product—the youth who leave secondary school programs—it becomes clear how much further the field must progress. Too many young adults with disabilities are unsuccessful and unhappy in their postschool adjustment. Special education must improve the transition of youth with disabilities from school to life in their communities.

CURRENT ISSUES AND FUTURE TRENDS

▶ General Education and Special Education Are (and Should Be) Different

BY NAOMI ZIGMOND

THE LAST TWO DECADES have witnessed increasing calls for combining general and special education into a single system of education (e.g., Arnold & Dodge, 1994; National Association of State Boards of Education, 1992; National Education Association, 1992). Many advocates for a single system assume that, if we are not there already, there should soon come a time when there will no longer be a need for certain students to be singled out for a special education. I believe they are wrong and offer 10 major differences between general and special education that are historic and worth preserving:

1. *The reach of general and special education are distinctly different.* General education is an entitlement for all students; it is the universal, basic, compulsory, and free education developed in the United State to offer opportunity to all, regardless of race, class, or social standing. Special education, on the other hand, is reserved for students with disabilities who need a unique, different, and special education.

2. *The governance of general and special education is distinctly different.* In the U.S. Constitution, individual states, not the federal government, have primary authority over public education. Every state has a department of education and laws that regulate school finance, hiring of school personnel, student attendance, and curriculum. In contrast, federal laws (IDEA, primarily) require each state to ensure that all of its students with disabilities receive nondiscriminatory testing, evaluation and placement, the right to due process, education in the least restrictive environment, and a free and appropriate public education (FAPE). Federal laws also require strict monitoring of every state's compliance with these requirements. No such federal oversight exists for general education.

3. *Decisions about what children need to learn are made very differently in general and special education.* Local school boards or the state legislature dictates the curriculum for general education and sets curriculum standards for schools and school graduates of general education; their concern is with knowledge and skills that everyone should possess. By contrast, special education pays attention to the unique needs of the individual student and confirms, in an individualized education program plan (IEP), the school's commitment to meeting those unique needs.

4. *The focus of general and special education is different.* General education is oriented to the group. Students are placed in classes and grades and, while there continue to be lively debates about optimal class size, these debates do not question the basic premise that general education is delivered to groups. In contrast, special education is directed to the individual. The right to a special education is based on individualized decision making and involves individualized educational programming.

5. *General and special education respond differently to differences in students' background knowledge, readiness to learn, language proficiency, and interests.* General education teachers begin with a group goal in mind and then utilize "differentiated instruction" to accommodate the diversity among students. General education teachers provide multiple options for taking in information and making sense of ideas so that everyone in the class can access the same lesson. Special educators begin by planning for the unique needs of the individual. Special education is not just about access and accommodations; it is about delivering specially designed instruction that is explicit, intensive, and supportive and meets each individual student's specific learning needs.

6. *In general education, we know what to expect in yearly academic growth.* Yearly learning outcomes for general education students have been established through large-scale testing programs and other normative data. We use these expectations to gauge the quality and success of

schools, teachers, and students. However, expectations for achievement for students with disabilities are not nearly as clear-cut. Students with disabilities become eligible for special education services because they score poorly on academic achievement tests; if their disability did not adversely affect school achievement, these students would not qualify for special education. Some special education reformers suggest that we should have the same high standards and expectations for academic growth for all students, including students with disabilities in need of a special education; others believe that is an unrealistic expectation. No definitive studies have established expected academic growth rates for students in special education, thus, standard methods of measuring program effectiveness for these students are inappropriate.

7. *General education and special education teachers are differently prepared and differently skilled.* General education teachers are well prepared to teach standard curriculum content to large groups of diverse students. Teacher training programs in general education prepare teachers to teach specific content subject matter. In contrast, pedagogy—instructional skills—is the focus of special education teacher preparation, not subject matter. Special education teachers need a very specialized set of skills because the structure, intensity, precision, and relentlessness with which these teachers must plan, deliver, monitor, and adapt instruction is well beyond that which would be possible in a regular classroom.

8. *Highly qualified general education teachers are generalists.* That is as it should be. But a highly qualified generalist does not have the same expertise as a specialist, and special education teachers are (and should be) specialists. Special educators must possess in-depth understanding of the specialized methodologies and instructional techniques needed to support the learning of students with exceptional learning difficulties and differences. They must have the know-how to make their teaching intensive, urgent, and goal directed.

9. *General education is strongly influenced by a culture of ideology, faddishness, and opinion, but not research.* In contrast, special education practice has a long history of being research based. General education has only recently embraced the need to ground teaching and learning in scientific research findings; "evidence-based practice" is little more than a recent buzzword to many in general education.

10. *General education is a place.* It is the "normal" educational setting. It is where everyone goes to school. Special education is not a place; it is a service. The service can be delivered in any number of places from mainstream classroom to residential school. And no matter the place, students with disabilities in need of a special education should be receiving instruction that is specialized, individualized, and intensive.

From the start, general and special education evolved from different premises (public education of the masses vs. education of individuals with special needs), and with different emphases in teacher preparation (learning to teach subject matter vs. learning to teach individual students). Some have argued that special education be merged with general education, with no separate mission, budget, or personnel (McLaughlin, 1995). Some believe that special education is so not-special that it can be delivered by a generalist, busy teaching 25 to 30 other students a standardized curriculum determined at the school district, or state, or federal level.

We cannot let this happen. Advocates for students with disabilities did not press for just equal educational opportunity; they fought to have some students with disabilities treated differently, receiving more opportunity, more intensive instruction, more individually tailored curriculum, more carefully designed instruction. That's what special education is. It's time to renew our commitment to students with disabilities and ensure the programs and resources necessary to fulfill that commitment.

WHAT DO YOU THINK?

1. If you are preparing to be a general (or special) education teacher, do you think maintaining the differences between general and special education as outlined here would be good for your future profession?
2. Which of the 10 differences between general and special education do you think are most and least important? Why?
3. As a student with disabilities, or a parent/family member of a student with disabilities, how do these 10 differences affect you?

About the Author

Naomi Zigmond, Distinguished Professor of Special Education at the University of Pittsburgh, has been a special education researcher and teacher educator for more than 40 years. Her focus has been on the organization of special education service delivery for students with disabilities in elementary and secondary schools and the impact of program organization on student achievement.

- Apply advances in technologies that reduce or eliminate the disabling effects of physical and sensory impairments.
- Increase access to assistive technology that enhances the educational performance and personal independence of individuals with disabilities.
- Increase funding for special education. Teaching children with disabilities is very expensive. Laws and regulations calling for special education and related services have limited value if the schools lack the financial resources to provide them. When Congress passed IDEA in 1975, it promised to provide federal funds for 40% of the "excess costs" of educating children with disabilities. Congress has never appropriated more than about 18% of the national average (Sack-Min, 2007).
- Improve the behavior and attitudes of people without disabilities toward those with disabilities.
- Open more opportunities for individuals with disabilities to participate in the full range of residential, employment, and recreational options available to people without disabilities.

Only time will tell how successful special education will be in meeting these challenges. And, of course, special education does not face these challenges alone. General education, adult service agencies (e.g., vocational rehabilitation and social work), the science and practice of medicine, government agencies, and society as a whole must all help find solutions.

▼ TIPS FOR BEGINNING TEACHERS

Hit the Ground Running

BY MEGAN MENCINSKY

BE YOUR OWN PROFESSIONAL DEVELOPMENT COACH

Your education doesn't end when you step into your own classroom. It is only just beginning.

- **Attend as many professional development opportunities as possible, and always walk away with at least one usable idea.** Don't limit your opportunities; if you teach students with learning disabilities, don't turn down a chance to go to a seminar on students with autism or vice versa. You may find an idea that you can modify to use in your current situation.
- **Join professional organizations.** Membership in the Council for Exceptional Children at both the national and state chapter levels, as well as other organizations for special education professionals, affords numerous opportunities to continue learning about your field though conferences, journals, newsletters, and members-only websites.
- **Observe master teachers at work.** Visit other classrooms, particularly those at current grade levels of your students and where they will most likely be the next school year. Watching skilled teachers and what their students are working on will give you many good ideas.
- **Keep an idea notebook.** Whenever you read, see, hear, or think of something that might be useful later on, jot it down. At least once a month, review the ideas in your notebook.

BUILD A PERSONAL SUPPORT NETWORK

No one has all the answers. It is essential to have people you can turn to when you need support.

- **Be involved in the life of your school.** Make yourself known in the school. Tutor general education students, volunteer for committees, and attend school functions. The professional relationships you develop with colleagues will be invaluable.
- **Maintain contact with your classmates and professors from your teacher preparation program.** It is great to have a network of colleagues outside school you can go to for ideas and suggestions.
- **Introduce yourself to the custodians, secretaries, and other support personnel.** You never know when you may need shelves hung, an extra desk for a new student, or the thermostat set to a more desirable temperature. Make sure to be friendly, and remember all the support personnel in your building!

STRIVE FOR BALANCE

Juggling demanding professional responsibilities with a personal life can be especially difficult for beginning teachers. Find ways to make your work environment a positive place where you and your students feel welcomed.

- **Incorporate your personality into your classroom.** Make your room a place where your students and you like to be.

