INTRODUCTION TO CHILDREN WITH EXCEPTIONALITIES



Dana Rethwisch
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Introduction to Children with Exceptionalities (Rethwisch)

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Dedications

This book is dedicated to the children who experience strengths and challenges on a daily basis, to their families and friends who support their life journey, and to the many professionals who show up every day to make a difference. You are noticed. You are valued. You are important!

From Dana:

I dedicate this book with special thanks to my:

- Husband – Thank you for your patience, encouragement and for learning first-hand along with me through much of this journey.
- Children – Thank you for teaching me so much! Working with each of you as we maneuvered through your growing up years is largely what encouraged me to pursue this field of study, and to write this textbook to help others. I wish I knew then what I know now...
- Parents – Thank you for instilling in me a caring and accepting spirit, and for demonstrating to me true inclusion before it was a commonly known practice.
- Friends, students, and families with whom I've had the pleasure of working – Thank you for sharing your lives and experiences, and for helping me learn about so many exceptionalities. You have taught me so much about how these topics impact the lives of all. You are appreciated!

I give my undying gratitude to my parents, grandparents and other family along the way . . . your example, acceptance, unconditional love and dedication to your own life's purposes have set an example that has shaped me into who I am today. You have enabled me to make an impact . . . for that, I thank you with my entire being.

Dana

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Preface

This book introduces Special Needs and Education in the United States, from both historical and contemporary perspectives. Topics include: understanding special needs, the history and legalities of special education, cultural reciprocity of special education, assessment processes, IFSPs, IEPs, 504 Plans, giftedness, twice-exceptionality and the need for future research. Topics also include a deeper look into the 13 areas of qualification for an IEP.

This textbook is designed for use by undergraduate college students interested in education careers, or by others who may work with children with special needs. This text is made available to all as an Open Educational Resource (OER). This text serves as a comprehensive base upon which additional content can be developed and expanded as needed.

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About the Author

Dana Rethwisch has worked with children and families of various needs and abilities for more than 40 years. She has extensive professional and personal experience advocating for, parenting and teaching children with special needs. Dana earned a Bachelor of Science degree in Home Economics – Child and Family from Rutgers University, and a Master's Degree of Education from the University of California – Davis. Dana has also earned postgraduate certificates in Counseling (Capella University), Early Childhood Education (Fresno Pacific University) and in Exceptional Children (Fresno Pacific University). She has taught every level from preschool through college, and has served on faculties of the University of Arizona, the University of Nebraska – Lincoln, Arizona Western College and Palo Verde College. Dana currently serves as a Professor of Child Development and Education at Palo Verde College. Dana firmly believes that every individual has gifts, talents and unique challenges, and that each person has the right and responsibility to become their best possible self.

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About the Editor

Vicky Sheesley earned her Bachelor of Science degree in Physical Education from the University of California- Davis, and a Master of Arts in Special Education from California State University – Fresno. Vicky retired as a Special Education Teacher, after investing her career in the lives of young people who needed a little extra encouragement and an opportunity to excel. As an Adaptive Physical Education Specialist, Vicky developed school-sponsored wheelchair athletic programs for her district and was honored to serve as a coach for the USA team to Australia for international competition. Vicky's proudest moments included pride and joy for her students when they achieved a goal, and when they realized that they could do the same things that their peers were doing, even if they went about it in a different way. Her favorite memories were formed upon seeing the excitement her students felt when they succeeded. Vicky has enjoyed a lifetime of working with children of all abilities. She has made impacts through years of teaching swimming, working in the classroom and school settings, organizing camping trips for students who otherwise may not experience nature, and through various other ways of helping those in the communities in which she lived. Vicky and her husband are retired and enjoy spending time with their three grown children and their families.

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Introduction

As long as there have been children, there have been children with special gifts, challenges and needs. As a society, the world has come a long way in identifying special needs and how to help enable children to become their best possible selves. This journey toward inclusion and understanding has been long and complex, and is a continuing process.

In the United States, the history of special education reflects broader social values, legal battles, and evolving research that have shaped how schools identify, support, and teach students with disabilities or special gifts. From early exclusion of these children to the landmark legislation of *Brown v. Board of Education* and the Individuals with Disabilities Education Act (IDEA), educators and communities have worked to ensure that all children receive a free and appropriate public education. Understanding this history helps us appreciate both how far the field has come and the challenges that still remain.

This book introduces learners to the many facets of special education. Readers are invited to explore a variety of disabilities that may qualify a child for individualized support services. Readers will learn about cognitive, physical, sensory, emotional, and developmental differences, along with the laws and instructional strategies that guide educational practice. Readers will also be invited to identify with the children presented in various scenarios, and to practice helping them learn and become their very best. Current research is highlighted throughout, addressing what society knows, what is yet to learn, and why continued inquiry matters. Lastly, each chapter provides suggested written and multi-media resources for further exploration of the topics covered.

Learners come to this resource with a vast amount of life, knowledge and experience, and with a variety of intentions and goals. Some may be future educators and advocates, parents, neighbors, friends, family members, or others interested in this field of study. Whatever brings you to this text, the author has worked to provide you with foundational knowledge that will prepare you to meet the diverse needs of children. Together, we can contribute to schools and communities where every child can thrive.

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SECTION 1: OVERALL CONCEPTS OF SPECIAL EDUCATION

Section 1 of this text focuses on the overall concepts of Special Education in the United States. Readers will learn what is meant by Special Education, key concepts of society, historical perspectives and how this all led to various laws that govern special education programs. Section 1 also examines how special education efforts differ around the world, and the need for cultural reciprocity within special education in the United States. Lastly, Section 1 examines the differences and similarities of Individual Family Service Plans, Individualized Education Programs and 504 Plans.

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1: Understanding Special Needs – Definitions, Key Concept and Historical Perspectives

Introduction:

Many children live with circumstances which present special needs related to their learning. These children may have physical, cognitive, emotional, social or other needs, which lead them to develop and learn in different ways than their typical-developing peers. Throughout history, society has managed these needs, and these children, in different ways. This chapter examines these situations, the historical manner in which they have been managed, and how the preference now is for inclusion. This chapter also defines inclusion and examines situations in which it might or might not be appropriate.

Learning Objectives:

By the completion of this chapter, learners should be able to:

- Define special needs, as it relates to education.
- Define inclusion and describe the historical and current status of inclusion in education.
- Describe society's treatment of children with special needs, both historically and currently.
- Provide a rationale for inclusion in early childhood education.
- Discuss the implications for teachers and their responsibilities to ensure effective inclusion.
- Outline the potential benefits, concerns and challenges of inclusion, for children with and without disabilities.

Vocabulary Words:

Accommodation – a change in *how* a student learns or shows understanding without altering academic standards.

Disability – the effect that the impairment has on a person's ability to perform certain tasks or activities.

Handicap – a disadvantage that limits or prevents participation in daily life. Handicaps often arise from barriers in the environment, not from the individual.

Impairment – a loss or difference in body structure or function.

Inclusion – the practice of **educating students with disabilities alongside their peers without disabilities** in general education classrooms, with appropriate supports and services provided as needed. Inclusion is about belonging, participation, and access, not just placement.

Modification – a *change in what a student is expected to learn or demonstrate* in the general education curriculum. It involves adjusting the **content, performance expectations, or learning outcomes** to better match a student's individual abilities.

Person-First Language – emphasizes the *individual before the disability or condition*.

Sensory Deficit – a loss in one or more of the five senses: vision, hearing, touch, taste, smell.

Special Needs – a wide range of physical, cognitive, emotional, social or other differences that may require extra support, resources, or adaptations to help an individual reach their full potential.

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1.1: What Are Special Needs?

Many children grow up with circumstances that affect how they learn and develop. The term **special needs** refers to a wide range of physical, cognitive, emotional, social, or other differences that may require extra support, resources, or adaptations to help individuals reach their full potential.

Students with special needs may learn or develop in ways that differ from their peers. In education, the term describes learners who may benefit from **specialized instruction**, **modifications**, **accommodations**, or **additional services** to help them succeed in the classroom and beyond.