If you like music, play songs by an artist of the week when students are working independently. If quotations inspire you, post some outside your door and on the walls.

- **Work hard, work efficiently, and then leave the building.** My first year teaching I found myself staying later and later each day after school trying to get everything done. Working hard wasn't a problem, but I had to learn to work more efficiently, realize that everything will never be done, and walk away at a certain time. You need to be replenish yourself; you can't give all of yourself if you are exhausted.
- **Reserve and guard time for non-school activities.** Spend time with your friends; go to a movie; keep up your favorite hobbies. You don't have a hobby? Get one!

BE PREPARED, BE PREPARED, BE PREPARED!

Any and all types of unannounced situations occur. You will have peace of mind (and gain respect from others) if you are calm, flexible, and prepared as situations arise.

- **Keep a collection of backup lessons in a binder**—In case you go through plan A, plan B, all the way down to plan Z. Have a lesson that is interactive and handy for days when there is a surprise meeting and you have a sub, students are restless, or the superintendent drops by for a surprise visit.
- **Keep a freshen-up kit in your desk.** Toothpaste/mouthwash, cologne/perfume, and deodorant will come in handy. This kit is particularly beneficial on nights where you are required to stay late at school for parent–teacher conferences, choir concerts, and the like.
- **Develop a personal system of organization.** It is daunting at first, but make sure you label and sort things so that they are easily stored and easily accessible. Sort lessons by subject, or create a different binder for each day of the week, with lessons and materials included. Label bins or binders by subject, and then label subtopics; create a cache of materials you can easily get to.

▼ KEY TERMS AND CONCEPTS

accommodations
adequate yearly progress (AYP)
alternative assessments
assistive technology
at risk
disability
due process hearing
exceptional children
free appropriate public education
functional curriculum

handicap
impairment
incidence
individualized education program (IEP)
individualized family services plan (IFSP)
manifestation determination
repeated reading
SAFMEDS
time trials
universal design for learning (UDL)

▼ SUMMARY

Who Are Exceptional Children?

- Exceptional children are those whose physical attributes and/or learning abilities differ from the norm, either above or below, to such an extent that an individualized program of special education is necessary.
- *Impairment* refers to the reduced function or loss of a particular body part or organ.
- A *disability* exists when an impairment limits a person's ability to perform certain tasks in the same way that most people do.
- *Handicap* refers to the problems a person with a disability encounters when interacting with the environment.
- A child who is *at risk* is not currently identified as having a disability but is considered to have a greater than usual chance of developing one if intervention is not provided.

How Many Exceptional Children Are There?

- About 6 million children with disabilities, birth through age 21, received special education services in 2009–2010.
- Children in special education represent approximately 12% of the school-age population.
- Children receiving special education under the two largest disability categories, learning disabilities and speech or language impairments, make up 60% of all school-age special education students.

Why Do We Label and Classify Exceptional Children?

- Some educators believe that disability labels have negative effects on the child and on others' perceptions of her and can lead to exclusion; others believe that labeling is a necessary first step to providing needed intervention and is important for comparing and communicating about research findings.

- Alternative approaches to classifying exceptional children that do not rely on disability labels have been proposed (e.g., classifying students by the curriculum and skill areas they are learning).

Why Are Laws Governing the Education of Exceptional Children Necessary?

- Before the 1970s, many states had laws permitting public schools to deny enrollment to children with disabilities. When local public schools began to accept a measure of responsibility for educating certain exceptional students, a philosophy of segregation prevailed.
- Special education was strongly influenced by the case of *Brown v. Board of Education* in 1954, in which the U.S. Supreme Court declared that education must be made available to all children on equal terms.
- In the class action lawsuit *PARC* (1972), the court ruled that all children with intellectual disabilities were entitled to a free appropriate public education and that placements in regular classrooms and regular public schools were preferable to segregated settings.
- All children with disabilities have the right to equal protection under the law, which has been interpreted to mean the right to a free appropriate public education in the least restrictive environment.
- All children with disabilities and their parents have the right to due process under the law, which includes the rights to be notified of any decision affecting the child's educational placement, to have a hearing and present a defense, to see a written decision, and to appeal any decision.

Individuals with Disabilities Education Act

- IDEA, first enacted by Congress in 1975 and amended and reauthorized most recently in 2004, encompasses six major principles:
  - **Zero reject**. Schools must educate all children with disabilities. This principle applies regardless of the nature or severity of the disability.
  - **Nondiscriminatory identification and evaluation.** Schools must use nonbiased, multifactored methods of evaluation to determine whether a child has a disability and, if so, whether special education is needed.
  - **Free appropriate public education.** All children with disabilities shall receive a free appropriate public education at public expense. An IEP must be developed and implemented for each student with a disability that addresses the student's unique needs by providing specially designed instruction and related services based on peer-reviewed research to the extent practicable.
  - **Least restrictive environment.** Students with disabilities must be educated with children without disabilities to the maximum extent appropriate, and they should be removed to separate classes or schools only when the nature or severity of their disabilities is such that they cannot receive an appropriate education in a general education classroom.
  - **Procedural safeguards.** Schools must follow certain procedures to safeguard and protect the rights and interests of children with disabilities and their parents.
  - **Parent participation and shared decision making.** Schools must collaborate with parents and with students with disabilities in the design and implementation of special education services.
- IDEA requires states to provide special education services to all preschoolers with disabilities ages 3 to 5. This law also makes federal money available to states that develop early intervention programs for disabled and at-risk infants and toddlers from birth through age 2. Early intervention services must be coordinated by an IFSP.
- IDEA requires that schools provide related services and assistive technology that a child with a disability needs to access and benefit from special education.
- IDEA encourages the use of universal design for learning (UDL) to ensure that new curricular materials and learning technologies accommodate the learning needs of the widest possible range of individuals, including children with disabilities.
- Court cases have challenged the way in which particular school districts implement specific provisions of IDEA. Rulings from the various cases have established the principle that each student with disabilities is entitled to a personalized program of instruction and related services that will enable him to benefit from an education in as integrated a setting as possible.
- The Javits Gifted and Talented Children's Education Act provides financial incentives to states for developing programs for gifted and talented students.
- Section 504 of the Rehabilitation Act forbids discrimination in all federally funded programs, including educational and vocational programs, on the basis of disability.
- The Americans with Disabilities Act extends the civil rights protections for people with disabilities to private sector employment, all public services, public accommodations, transportation, and telecommunications.
- NCLB requires that all children must be taught by "highly qualified" teachers, emphasizes use of evidence-based teaching methods, and requires schools to make annual progress toward the ultimate goal of all children being proficient in all subject matter by 2014.

What Is Special Education?

- Special education consists of purposeful intervention efforts at three levels: preventive, remedial, and compensatory.
- Special education is individually planned, specialized, intensive, goal-directed instruction. When practiced most effectively and ethically, special education uses research-based teaching methods and is guided by direct and frequent measures of student performance.

Current and Future Challenges

- The field of special education faces many challenges, but none is more important than reducing the gap between what scientific research tells us about effective teaching practices and what exceptional children experience in the classroom.

MyEducationLab™

Go to Topic 1, Special Education Law, in the MyEducationLab (www.myeducationlab.com) for *Exceptional Children*, where you can

- Find learning outcomes for special education law along with the national standards that connect to these outcomes.
- Complete Assignments and Activities that can help you more deeply understand the chapter content.
- Apply and practice your understanding of the core teaching skills identified in the chapter with the Building Teaching Skills and Dispositions learning units.
- Examine challenging situations and cases presented in the IRIS Center Resources.
- Access video clips of CCSSO National Teachers of the Year award winners responding to the question "Why do I teach?" in the Teacher Talk section.
- Check your comprehension of the content covered in the chapter with the Study Plan. Here you will be able to take a chapter quiz, receive feedback on your answers, and then access Review, Practice, and Enrichment activities to enhance your understanding of chapter content.
- Use the Online Lesson Plan Builder to practice lesson planning and integrating national and state standards into your planning.