It is important to understand that "special needs" is not a label that defines a person—it describes the supports a person might require. Every learner has unique strengths, challenges, and ways of learning. Recognizing special needs helps educators focus on providing equitable opportunities rather than emphasizing limitations.

Common examples of areas where students may have special needs include:

- **Learning differences** (e.g., dyslexia, ADHD)
- **Developmental disabilities** (e.g., autism spectrum disorder, intellectual disability)
- **Physical or health impairments** (e.g., cerebral palsy, visual or hearing impairments, chronic illnesses)
- **Emotional or behavioral disorders** (e.g., anxiety, depression)
- **Giftedness or twice-exceptionality** (students who are gifted and also have a disability)

Educators and professionals often prefer the term **"exceptionalities"** because it emphasizes individual differences and potential rather than limitations. The goal is to view each person as gifted in their own unique ways, capable of growth, participation, and contribution, and to provide whatever support they may need to excel.

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1.2: Why We Should Study Exceptionalities in Education

Understanding exceptionalities is essential for anyone preparing to work with children, youth, or adults in educational or community settings. Every learner is unique. Some learners may have physical, cognitive, social, emotional, or behavioral differences that affect how they access and engage with learning. Each learner may be at a different point on a spectrum of exceptionalities, needing more, less or different assistance than another learner. Studying exceptionalities helps future educators and professionals recognize these differences not as deficits, but as part of the natural diversity of human experience.

There are several key reasons why this helps:

1. **Promoting Inclusion and Equity**
   When educators understand exceptionalities, they can create learning environments where every student feels valued and supported. Inclusive practices ensure that students with disabilities or other learning differences have equal opportunities to participate, learn, and succeed alongside their peers.
2. **Building Empathy and Professional Awareness**
   Learning about exceptionalities develops empathy. It encourages educators to look beyond labels and focus on individuals' strengths, interests, and potential. This understanding fosters respect and sensitivity in classroom interactions and professional decision-making.
3. **Meeting Legal and Ethical Responsibilities**
   Educators must be familiar with laws such as the Individuals with Disabilities Education Act (IDEA) and the Americans with Disabilities Act (ADA). Studying exceptionalities ensures that teachers and support staff know how to implement these protections and uphold students' rights.
4. **Designing Effective Instruction and Support**
   Knowledge of different exceptionalities helps educators tailor instruction, adapt materials, and collaborate with families and specialists. It allows teachers to use strategies that address diverse learning needs and promote academic and social growth for all students.
5. **Preparing for a Diverse Society**
   Classrooms today reflect the diversity of society. Understanding exceptionalities prepares educators not only to teach students with special needs but also to model acceptance and inclusion for all learners. This, in turn, helps to prepare students as positive, contributing members of this society.

In short, studying exceptionalities helps future educators move from awareness to action—creating classrooms and communities where every learner belongs.

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1.3: Terminology Has Changed

Terminology has changed over time, in attempts to remove any negative connotations. Children used to be referred to as Mentally or Physically Retarded. If someone says “Retarded” now, it is considered politically or socially incorrect. “Challenged” is a more preferred term, although some find fault with it as well. For a time, people were referred to as “Disabled”; that became “differently abled”. Examples go on...

Terminology for inclusion changes over time, just like it does for races, cultures, adjectives and other words. Learners who have many years of experience may be familiar with terms which were used in the past. Today, although these terms are often still used, they may have different meanings. Understanding the distinction helps educators use accurate and respectful language.

- **Impairment** refers to a loss or difference in body structure or function
  Example: A student with limited vision has a visual impairment.
- **Disability** refers to the effect that the impairment has on a person's ability to perform certain tasks or activities
  Example: Because of the visual impairment, the student may have difficulty reading standard print.
- **Handicap** describes a disadvantage that limits or prevents participation in daily life. Handicaps often arise from *barriers in the environment*, not from the individual.
  Example: If classroom materials are not provided in large print or digital form, the student experiences a handicap.

In modern education, the term *handicap* is used less often because it suggests that the limitation lies within the person, rather than in the environment. Today, educators focus on **removing barriers** and **adapting environments** to support all learners.

Currently, society is encouraged to use person-first and identity-first language.

- **Person-first** language emphasizes the *individual before the disability or condition*. It highlights that a person *has* a disability rather than *is defined by* it. This serves to affirm the person’s humanity and individuality before any label or diagnosis. A disability is something the person has, not who they are.

Examples:

“Person with a disability” instead of “disabled person”

“Student with autism” instead of “autistic student”

“Person who uses a wheelchair” instead of “wheelchair-bound person”

“Person with a mental health condition” instead of “mentally ill person”

- **Identity-first** language places the *disability or identity descriptor before the person*. It recognizes the disability as an integral, positive part of who someone is, not something separate from or negative about them. This is used by some to express pride, solidarity, and belonging within a cultural or disability identity. This is preferred by some groups to recognize that the disability is *part of who the person is*, not something to distance from.

*Examples***:**

“Autistic person” (commonly preferred in the autism community)

“Deaf person” (embraced within the Deaf community)

“Blind person”

“Disabled person” (increasingly accepted among disability advocates who see disability as a social identity, not a deficit)

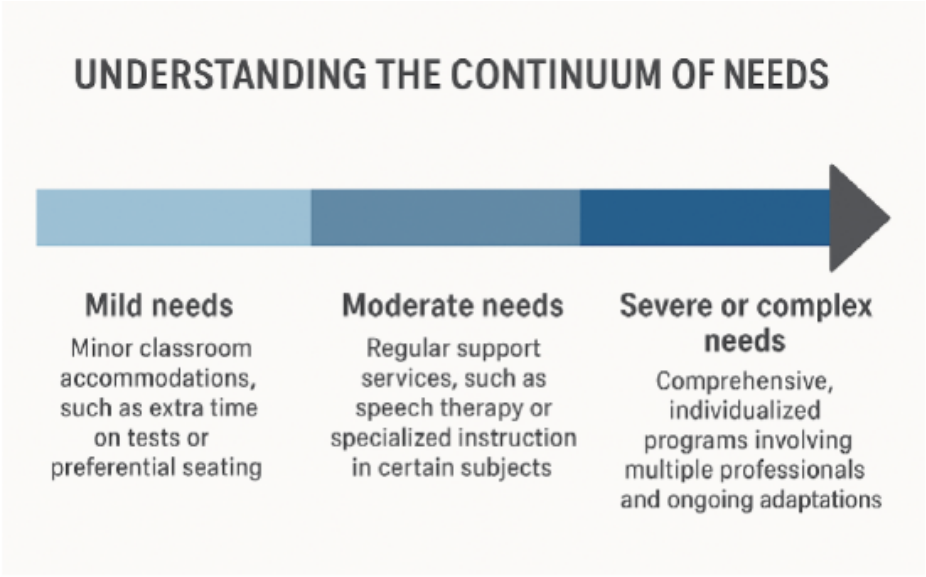
While this may be somewhat confusing, there is no single “correct” approach; preferences vary by individual and community. The best practice is to:

- **Ask people how they identify**, and use their preferred terminology.

- **Stay informed** about evolving language norms in different communities.
- **Model respect** by being flexible and open to change and correction.

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1.4: Do All Learners Need the Same Amount of Assistance?



Every learner is unique, and their needs exist along a **continuum**—from mild to intensive. Some students may only need small adjustments, while others may require ongoing, specialized support.

- **Mild needs:** Minor classroom accommodations, such as extra time on tests or preferential seating.
- **Moderate needs:** Regular support services, such as speech therapy or specialized instruction in certain subjects.
- **Severe or complex needs:** Comprehensive, individualized programs involving multiple professionals and ongoing adaptations.

Understanding this continuum reminds educators that **special needs are not "all or nothing."** Instead, they vary in type, intensity, and duration. Effective teaching recognizes this diversity and adapts instruction so that all students can learn and thrive.