▼ GLOSSARY

accommodation: The adjustment of the eye for seeing at different distances; accomplished by muscles that change the shape of the lens to bring an image into clear focus on the retina.

adequate yearly progress (AYP): The measure by which schools, districts, and states are held accountable for meeting student performance standards in reading/language arts and math under Title I of the No Child Left Behind Act of 2001 (NCLB); states must measure and report student progress on those standards yearly in grades 3 to 8 and in one grade in high school; graduation rates are included in calculation of AYP for high schools.

alternative assessment: instrument used to obtain standards-based performance and progress measures of students with severe disabilities for whom taking standard district and statewide achievement tests would be inappropriate; often a portfolio of student work samples or other evidence demonstrating mastery or improvements in key skills over time.

assistive technology: "Any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities" (the Individuals with Disabilities Education Act [IDEA] regulations, 34 *CFR* § 300.5).

at risk: A term used to refer to children who are not currently identified as disabled but are considered to have a greater than usual chance of developing a disability. Physicians use the term *at risk* or *high risk* to refer to pregnancies with a greater than normal probability of producing a baby with disabilities.

disability: A condition characterized by functional limitations that impede typical development as the result of a physical or sensory impairment or difficulty in learning or social adjustment.

due process: A set of legal steps and proceedings carried out according to established rules and principles; designed to protect an individual's constitutional and legal rights.

exceptional children: Children whose performance deviates from the norm, either below or above, to the extent that special education is needed.

free appropriate public education (FAPE): As guaranteed by the Individuals with Disabilities Education Act (IDEA), schools must provide each qualifying child with disabilities a program of education and related services individually designed to meet that child's unique needs and from which the child receives educational benefit including being prepared for further education, employment, and independent living; this provision of education and related services is without cost to the child's parents or guardians, except for fees equally imposed on the parents or guardians of children without disabilities.

handicap: Refers to the problems a person with a disability or impairment encounters in interacting with the environment. A disability may pose a handicap in one environment but not in another.

impairment: Refers to the loss or reduced function of a particular body part or organ (e.g., a missing limb); compare to *disability* and *handicap.*

incidence: The percentage of people who, at some time in their lives, will be identified as having a specific condition. Often reported as the number of cases of a given condition per 1,000 births or people of a given age.

individualized education program (IEP) team: The group of people who create the IEP for a student with a disability. The team must include (a) the parents of the child with a disability; (b) at least one regular education teacher of the child; (c) at least one special education teacher; (d) a representative of the local education agency who is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities; (e) an individual who is knowledgeable about the general curriculum and the availability of resources of the local education agency; (f) an individual who can interpret the instructional implications of evaluation results, who may be a member of the team described in clauses (b) through (f); (g) at the discretion of the parent or the agency, other individuals who have knowledge or special expertise regarding the child, including related service personnel as appropriate; and (h) whenever appropriate, the child with a disability.

individualized family services plan (IFSP): A requirement of the Individuals with Disabilities Education Act for the coordination of early intervention services for infants and toddlers with disabilities from birth to age 3. Similar to the individualized education program (IEP), which is required for all school-age children with disabilities.

manifestation determination: A review of the relationship between a student's misconduct and his disability conducted by the individualized education program (IEP) team and other qualified personnel. Required by the Individuals with Disabilities Education Act (IDEA) amendments of 1997 when school officials seek to discipline a student with disabilities in a manner that would result in a change of placement, suspension, or expulsion in excess of 10 days.

repeated reading: A technique for increasing reading fluency in which a student orally reads the same passage, usually three to five times, during each session. With each successive reading, the student tries to increase the number of words read

correctly per minute. When the student achieves a predetermined fluency criterion on a given passage, a new passage is introduced. The difficulty level of successive passages gradually increases over time.

SAFMEDS (Say All Fast a Minute Each Day Shuffled): A deck of cards with a question, vocabulary term, or problem printed on one side of each card and the answer on the other side. A student answers as many

items in the deck as he can during 1-minute practice trials by looking at the question or problem, stating an answer, flipping the card over to reveal the correct answer, and putting each card on a "correct" or "incorrect" pile.

time trials: A fluency-building activity in which students correctly perform a particular skill (e.g., segmenting sounds, identifying animal species, writing answers to addition and subtraction problems) as many times as

they can in a brief period, usually no longer than 1 minute.

universal design for learning (UDL): An approach to developing curriculum materials and lessons that incorporates concepts from architecture and product design to make access and interaction with the materials accessible, motivating, and engaging for all learners

Planning and Providing Special Education Services

Planning and Providing Special Education Services

► FOCUS QUESTIONS

- Why must the planning and provision of special education be so carefully sequenced and evaluated?
- What are the intended functions of prereferral intervention?
- What does the disproportionate representation of students from diverse cultural and linguistic groups in special education say about the field?
- How do collaboration and teaming impact the effectiveness of special education?

- How should the quality of a student's individualized education program (IEP) be judged?
- Is the least restrictive environment always the general education classroom? Why or why not?
- What elements must be in place for a student with disabilities to receive an appropriate education in inclusive classrooms?
- In what ways has special education been most successful? What are the field's greatest shortcomings and challenges?

▼ FEATURED TEACHER

SHEENA WASHINGTON

Annapolis Middle School • Annapolis, Maryland

EDUCATION—TEACHING CREDENTIALS—EXPERIENCE

- B.A. in Political Science with concentration in African and African Diaspora Studies, St. Mary's College of Maryland, 2004
- M.Ed. in Special Education, Notre Dame of Maryland University, 2012
- Maryland State Certification in Special Education and Humanities, grades 7–12
- 3 years of teaching experience; 2 years Peace Corps volunteer in Niger, West Africa

MY STUDENTS AND SCHOOL I work with about 60 seventh-grade students, who are eligible for special education and related services under the disability categories of specific learning disabilities, intellectual disabilities, emotional disturbances, autism, and other health impairments. All of my students are fully included in general education classes and I am a co-teacher in those classrooms.

Many of my students have ADHD, which impacts their ability to stay on task and perform academically, but we have been working toward effective self-monitoring of behavior. Several of my students are English language learners, which, combined with their disabilities, makes vocabulary development and reading comprehension extremely difficult. Some of my students receive counseling services for social skills training or anger management.

Of the nearly 600 students at our school, 43% are African American, 36% Caucasian, 18% Hispanic, and 4% Asian/Pacific Islander. We have a growing population of students coming to us directly from Spanish-speaking countries without any English skills. Our students come from a range of socioeconomic and cultural backgrounds. Many of our students have behavioral and disciplinary challenges that result from issues such as poverty, parents struggling with addictions, and homelessness. Over half of the our school's students are eligible to receive free and reduced meals.

DIFFERENTIATED INSTRUCTION Differentiating instruction to make learning engaging and meaningful for all students has been a focus at our school this year. The thoughtful use of fluid student learning groups enables us to provide each student with instructional materials according to his or her skill levels, while teaching and assessing the same skills. Our students have become so habituated to fluid groupings that they cannot tell whether the groups were formed by heterogeneous or homogeneous academic reading levels. I have found that letting students choose among

several options for how their work will be assessed increases their commitment to and engagement in the lesson.

Differentiating instruction ultimately benefits students; and for co-teaching partners, it is a process of effective teacher collaboration in planning sessions and in the classroom. In the beginning of the year, many of the general education content teachers were hesitant about, and some even resistant to, the idea of fluid student groups according to readiness levels. By midyear, with a significant amount of professional development, teachers are more familiar with the approach and willing to try new strategies in the classrooms; the result is increased student engagement, collaboration, and learning.

COLLABORATION IS KEY A successful inclusive classroom is built upon a foundation of collaboration between the general education and special education teachers. As a beginning special education teacher, I find that co-teaching presents both the biggest opportunity and the most difficult challenge. In my first year, I worked with four very different content teachers in algebra, social studies, language arts, and science. The match with one of these teachers was perfect. Although our personalities were very different, we complemented each other and truly collaborated to create lessons that all of our students could master. One of those teachers was an extremely controlling person who viewed any idea that deviated from what he had always done as a threat. The most difficult aspect of co-teaching is asserting myself as an equal partner with general education teachers not yet ready for this equality of roles; some teachers tend to view the special educator's role as "helper" or "teacher's assistant." The ongoing process of building and nurturing a productive relationship with each teacher entails respect, open communication, and compromise from both partners as they learn and adapt to each other's teaching style, personality, and expectations for classroom norms.

I work very closely with our school psychologist and social worker to help make our school a positive environment for students with special needs. Together, we conduct functional behavioral assessments and develop behavior intervention plans to support the needs of my students. One student diagnosed with an anxiety disorder eventually felt safe enough in our school to disclose past traumatic abuse. Through almost daily communication with the psychologist, school social worker, and other members of the students' IEP team, the student understood that she had a team of adults who cared and supported her well-being. This made all the difference in that initial period of building relationships and trust before academic learning could even be addressed. Seeing this child begin to regain self-confidence and trust in adults was one of my most meaningful accomplishments as a special educator.

Last year, our school began an initiative where teachers and school staff walk through the communities of our students to introduce ourselves to family members and welcome students back before the school year begins. We make it a priority to visit our students' families who live in government-supported housing and hand out pencils, Popsicles, and fliers with important school information. I think this community walk says a lot about the dedication and commitment that our school staff has for our students.

WHAT I LIKE MOST ABOUT BEING A SPECIAL EDUCATOR I love building relationships with students and breaking down the walls of previous negative experiences that have allowed apathy and poor attitudes to survive. I cherish the moments when a student begins to believe that he or she is capable and shows a willingness to try. My parents have always said that they thought I should be a lawyer who advocates for the disadvantaged. I feel strongly that the most important aspect of my job is advocating for my students and empowering them with self-efficacy and confidence.

We special educators need to be dependable, resilient, and dedicated to our work and to our students. We need to be idealists and believe that regardless of the realities of our students' lives at home and regardless of their disabilities, they can learn and we can inspire them to achieve and experience worlds beyond their immediate realities.

Ms. Washington shared her experiences during the 2010-2011 school year on Reality 101, the Council for Exceptional Children's blog for new special education teachers. To read Sheena's entries and those of other beginning special educators, go to http://www.cecreality101.org.