Reflect and Apply

Think about a time when you witnessed inclusion in your school, workplace, or community.

- What made the experience inclusive or supportive?
- How did people's attitudes, language, or actions contribute to that environment?
- What lessons can educators draw from that example to build classrooms where all learners belong?

✏️ *Write a short reflection (5–7 sentences) or discuss your ideas with a classmate or small group. Be ready to share one insight about how inclusion can make a difference in everyday educational practice.*

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1.5: Historical Perspectives of Special Education

Historically, society has progressed in the treatment and consideration of people who are gifted and/or challenged in ways different than their peers. Although this section will focus on societal perspectives found in the United States of America, similar views and policies can be examined throughout the world.

Prior to the mid-1950s – Up through the mid-1950s, the idea of "hide and forget" was common. When a child was born with a physical or mental difference, doctors and others encouraged the parents to put the child in an institution and forget about them… to move on with life and have another child who wouldn't impose such an inconvenience to the family.

Kay Was Unforgettable



Kay was born in the early 1950s, the first child of two middle-class, educated parents. At birth, the doctors noticed that Kay was very small, her skin had an unusual bluish tint, and that her cry was less verbose than that of most newborns. This caused concern amongst the hospital staff, who proceeded to conduct tests on this tiny little girl. By the next day, the doctors approached Kay's parents with the sad news: her tiny little heart was under-developed and only had two chambers instead of the normal four. This was causing her body to not pump blood effectively and would severely limit her ability to get enough oxygen or to ever be very physically active. The doctors further stated that she couldn't be expected to live past the age of three years. They advised Kay's loving parents that it would be best to go home without her. The hospital would see to it that the baby was cared for in a facility for such children until she died naturally. The doctors advised the parents that they had their entire lives in front of them… they could have other children who would most likely be born healthy… they should just forget about this child. Fortunately for Kay, her parents did not heed the doctors' advice. They took Kay home and raised her as part of their family. She had several surgeries to help correct the issue with her heart, attended school, became a loving big sister, was valedictorian of her high school class, graduated from college, and was married. She eventually died in her late 30s, but led a happy, full and prosperous life. Stories like Kay's led society to reconsider how children with special needs should be viewed; this helped contribute to societal change.

By the mid-1950s, society started trending toward "screening and separating" children and adults who were "Retarded" (the term used during that era). These children who were "different" were identified and placed in "Special Education" programs. At that time, these were separate classrooms or separate schools, who specialized in serving the needs of these "unfortunate" children. The children were cubby-holed and had no interaction with their peers who developed "normally". There were separate schools for children who were blind, deaf, physically handicapped, mentally handicapped, or otherwise challenged. Once a child was screened, that was the track they stayed on. Some of these schools continued in operation into the 1980s and beyond.

1960s - "Identify and help" was the trend in the 1960s. Children were still separated from their "normally developing" peers, but

the focus changed from storing them out of the way to really trying to help them. Society was starting to recognize the value of a human being, no matter what their apparent abilities.

Lee Spreads Love



Lee was born in the early 1970s. When he was born, a hush came over the delivery room... the doctors and nurses exchanged guarded looks. It was obvious to them... Lee had Down Syndrome. The medical team whisked Lee away before his mother could really see him, mumbling an excuse about needing to warm him up under the lights for a little while. Once the parents were back in the mother's room, the doctors broke the news... their child was not what they were expecting. The doctors offered additional tests for confirmation, offered social services to help the parents decide what to do with the child, and offered their condolences... the parents were just grateful to have their beautiful baby and vowed to raise him the best they knew how. The doctors shook their heads, obviously disagreeing with this decision but not having the power to change the minds of these loving parents.