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Special education is defined as individually planned, specialized, intensive, goal-directed instruction. But how do teachers know what kinds of modifications to curriculum and instruction an individual child needs? And toward what goals should that specialized instruction be directed? In this chapter, we examine the process by which special education is planned, devoting particular attention to four critical aspects of educating students with disabilities: (a) the importance of teaming and collaboration among professionals, (b) the individualized education program (IEP), (c) least restrictive environment (LRE), and (d) inclusive education.

THE PROCESS OF SPECIAL EDUCATION

The Individuals with Disabilities Education Act (IDEA) mandates a sequence of events schools must follow to identify and educate children with disabilities. Although the federal rules and regulations that state and local education agencies must follow are lengthy, detailed, and sometimes redundant for legal purposes, the process they specify is designed to answer a sequence of questions that makes both educational and common sense:

- Which students might need special education?
- Does this particular child have a disability that adversely affects his educational performance? In other words, is this student eligible for special education? If the answer is yes, then. . . .
- What specific educational needs result from the child's disability?
- What specialized methods of instruction, accommodations, curricular modifications, related services, and/or supplementary supports are necessary to meet those needs so the student can achieve increased levels of academic achievement and functional performance and participate in the life of the school?
- What educational setting is the least restrictive environment in which the student can receive an appropriate education?
- Is special education helping? If not, what changes should be made in the student's program?

Figure 1 identifies the major steps in the sequence of planning, implementing, and evaluating special education and highlights some of the key procedures, elements, and requirements of each step.

Prereferral Process

A child who may need special education usually comes to the school's attention because (a) a teacher or parent reports concern about differences in learning, behavior, or development or (b) the results of a screening test suggest a possible disability. Screening tests are relatively quick, inexpensive, and easy-to-administer assessments given to large groups of children to find out who might have a disability and need further testing (Elliott, Huai, & Roach, 2007). For example, most schools administer vision screening tests to all elementary children.

Before referring the child for formal testing and evaluation for special education, most schools initiate a **prereferral intervention** process. Although IDEA does not

Prereferral intervention

Council for Exceptional Children

Initial Level Content Standards for Special Education Teachers: Screening, prereferral, referral, and classification procedures (ICC8K3).

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FIGURE 1 THE BASIC STEPS IN PLANNING, PROVIDING, AND EVALUATING SPECIAL EDUCATION

PREREFERRAL INTERVENTION

- Teacher or parent reports concern with child's learning, behavior, or development, or results of a screening test indicate a possible disability.
- Parents are notified.
- Intervention assistance team works with general class teacher to plan and help implement modifications in curriculum and instruction in an attempt to solve the problem.
- Some school districts use an early intervention process called response to intervention (RTI) to identify children for referral for special education.
- Prereferral intervention is not required by IDEA and may not be used to delay referral and evaluation of an eligible student.

Successful: Process stops

Not successful: Child referred for evaluation

MULTIFACTORED EVALUATION (MFE)

- Parent consent for testing and evaluation must be obtained.
- MFE must consider all areas related to suspected disability (e.g., academic performance, general intelligence, social behavior, vision, health).
- MFE must use a variety of assessment tools and strategies (e.g., formal tests, direct observation in the classroom, parental input).
- MFE must not discriminate on basis of race, culture, language, or gender.
- MFE should provide information to help determine if the child has a disability, what kinds of related services may be needed, and how the child can participate in the general education curriculum.

ELIGIBILITY DETERMINATION

- Evaluation team reviews MFE results and all relevant information to determine if child meets the identification criteria for one of IDEA's 13 disability categories and is therefore eligible for special education.
- Parents participate in interpretation of MFE results and the eligibility decision.
- Child is not considered disabled and eligible for special education if learning problems are the result of lack of instruction in reading or math or limited English proficiency.

No disability: Special education not needed

Disability: Eligible for special education

PROGRAM PLANNING INDIVIDUAL EDUCATION PROGRAM (IEP)

- An IEP team is formed to develop an individually tailored program of specially designed instruction, related services, assistive technology, and supplemental aids and services to meet the child's needs that result from the disability.
- Parents participate as equal partners; the student participates when appropriate.
- The IEP must include:
  - Measurable annual goals (with benchmarks or short-term objectives for students taking alternate assessments)
  - A statement of services that will enable the student to access and make progress in the general academic curriculum and extracurricular activities
  - A statement on the extent to which student will participate in state- and districtwide testing programs
  - A positive behavior intervention plan if necessary
  - Transition needs and services beginning no later than age 16
- Special instruction and related services needed by child must be identified without regard to cost or availability in district.

PLACEMENT IN LEAST RESTRICTIVE ENVIRONMENT (LRE)

- IEP team determines placement after the child's educational needs and the services needed to meet them have been identified.
- Placement must not be based on disability category.
- IDEA presupposes the general education classroom as the starting point for the LRE.
- IEP must explain the extent, if any, to which child will be removed from the general education classroom.
- School cannot substitute a policy of "full inclusion" for a full continuum of alternative placements.
- Parents participate in and must consent to the placement decision.

SPECIAL EDUCATION AND RELATED SERVICES

- The IEP is implemented in the LRE.
- The child participates in the school's general education curriculum and extracurricular activities to the maximum extent possible.
- Child participates in state- and districtwide assessments. (The IEP specifies testing accommodations or alternative assessments if necessary).
- Parents can request a change of program and placement.

PROGRESS MONITORING, ANNUAL REVIEW, AND REEVALUATION

- Parents may, at any time, revoke consent for special education services for their children.
- Parents must be provided with periodic reports on the child's progress toward meeting annual IEP goals (e.g., quarterly reports concurrent with the issuance of report cards).
- The IEP must be reviewed periodically, but not less frequently than annually.
- The IEP team revises the IEP to address any lack of expected progress in meeting annual goals or changes in the child's needs.
- At least once every 3 years, an MFE of each child with a disability must be conducted (unless the parents and school agree it is unnecessary) to determine if the child still needs special education.
- The IEP team may decide that a disability is no longer present or that the child's education is no longer adversely affected by the disability. If so, the student is declassified and special education is discontinued.

Special education discontinued

Special education continued

require prereferral intervention, local educational agencies may use up to 15% of their IDEA funds "to develop and implement coordinated, early intervening services . . . for students in kindergarten through grade 12 (with a particular emphasis on students in kindergarten through grade 3) who have not been identified as needing special education or related services but who need additional academic and behavioral support to succeed in a general education environment" (PL 108-466, Sec. 613[f][1]).

Prereferral intervention is often conducted by a building-based *early intervening assistance team* (also called *student support team, teacher assistance team,* or

problem-solving team), which helps teachers devise and implement interventions for students who are experiencing academic or behavioral difficulties in the general education classroom. Early intervening teams typically consist of the school principal or designated administrator; school nurse; guidance counselor; several classroom teachers with experience across different grade levels; and one or more special education teachers, at least one of whom is skilled in designing behavior intervention plans. The classroom teacher describes the academic and/or behavior problems the student has been experiencing to the team, and together the group "brainstorms not only on the possible etiology of the problem, but more importantly, on possible solutions to it" (Spinelli, 2012, p. 6). The team develops an intervention strategy and assists the classroom teacher in implementing and evaluating it with student progress data (Bahr & Kovalesk, 2006).

Increasingly, school districts have begun using a more formal and systematic prereferral process called **response to intervention (RTI).** How a student responds to increasingly intensive, scientifically validated instruction can help determine whether the child's struggles to learn are the result of poor or insufficient instruction or of a disability for which special education is needed. "If the child responds poorly to validated instruction, the assessment eliminates instructional quality as a viable explanation for poor academic growth and instead provides evidence of a disability. For children who do respond nicely, RTI serves a critical prevention function" (L. S. Fuchs, Fuchs, & Hollenbeck, 2007, p. 13).

The idea of RTI is to provide early intervention in the form of scientifically validated instruction to all children whose performance suggests they are at risk for school failure. RTI involves universal screening, continuous monitoring of student progress on key performance indicators, and several levels or tiers of increasingly intensive instructional interventions before referral for assessment for special education eligibility (National Center on Response to Intervention, 2010; Shapiro, Zigmond, Wallace, & Marsten, 2011). Numerous models for implementing RTI have been developed. The most common RTI framework embodies three tiers of intervention corresponding to the three levels of prevention. Tier 1 (primary prevention) consists of high-quality curriculum and instruction intended to meet the needs of most students. Tier 2 (secondary prevention) consists of moderately intensive evidence-based interventions designed to address the learning or behavioral difficulties of students whose lack of progress in Tier 1 identifies them as at risk for a disability. Tier 2 interventions are typically provided to small groups of students. Tier 3 (tertiary prevention) is highly intensive, individualized intervention for students who show minimal response to Tier 2 interventions. In some RTI models, Tier 3 is special education. To learn about two research-based practices that can make Tier 1 instruction more effective for all students, see *Teaching & Learning,* Choral Responding and Response Cards: Two Research-Based Practices for Increasing Student Participation and Achievement.

RTI was conceived and is most often used as an early intervening system for reading difficulties and for identifying students with learning disabilities. Most states permit local school districts to use RTI to identify students with learning disabilities, and 12 states require districts to implement RTI to identify students with learning disabilities (Zirkel & Thomas, 2010). The logic of RTI has been extended to other literacy skills (Alber Morgan, 2010), mathematics (Gersten, 2011), and social behavior support for students who exhibit problem behaviors in the classroom (Cheney, Flower, & Templeton, 2009).

Regardless of its form, prereferral intervention is designed to achieve the following purposes and benefits (Brown & Doolittle, 2008; L. S. Fuchs & Fuchs, 2005; Macy & Hoyt-Gonzales, 2007; Salvia, Ysseldyke, & Bolt, 2013):

- Provide immediate instructional and/or behavior management assistance to the child and teacher.
- Reduce the frequency of identifying children for special education whose learning or behavioral problems are the result of not receiving appropriate instruction rather than a disability.

Information, implementation guidelines, and case study examples for RTI from pre-K through secondary school can be found at the National Center on Response to Intervention (http://www.rti4success.org/), the National Research Center on Learning Disabilities (http://www.nrcld.org/), the RTI Action Network (http://www.rtinetwork.org/), and the IRIS Center (http://iris.peabody.vanderbilt.edu/tutorials.html).

- Prevent relatively minor problems from worsening to a degree that would eventually require special education.
- Strengthen teachers' capacity to effectively intervene with a greater diversity of problems, thereby reducing the number of future referrals for special education.
- Prevent the costly and time-consuming process of assessment for special education eligibility by solving the problems that originally caused teachers or parents to be concerned about the child.
- Provide IEP teams

Response to intervention entails several tiers of increasingly intensive instruction.

Laura Bolesta/Merrill

with valuable baseline data for planning and evaluating special education and related services for students who are referred and found eligible for special education.

A school district may not use RTI or any other form of prereferral intervention to delay formal evaluation and assessment of a student who is eligible for special education (Yell, 2012). At any time during the prereferral process, parents have the right to request that their child receive a comprehensive evaluation for identification/eligibility for special education services.

Evaluation and Eligibility Determination

To be eligible for special education and related services, a child must have a disability and need specially designed instruction. IDEA requires that all children suspected of having a disability receive a nondiscriminatory **multifactored evaluation (MFE).** Either the school or the parents can request that a child be evaluated for special education. Regardless of the source of the referral, the parents must be notified of the school's intent to test their child, and they must give their consent to the evaluation. Within 60 days of receiving parental consent for evaluation, the school district must complete the evaluation to determine whether the child has a disability and identify the educational needs of the child (IDEA, Sec. 614[a][1][C]).

IDEA is explicit in describing some do's and don'ts that school districts must follow when evaluating a child for special education:

In conducting the evaluation, the local educational agency shall—

(A) use a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information, including information provided by the parent, that may assist in determining—

    (i) whether the child is a child with a disability; and

    (ii) the content of the child's individualized education program, including information related to enabling the child to be involved in and

Multifactored evaluation

Initial Level Content Standards for Special Education Teachers: Legal provisions and ethical principles regarding assessment of individuals (ICC8K2).

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Choral Responding and Response Cards:
Two Research-Based Practices for Increasing Student Participation and Achievement

Rashawn raised his hand for the last time. He wanted to answer several of his teacher's questions, especially when she asked whether anyone could name the clouds that look like wispy cotton. But it wasn't his day to get called on. He tried to follow along but soon lost interest and laid his head on his desk.

Dean did get called on once, but he didn't raise his hand too often. It was easier just to sit there. If he were quiet and still like Rashawn, then he wouldn't have to think about learning all this weather stuff. But it got too hard for Dean to just sit, so he started acting out. This got his teacher's attention.

"Dean, please pay attention!"

"Stop that, Dean!"

"Dean, how do you expect to learn this material for tomorrow's test if you're not part of the group?"

The next day, Rashawn and Dean did poorly on the test of meteorology concepts. Each boy had a history of poor school achievement; and teachers sometimes wondered if their lack of success was due to a *learning disability* or *attention deficit disorder*. But perhaps their chronic underachievement was directly influenced by the quality of instruction they received. Neither boy had actively participated during the previous day's lesson. Instead of being active learners who responded frequently to the lesson's content, both students were at best passive observers. Decades of educational research has shown that students who respond actively and often learn more than do students who passively attend to instruction (Ellis, Worthington, & Larkin, 2002; L. Fuchs et al., 2010; Greenwood, Delquadri, & Hall, 1984; Swanson & Hoskyn, 2001).

Although most teachers recognize the importance of actively engaging students, it is difficult during group instruction. Posing a question or problem to the entire class and then calling on one student to answer is the most commonly used method for student participation during group instruction. This provides an active learning opportunity only for the student who is called on and often results in more frequent responses by high-achieving students and few or no responses by low-achieving students. Two research-based alternatives to handraising (HR) and one-student-at-a-time participation are choral responding and response cards.

CHORAL RESPONDING

Choral responding (CR)—all students in the group responding orally in unison to a question or item presented by the teacher—has been around since the days of the one-room schoolhouse. It is the simplest, fastest way to increase student participation in group instruction (Heward, Courson, & Narayan, 1989). In his book *Teach Like a Champion: 49 Techniques That Put Students on the Path to College,* Lemov (2010) refers to CR as the "call and response" technique. Choral responding can be used to review or to check students' maintenance of previously learned concepts. For example, a high school history teacher could use CR to review the day's Civil War lesson. "Okay, class. I'm going to ask a series of questions about what we've covered in today's lesson. Your response will be 'Confederate' or 'Union.'" Teachers can also use CR to teach new knowledge and skills. Whether a lesson primarily reviews or teaches new content or skills is determined by the type and sequence of CR questions.

CR has been the response mode in numerous studies demonstrating a strong relationship between frequent student response during instruction and improved learning outcomes (e.g., Cihak, Alberto, Taber-Doughty, & Gama, 2006; Maheady, Michielli-Pendl, Mallette, & Harper, 2002; Sterling, Barbetta, Heward, & Heron, 1997), and it is a primary means for student participation in the evidence-based Direct Instruction programs to teach language, reading, math, and spelling (Carnine, Silbert, Kame'enui, & Tarver, 2010; Flores & Ganz, 2009).

RESPONSE CARDS

Response cards (RCs) are cards, signs, or items that all students simultaneously hold up to display their responses to a question or problem. There are two basic types of RCs: preprinted and write-on. When using *preprinted RCs,* each student selects from a personal set of cards the one with the answer she wishes to display. Examples include yes/true and no/false cards, numbers, colors, traffic signs, molecular structures, and parts of speech. Instead of using a set of different cards, teachers can distribute a single preprinted RC with multiple answers to each student (e.g., a card with clearly marked sections identified as proteins, fat, carbohydrates, vitamins, and minerals for use in a lesson on healthful eating habits). In its humblest version, the preprinted RC with multiple responses is a "pinch card": the student responds by holding up the card with her fingers pinching the part displaying her answer. Colored clothespins also make good pinching tools. Preprinted RCs may also have built-in devices for displaying answers, such as a cardboard clock with movable hour and minute hands.

When using write-on RCs, students mark their answers on blank cards that they erase between learning

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Preprinted response cards

trials. Teachers can make a set of 40 durable write-on RCs from a 4-by-8-foot sheet of white laminated bathroom board (available from builders' supply stores). The cost is about $25, including the charge for cutting the sheet into 9-by-12-inch RCs. Dry-erase markers are available at most office supply stores, and paper towels or tissues will easily wipe the RCs clean.

Students can also use small chalkboards as write-on RCs, but responses may be difficult for the teacher to see in a full-size classroom. Write-on RCs can be custom-made to provide background or organizing structure for responses. For example, music students might mark notes on an RC that has permanent treble and bass clef scales; students in a driver's education class could draw where their car should go on RCs with permanent street intersections.

Research. A study comparing write-on RCs with HR during whole-class science lessons in an inner-city fifth-grade classroom produced three major findings (Gardner, Heward, & Grossi, 1994). First, with RCs, each student responded to teacher-posed questions an average of 21.8 times per 30-minute lesson, compared to a mean of 1.5 academic responses when the teacher called on individual students. The higher participation rate takes on major significance when its cumulative effect is calculated over the course of a 180-day school year. If the teacher used RCs instead of HR for just 30 minutes per day, each student in the class would make more than 5,000 additional academic responses during the
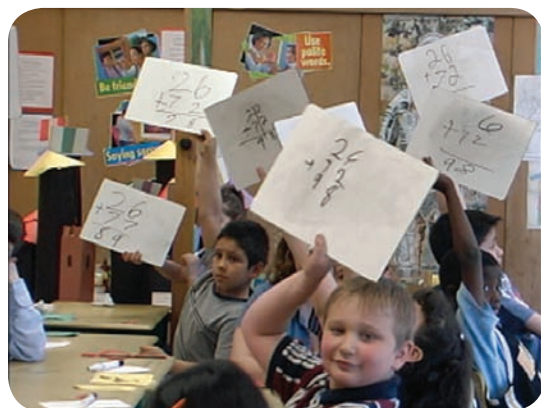
school year. Second, all 22 students scored higher on next-day quizzes and 2-week review tests that followed lessons with RCs than they did on quizzes and tests that followed lessons with HR. Third, all but one student preferred RCs over hand raising. Numerous studies that have evaluated the effects of RCs with general and special education students at the elementary, middle, and secondary levels have produced a similar pattern of findings (e.g., Cavanaugh, Heward, & Donelson, 1996; George 2010; Horn, 2010; Randolph, 2007; Skibo, Mims, & Spooner, 2011).