Lee was enrolled in a special new program for infants born with Down Syndrome. Research had shown that extra engagement exercises, touching and other techniques could be beneficial in these children's development. When he turned five, Lee was enrolled in a special county school for children with Down Syndrome; at this school, Lee made friends, his family found support amongst other parents and the staff was specially trained to help children born with Down Syndrome. By the time Lee was old enough to go to high school, a special program had begun at a school two towns over; this program allowed children who had Down Syndrome to attend a special class on the high school campus, so

that they could occasionally share passing periods, lunch and assemblies with same-age peers who were typically developing. Lee enjoyed all of these social gatherings, made dozens of friends and loved cheering at football games. After graduation from this high school program, Lee was enrolled in a special jobs program where he worked stocking shelves and helping customers at a local store. Lee had hundreds of friends, enjoyed his own hobbies, was active in his family's church and community, and spread joy wherever he went. His parents accepted the challenge of raising a child with special needs, tapped into available support services, and enjoyed a wonderful life with their son; Lee was a benefit to the community, for anyone who would allow him to be.

1970s/1980s - "Mainstreaming" became the norm in the 1970s and 1980s. This meant that children who were enrolled in Special Education classes would be included in the regular education classrooms of their peers whenever possible. These children were often accompanied by an adult aide who worked one-on-one with them. The children were commonly viewed as visitors because they were only there for a short part of the day, but at least the special education and regular education peers had some exposure to each other. This was an important stepping-stone to what we now know as "Inclusion".

A New Experience for Ms. Green

It was Ms. Green's second year of teaching. She had been told that her third-grade class would have 20 students, but that there would be two other students who would join them occasionally and would sit at the back table with their helper. Ms. Green had seen this happen in other classes but had never had any "mainstreamed" students of her own. She was nervous because it had been quite a while since her Introduction to Special Needs class in college, and she didn't consider herself an expert in Special Education. How would she meet the needs of these students? How was she supposed to teach them?

Ms. Green needn't have been concerned. The students were only there to be exposed to same-age peers for a little while. While she taught the class third-grade math, the two students in the back worked on simpler math with their helper. When she led reading groups, the students at the back table were read to by their helper. When her students went to computers or PE, the mainstreamed students left and went back to their special education classroom where they would continue their daily activities with other special education students. It didn't really seem like they were a part of her class because... well, because they weren't. They only sat in her room for part of the day. Ms. Green wondered what the benefit of this was but supposed that those who were Special Education experts must know what they were doing.

1980s – 2000s - "Include and support" began in the mid-to-late 1980s and was made law with the passing of the Americans with Disabilities Act (ADA) in 1990. The law now requires that children must receive education in the least restrictive environment possible. Inclusion differs from the other historical trends in that it focuses on the attitude that everyone belongs. "*An inclusive school is a place where everyone belongs, is accepted, supports, and is supported by their peers and other members of the school community in the course of having their educational needs met.*" (Steinback and Steinback, 1996, p.5)

A Day in the Life of Jordan



The morning bell echoes through the hallway as Jordan wheels into his classroom, backpack balanced across the handles of his chair. He's in tenth grade, and mornings are always a bit of a rush. This morning had been no different... Jordan's mom helped him get ready, the bus driver lowered the ramp, and his aide greeted him at the school's front doors with a cheerful "Good morning, Jordan!" Then, it was a rush to maneuver through the hallways and get to his first period class in time.

Today, Jordan is excited! His group is presenting a science project about renewable energy. He has practiced his part several times, using his speech-to-text app to make sure his ideas come through clearly. In the classroom, his teacher projects his slides while his peers take turns presenting. When it's Jordan's turn, the class listens attentively as his tablet voice reads his portion aloud. His classmates nod and applaud when he finishes.

During lunch, Jordan sits with his friends... some from his general education classes, some from his resource room. They talk about the upcoming school dance. A friend offers to push Jordan's chair over to the gym so they can plan decorations together.

The day ends with math, a subject that challenges him the most. His teacher quietly adjusts the assignment, giving him the same concepts but in smaller steps. Before leaving, she reminds him, "You're doing great! See you tomorrow."

On the bus ride home, Jordan thinks about the day... not perfect, but full of small victories. For him, success isn't about being "different"; it's about being included, supported, and valued for who he is.