In addition to increased participation and learning outcomes for students, several studies have found improved on-task behavior and/or decreases in the frequency of disruptions and inappropriate behavior when students used RCs (e.g., Armendariz & Umbreit, 1999; Christle & Schuster, 2003; Davis & O'Neill, 2004; Lambert, Cartledge, Lo, & Heward, 2006).

HOW TO GET STARTED WITH RESPONSE CARDS
Suggestions for All Types of RCs
- Model several question-and-answer trials and give students practice on how to use RCs.
- Maintain a lively pace throughout the lesson; keep intervals between trials short.
- Give clear cues when students are to hold up and put down their cards.
- Students can learn from watching others; do not let them think it is cheating to look at classmates' RCs.

Suggestions for Using Preprinted RCs
- Design the cards to be as easy to see as possible (e.g., consider size, print type, color codes).
- Make the cards easy for students to manipulate and display (e.g., put answers on both sides of the cards; attach a group of related cards to a ring; see photo).
- Begin instruction on new content with a small set of fact/concept cards (perhaps only two), gradually adding cards as students' skills improve.

Suggestions for Using Write-On RCs
- Limit language-based responses to one to three words.
- Keep a few extra markers on hand.
- Be sure students do not hesitate to respond because they are concerned about making spelling mistakes: (a) provide several practice trials with new terms before the lesson begins; (b) write new terms on the chalkboard, and tell students to refer to them during the lesson; and/or (c) use the "don't worry" technique, telling students to try their best but that misspellings will not count against them.
- Students enjoy doodling on their response cards. After a good lesson, let students draw on the cards for a few minutes.

MyEducationLab™

To observe teachers conducting various lessons with choral responding and response cards, go to the book resources for this text on MyEducationLab.

William Heward

Students using write-on response cards in a math lesson

progress in the general education curriculum, or, for preschool children, to participate in appropriate activities;

(B) not use any single measure or assessment as the sole criterion for determining whether a child is a child with a disability or determining an appropriate educational program for the child; and

(C) use technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors.

Additional Requirements—Each local educational agency shall ensure that

(A) assessments and other evaluation materials used to assess a child—
  (i) are selected and administered so as not to be discriminatory on a racial or cultural basis;
  (ii) are provided and administered in the language and form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is not feasible to so provide or administer;
  (iii) are used for purposes for which the assessments or measures are valid and reliable;
  (iv) are administered by trained and knowledgeable personnel; and
  (v) are administered in accordance with any instructions provided by the producer of such assessments;

(B) the child is assessed in all areas of suspected disability;

(C) assessment tools and strategies that provide relevant information that directly assists persons in determining the educational needs of the child are provided; and

(D) assessments of children with disabilities who transfer from one school district to another school district in the same academic year are coordinated with such children's prior and subsequent schools, as necessary and as expeditiously as possible, to ensure prompt completion of full evaluations. (PL 108-446, Sec. 614[b][2])

The MFE is conducted by a school-based *multidisciplinary evaluation team*, sometimes called a *student study team*, which includes the child's parents. The team examines the test results and all other relevant information to determine if the child has a disability that adversely affects his or her educational performance and is therefore entitled to special education. IDEA stipulates that a child shall not be identified as a child with a disability if the child's learning difficulties are the result of a "lack of appropriate instruction in reading . . .; lack of instruction in math; or limited English proficiency" (PL 108-446, Sec. 614[b][4]). An MFE must do more than provide information on the existence of a disability for determining eligibility for special education. IDEA requires that evaluation reports also provide information about the child's educational needs and how to meet them.

DISPROPORTIONATE REPRESENTATION OF STUDENTS FROM CULTURALLY AND LINGUISTICALLY DIVERSE GROUPS IN SPECIAL EDUCATION

Disproportionate representation exists when a particular group receives special education at a rate significantly higher or lower than would be expected based on the proportion of the general student population that group represents. Culturally and linguistically diverse students are both overrepresented and underrepresented in special education, depending on the group and disability category (De Valenzuela, Copeland, Huaqing Qi, & Park, 2006; Kalyanpur, 2008; Waitoller, Artiles, & Cheney, 2010). Table 1 shows the risk ratios for students from five race/ethnicity groups for receiving special education by each of the federal government's disability categories. A *risk ratio* is the relative likelihood of a member of a given group to be, in this case, receiving special education, compared

One study found that 40% of elementary and middle school students receiving special education services had at least one additional (nonprimary) disability (Marder, 2009). To read an example of a case in which a child was determined to have a disability but not eligible for special education because he was doing well in school, see D. F. Bateman (2008).

to members of the general population. A risk ratio of 1.0 means that the number of students identified with a given disability matches the proportion of the overall student population represented. A risk ratio greater than 1.0 indicates overrepresentation; a risk ratio less than 1.0 indicates underrepresentation.

When all disability categories are combined, African American and Native American students are overrepresented (risk ratios of 1.5) and Asian American students are underrepresented (risk ratio, 0.5) in the special education population. Hispanic and white students are generally represented among the special education population at an overall rate close to their proportion of the resident school-age population. Some disparities are especially evident when the data are examined by disability category. An African American student is more than twice as likely to be identified with emotional

TABLE 1 • Risk ratios for students ages 6 through 21 served under IDEA by disability category and race/ethnicity

DISABILITY	AMERICAN INDIAN/ ALASKA NATIVE	ASIAN/PACIFIC ISLANDER	BLACK/AFRICAN AMERICAN	HISPANIC	WHITE
Specific learning disabilities	1.8	0.4	1.4	1.2	0.8
Speech or language impairments	1.4	0.7	1.0	0.9	1.1
Intellectual disabilities	1.3	0.5	2.9	0.7	0.6
Emotional disturbance	1.6	0.3	2.3	0.6	0.8
Multiple disabilities	1.7	0.6	1.5	0.7	1.0
Hearing impairments	1.3	1.2	1.1	1.3	0.8
Orthopedic impairments	1.0	0.8	1.0	1.2	0.9
Other health impairments	1.2	0.4	1.7	0.5	1.5
Visual impairments	1.4	1.0	1.2	0.9	0.9
Autism	0.7	1.3	1.0	0.6	1.3
Deaf-blindness	1.7	1.1	0.8	1.1	1.0
Traumatic brain injury	1.5	0.6	1.2	0.7	1.2
All disabilities	**1.5**	**0.5**	**1.5**	**0.9**	**0.9**

Notes: Ratios rounded to nearest one-tenth. States now report IDEA child count data by seven race/ethnicity categories: American Indian or Alaskan Native, Asian, Black or African American, Hispanic/Latino, Native Hawaiian or other Pacific Islander, White, and Two or more races.

Source: U.S. Department of Education. (2010). *Twenty-ninth annual report to Congress on the implementation of the Individuals with Disabilities Education Act* (Table 1-13). Washington, DC: Author.

and behavioral disorders than is a student in the general population and nearly three times as likely to be identified with intellectual disabilities. Even larger differences in proportional representation by race are sometimes apparent when special education enrollment data are examined at the state and local levels. (Hetzner, 2007).

For decades, reports and census studies have shown that three groups of culturally different students—African American, Hispanic American, and Native American—have consistently been underrepresented in gifted education programs (Donovan & Cross, 2002; Ford, 1998, 2010b; Ford, Grantham, & Whiting, 2008).

Is this disproportionate representation appropriate? Identification and classification for special education should be based entirely on the presence of a disabling condition that adversely affects the child's educational performance. The fact that culturally and linguistically diverse students are identified as having a disability is not, in itself, a problem. All students with disabilities that adversely affect their educational performance have the right to special education services, whatever their racial, cultural, or linguistic backgrounds. Disproportionate representation is problematic if it means that children have been wrongly placed in special education programs that deny them appropriate educational interventions that match their full learning capacities, stigmatize them, or segregate them (Artiles & Bal, 2008). For example, Skiba, Poloni-Staudinger, Galine, Simmons, and Feggins-Azziz (2006) found that African American students with disabilities were more likely to be placed in more restrictive educational settings than were white students with disabilities. Figure 2 shows the percentage by race/ethnicity of school-age students served in four different educational environments.

Disproportionate representation is also a problem if it means students with disabilities are overlooked because of their membership in a racial or ethnic minority group, resulting in their being denied access to needed special education (De Valenzuela et al., 2006).

The causes of disproportionate representation have been difficult to pinpoint and often controversial (Cullinan & Kauffman, 2005; Harry & Klingner, 2006, 2007; Osher et al., 2004). Are students from some culturally and linguistically diverse groups more likely to have a disability than are white children? For example, a much greater proportion of students from diverse groups are born to mothers without access to maternal health care and live in poverty—factors that are associated with an increased incidence of disability. Half of the nation's Latino fourth graders and almost half of African American fourth graders attend public schools in which more than three-fourths of the students come from low-income families (based on federal eligibility criteria for free or reduced-price school lunch). By comparison, only 5% of white fourth graders attend schools with poverty rates this high (Kober, 2006). Or, as some researchers have suggested, do inherent problems in the referral and placement process bias the identification of minority children (Harry & Klingner, 2006; Osher et al., 2004)? The answer to these controversial and complex questions is that probably both explanations are partly true (Serna, Forness, & Nielson, 1998).

Recognizing and Combating Cultural and Racial Bias in Referral and Identification Procedures. Understanding the reasons for the disproportionality phenomenon in special education is not simple. Numerous factors must be considered, and educators have identified three areas as integral to this problem: (a) incongruity between teachers and culturally and linguistically diverse students and families, which may lead to biased referrals; (b) inaccurate assessment of culturally diverse students; and (c) ineffective curriculum and instructional practices for culturally diverse students.

Today's teachers are mostly white (87%) and female (70%) (National Education Association, 2010), and these predominately middle-class educators are teaching an increasingly diverse student population. For example, with respect to the overrepresentation of African American students in the emotional and behavior disorders category, some researchers contend that an African American behavioral style conflicts

FIGURE 2

PERCENTAGE OF SCHOOL-AGE STUDENTS SERVED UNDER IDEA BY RACE/ETHNICITY AND EDUCATIONAL ENVIRONMENT.
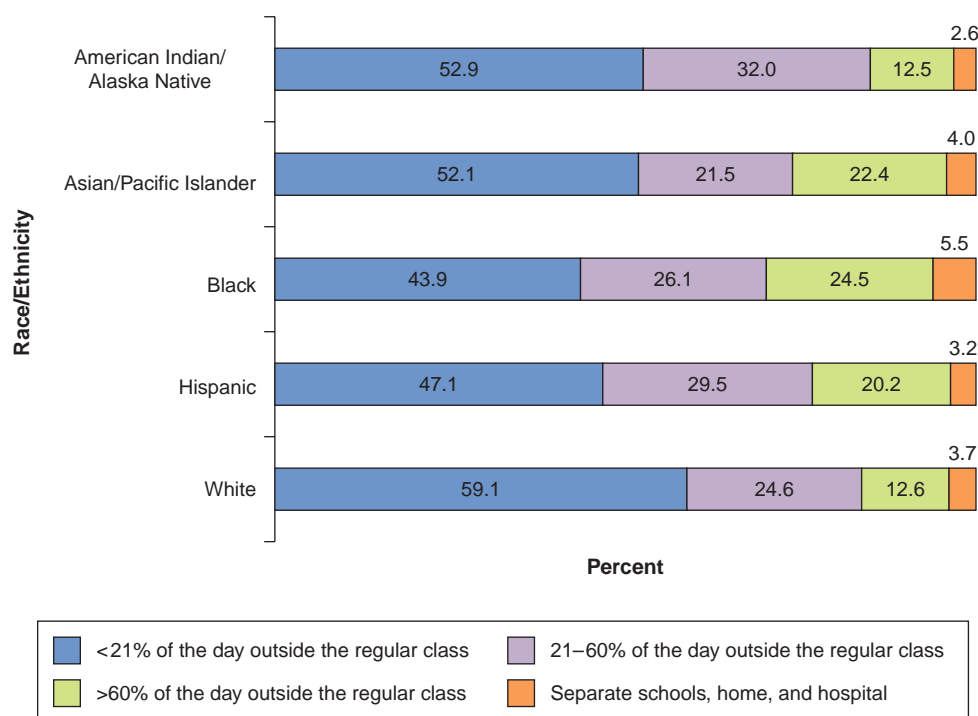
Note: The colored bars represent, from left to right, regular class, resource room, separate class, and special school placements.

Source: U.S. Department of Education. (2010). *Twenty-ninth annual report to Congress on the implementation of the Individuals with Disabilities Education Act* (Figure 1-28). Washington, DC: Author.

with white teachers' expectations for classroom behavior (Hale, 2001; Townsend, 2000). "When African American students 'behave' in modes affirmed and sanctioned by dimensions of African American culture (Boykin, 1983) and those modes are unfamiliar to or misinterpreted by teachers, most of whom are white, their behavior is often perceived as inappropriate" (Webb-Johnson, 2003, p. 5).

Bias in the assessment process may contribute to the disproportionate numbers of culturally diverse students in special education. The methods used to identify students for services are an inexact science; and many authors have argued that the likelihood of obtaining valid, accurate, and unbiased assessment results is lower when the student in question is from a culturally or linguistically different background (Ford, 2004a, 2010a Langdon, Novak, & Quintanar, 2000; Ortiz, 1997; Utley & Obiakor, 2001).

Inappropriate referral to special education can occur if educators and school psychologists cannot separate the presence of unrecognized diversity or deficits from disability. Barrera (1995) noted three potential sources of learning problems in children from culturally and linguistically diverse backgrounds: (a) unrecognized cultural/linguistic diversity, (b) deficits stemming from chronic poverty or trauma, and (c) disabilities. She contended that special education services are neither appropriate nor most efficient for learning difficulties that are not the result of inherent disabilities.

If, for example, a child has experienced trauma that remains unaddressed, simply reducing task complexity will not be a sufficient response. . . . It is

Teachers are most effective when curriculum content and instructional methods are responsive to the cultural, ethnic, and linguistic diversity among their students.

important, therefore, to understand the specific difficulties that may stem from unrecognized diversity or deficits. Once understood, pre-referral intervention can be directed toward eliminating their impact and assessing whether any difficulties remain. It is these difficulties, that remain after diversity and deficit have been addressed, that are the appropriate target for special education. (p. 64)

Understanding the complex issues related to culturally diverse students in special education requires that educators understand the problems with incongruity of a teacher's interactions with students and families from diverse cultures, the assessment and referral process in special education, and ineffective instructional and discipline practices (Salend & Garrick Duhaney, 2005; Townsend, 2000; West, Leon-Guerrero, & Stevens, 2007). To better meet the needs of students with disabilities from diverse backgrounds, schools should address three issues. First, staff must become culturally responsive to students and families (Cartledge & Kourea, 2008; Harry, 2008; Tam & Heng, 2005). Second, staff must implement appropriate assessment strategies for determining the educational needs of culturally diverse students. Third, educators should implement culturally responsive practices that support a multicultural approach to curriculum and instruction (Banks & Banks, 2013; Cartledge, Gardner, & Ford, 2009; Hoover, Klingner, Baca, & Patton, 2008; Obiakor, 2007). Fiedler and colleagues (2008) have developed a checklist to help school personnel identify and consider factors at the referral, assessment, and eligibility determination stages that lead to disproportionate representation.

Program Planning

If the evaluation team determines that a child has a disability that is adversely affecting his or her educational performance, an individualized education program (IEP) is formed. The IEP team determines the what (learning goals and objectives), how (specialized instruction and related services), who (teachers and related-service providers), and when (frequency of specialized instruction and related services) of a child's special education program. The IEP is the centerpiece of the special education process. A detailed description of the IEP appears later in this chapter.

Placement

After the IEP team determines the child's educational needs and the special education and related services necessary to meet those needs, the team then determines an educational setting in which the child can receive an appropriate education in the least restrictive environment (LRE). Where children with disabilities are taught is one of the most debated and often misunderstood aspects of special education and IDEA, and it is discussed in depth later in this chapter and throughout the text.

Progress Monitoring, Annual Review, and Reevaluation

In addition to being specialized, intensive, and goal-directed instruction, special education is also continuously evaluated education.

ONGOING PROGRESS MONITORING   No matter how appropriate the goals on a student's IEP and well-conceived the specially designed instruction and related services identified to meet those goals, the document's usefulness is limited without ongoing monitoring of student progress. Schools are accountable for providing a free appropriate education to all children with disabilities, and accountability requires measurement (Heward, 2003; Kauffman & Konold, 2007). Direct and frequent measurement of student performance provides the most meaningful information about student progress and the effectiveness of instruction (Greenwood & Maheady, 1997; McDonough et al., 2005).

ANNUAL REVIEW   A child's IEP is not intended to be a permanent document. All aspects of an IEP—the annual goals and outcomes, delivery of specially designed instruction and related services, appropriateness of placement—must be thoroughly reviewed periodically, at least annually. The IEP team revises the IEP to address any lack of expected progress in meeting annual goals or changes in the child's needs.

REEVALUATION   For some students, the specially designed instruction and related services they receive may ameliorate a problem (e.g., speech therapy for an articulation disorder) or accommodate an impairment (e.g., a prosthesis or mobility device) such that they no longer need, or are eligible for, special education. At least once every 3 years, the school must conduct an MFE of each child with a disability (unless the parents and school agree it is unnecessary) to determine if the child still needs special education. If the IEP team decides that a disability is no longer present or that the child's education is no longer adversely affected by the disability, the student is declassified, and special education discontinues.

Although special education is sometimes characterized as a "one-way street" down which "it's relatively easy to send children . . . but they rarely return" (Finn, Rotherham, & Hokanson, 2001, p. 339), a nationwide study of more than 11,000 students in special education ages 6 to 12 found 17% of the students had been declassified after 2 years and were no longer receiving special education services (SRI International, 2005). Another study based on a nationally representative sample of children found that 16% of preschoolers who had received special education services were declassified after 2 years. (Daley & Carlson, 2009).

In 2008, IDEA regulations were amended to give parents the right to revoke their consent for special education for their child at any time. After receipt of parents' written request for revocation, the school must cease the provision of all special education and related services to the child.

Monitoring student progress

Initial Level Content Standards for Special Education Teachers: Evaluate instruction and monitor progress of individuals with exceptional learning needs (ICC8S8).

Online tutorials and a variety of practical and efficient procedures for obtaining and using student performance data are available from the National Center on Student Progress Monitoring (http://www.studentprogress.org/).

Direct and frequent measures of student performance provide the most meaningful information about student progress and the effectiveness of instruction.

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COLLABORATION AND TEAMING

Special education is a team game. The team that plans, delivers, and evaluates the program of specially designed instruction and related services to meet the unique needs that arise from 10-year-old Jessica's disability might include the following: the third-grade teacher who works with Jessica in the general education classroom; the speech-language pathologist who meets with Jessica's teacher each week to co-plan language activities; the special education teacher who provides Jessica with intensive reading instruction each day in the resource room and collaborates with her general education teacher on instructional modifications for Jessica in math and science; the adapted physical education teacher who works with Jessica in the gymnasium; and Jessica's parents, who help with homework and keep everyone informed of their daughter's progress at home. Without open, honest, and frequent communication and collaboration between and among the members of Jessica's team, the quality of her education is likely to suffer.

Paraeducators—also known as *paraprofessionals, teacher aides*, and *instructional assistants*—play important roles in delivering special education services to students with disabilities (Carnahan, Williamson, Clarke, & Sorensen, 2009). IEP teams must be careful, however, that a paraprofessional's proximity does not have inadvertent adverse effects, such as limiting a student's independence (Causton-Theoharis, 2009).

Collaboration

Types of collaboration

Initial Level Content Standards for Special Education Teachers: Models and strategies of consultation and collaboration (ICC10K1).

Collaboration has become a common and necessary practice in special education (Lingo, Barton-Arwood, & Jolivette, 2011; Sayeski, 2009). Teachers are better able to diagnose and solve learning and behavior problems in the classroom when they work together. Three ways in which team members can work collaboratively are through coordination, consultation, and teaming (Bigge, Stump, Spagna, & Silberman, 1999).

*Coordinati*on is the simplest form of collaboration, requiring only ongoing communication and cooperation to ensure that services are provided in a timely and systematic fashion. Although an important and necessary element of special education, coordination does not require service providers to share information or specifics of their efforts with one another. Fortunately for Jessica, the four educators on her IEP team do much more than simply coordinate who is going to work with her when.

In *consultatio*n, team members provide information and expertise to one another. Consultation is traditionally considered unidirectional, with the expert providing assistance and advice to the novice. However, team members can, and often do, switch roles from consultant to consultee and back again. Jessica's third-grade teacher, for example, receives expert advice from the speech-language pathologist on strategies for evoking extended language from Jessica during cooperative learning groups but takes the consultant's role when explaining details of the science curriculum to Jessica's resource room teacher.

Teaming

Intervention assistance *team*, child study *team*, IEP *team*: each step of the special education process involves a group of people who must work together for the benefit of a child with special needs. For special education to be most effective, these groups must become functioning and effective teams (Correa, Jones, Thomas, & Morsink, 2005; Hunt, Soto, Maier, & Doering, 2003). Teaming is the most difficult level of collaboration to achieve; it also pays the most dividends. Teaming "bridges the two previous modes of working together and builds on their strengths while adding the component of reciprocity and sharing of information among all team members through a more equal exchange" (Bigge et al., 1999, p. 13).

Although the team approach has many variations, each member of a team generally assumes certain clearly assigned responsibilities and recognizes the importance of learning from, contributing to, and interacting with the other members of the team. Many believe that the consensus and group decisions arising from a team's involvement provide a form of insurance against erroneous or arbitrary conclusions in the complex

issues that face educators of students with disabilities. In practice, three team models have emerged (McGonigel, Woodruff, & Roszmann-Millican, 1994)—multidisciplinary, interdisciplinary, and transdisciplinary—and these are discussed next.

MULTIDISCIPLINARY TEAMS *Multidisciplinary teams* are composed of professionals from different disciplines who work independently of one another. Each team member conducts assessments, plans interventions, and delivers services. Teams that operate according to a multidisciplinary structure risk the

By teaming, these teachers are better able to diagnose and solve learning problems.

danger of not providing services that recognize the child as an integrated whole; they must be careful not to "splinter" the child into segments along disciplinary lines. (An old saying described the child with disabilities as giving "his hands to the occupational therapist, his legs to the physical therapist, and his brain to the teacher" [Williamson, 1978].) Another concern is the lack of communication among team members.

INTERDISCIPLINARY TEAMS *Interdisciplinary teams* are characterized by formal channels of communication between members. Although each professional usually conducts discipline-specific assessments, the interdisciplinary team meets to share information and develop intervention plans. Each team member is generally responsible for implementing a portion of the service plan related to his or her discipline.

TRANSDISCIPLINARY TEAMS The highest level of team involvement, but also the most difficult to accomplish, is the *transdisciplinary team*. Members of transdisciplinary teams seek to provide services in a uniform and integrated fashion by conducting joint assessments, sharing information and expertise across discipline boundaries, and selecting goals and interventions that are discipline-free (Friend & Cook, 2010; Giangreco, Edelman, & Dennis, 1991). Members of transdisciplinary teams also share roles (often referred to as *role release*); in contrast, members of multidisciplinary and interdisciplinary teams generally operate in isolation and may not coordinate their services to achieve the integrated delivery of related services. Regardless of the team model, team members must learn to put aside professional rivalries and work collaboratively for the benefit of the student (Zigmond,, Kloo, & Lemons, 2011).

Co-Teaching

Co-teaching—a general education teacher and special education teacher planning and delivering instruction together in an inclusive classroom—has become increasingly common. Co-teaching takes many different forms depending on the purpose of the lesson, the individualized objectives and needed supports for students with disabilities, and the teachers' relative levels of expertise with the content (Ploessl Rock, Schoenfeld, & Blanks, 2010; Potts & Howard, 2011). Five co-teaching formats are commonly used:

- *One teaching/one helping.* One teacher instructs the whole class while the other circulates to collect information on student performance and to offer help. This arrangement takes advantage of the expertise of one teacher in a specific subject area.

Teaming models

Council for Exceptional Children

Initial Level Content Standards for Special Education Teachers: Models and strategies of consultation and collaboration (ICC10K1).

Laura Bolesta/Merrill

- *Parallel teaching.* When it is necessary to lower the student–teacher ratio, both teachers teach the same materials to two equal-sized groups of students.
- *Station teaching.* When teaching material that is difficult but not sequential, both teachers present different content at the same time to two equal groups of students and then switch groups and repeat the lesson.
- *Alternative teaching.* When teachers need to individualize instruction, remediate skills, promote mastery, or offer enrichment, one teacher works with a smaller group or individual students while the other teacher works with the rest of the class.
- *Team teaching.* When it is desirable to blend the talents and expertise of teachers, both teachers plan and teach a lesson together. (adapted from Salend, 2011)

As Sheena Washington emphasized in her Featured Teacher essay, meticulous planning, open communication, and flexibility are keys to successful co-teaching. It is a mistake, however, to assume that two teachers in the classroom instead of one will automatically improve the effectiveness of a lesson. While the rationale and suggested techniques for co-teaching are logical, much more outcome research on the effects of co-teaching is needed (Friend & Hurley-Chamberlain, 2011; Zigmond, 2007; Zigmond & Magiera, 2001).

Suggestions for effective co-teaching can be found in Howard and Potts (2009); Murawaski and Dieker (2008); Potts and Howard (2011); Sileo (2010); and Sileo and van Garderen (2010).

Individualized Education Program

The IEP is "the heart of IDEA" and "the make or break component of FAPE for every child with a disability" (Bateman & Herr, 2006, p. 10). IDEA requires that educators develop and implement an IEP for each student with disabilities between the ages of 3 and 21. (Educators develop an *individualized family service plan* [IFSP] for each infant and toddler [from birth through age 2] with disabilities.) IDEA is specific about who is to develop the IEP and what it must include.

IEP Team

Each IEP must be the product of the collaborative efforts of the members of an **IEP team,** the membership of which is specified in IDEA as the following:

The term "individualized education program team" or "IEP Team" means a group of individuals composed of—

1. The parents of a child with a disability;
2. not less than 1 regular education teacher of the child (if the child is, or may be, participating in the regular education environment);
3. not less than 1 special education teacher, or where appropriate, at least 1 special education provider of the child;
4. a representative of the local education agency who—
     (i) is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities;
    (ii) is knowledgeable about the general curriculum; and
   (iii) is knowledgeable about the availability of resources of the local education agency;
5. an individual who can interpret the instructional implications of evaluation results, who may be a member of the team described in clauses (2) through (6);
6. at the discretion of the parent or the agency, other individuals who have knowledge or special expertise regarding the child, including related service personnel as appropriate; and
7. Whenever appropriate, the child with a disability. (PL 108-446, Sec. 614 [d][1][B])