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1.6: How Inclusion Has Changed Since the Year 2000

One of the biggest shifts in "Inclusion" since the year 2000, has been the change toward having students with disabilities spend more time in general education (inclusive) classrooms. In 2004–05, about **50–52%** of students with disabilities spent 80% or more of their school day in general education. (The Condition of Education, 2007, Indicator 31, p. 68 http://nces.ed.gov/programs/coe) Laws and policy have been refined to support inclusion more strongly. For example, reauthorizations of the IDEA (Individuals with Disabilities Education Act, 2004) put more emphasis on accountability, standards, and students' access to the general curriculum. Over time, the idea of what counts as "least restrictive" has expanded. It's not just about physical placement (whether a student is in a regular classroom or not), but about access to curriculum, social participation, support, and services in that classroom. The inclusion of students with more severe disabilities has also expanded. (Villa & Thousand, Making Inclusive Education Work, ASCD, vol 61 No. 2, October 1, 2003) The overall number of students identified with disabilities has increased, and special education has become more visible as part of mainstream schooling. More support is being brought into regular classrooms rather than pulling students out for separate instruction; these supports include co-teaching models, inclusion specialists, paraprofessionals and in-class accommodations, among others. Use of assistive technology, differentiation in instruction and universal design for learning (UDL) have become more commonly discussed and implemented.

While overall inclusion has grown, there remains large variation by state, district, school, and type/severity of disability. Some students still spend much of their day outside general education. Differences also show up in resources, teacher training, class size, funding, and cultural attitudes toward disability. Some regions or schools are far ahead; others struggle to provide enough support.

Over time, there has been more attention on whether inclusion is *meaningful* — not just being physically present in general education, but whether students are achieving academically, socially, and emotionally. Schools are more often held accountable for these outcomes than they were in previous decades. As part of inclusive practices, more attention is also being paid to:

- early intervention (identifying issues and providing support prior to a child entering school),
- transitions (into school, between grades, into post-school life),
- behavior supports, and
- students' mental health.

Reflect and Apply - Inclusion Today

Throughout history children with special needs have been viewed in very different ways, from being hidden or institutionalized to being included and valued members of schools and communities. These changing perspectives reveal much about society's beliefs, fears, and progress.
How do society's historical attitudes toward children with disabilities continue to influence the way schools, families, and communities view inclusion today?

- Consider how past practices might still appear in modern education systems.
- What changes in mindset or policy are still needed to ensure full inclusion and respect for all learners?

✏️ *Write a short reflection (5–7 sentences) or discuss your ideas with a classmate or small group. Be ready to share one insight about society's historical attitudes toward children with disabilities and how those attitudes continue to influence the way schools, families, and communities view inclusion today.*

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1.7: Understanding Inclusion in Early Childhood Education

Thus far, this text has presented information about the general history and societal perspectives related to people with special needs. It will now examine more closely how this relates to the field of education and, more specifically, to Early Childhood Education (defined as ages 0-8 years).

Inclusion in education refers to the practice of ensuring that *all students*, regardless of ability, disability, background, or learning difference, are welcomed, valued, and supported to participate fully in general education settings. It emphasizes providing appropriate supports, accommodations, and instructional strategies so that every learner can access the curriculum, engage in meaningful learning experiences, and build social relationships alongside their peers. Inclusion is not simply placing students with disabilities in the same classroom… it is about creating an environment where *every student belongs, is respected, and can succeed*. True inclusion involves:

- membership (interactions with groups),
- relationships (give and take equally in relationships, helping each other), and
- development (IEP, IFSP, other developmental measurements and provisions).

For membership, relationships and development to be successful, there must be an underlying acceptance of each other. Young children have been shown by numerous studies to naturally accept others, regardless of how they are developing. Young children might notice differences (how come that boy has a metal leg, or how come that girl walks with a white stick?) but they are just looking for simple, factual answers. (His leg got cut off, or she is blind and can't see; the stick helps her walk.) Children of this age tend to accept the facts and move on without discrimination. When children show discrimination, it is because they've been taught to. Perhaps parents and others don't INSTRUCT a child to discriminate, but attitudes and speech are easily caught. Inclusion includes everyone (hence the name). Children who are developing differently than their peers may need extra assistance and opportunities to learn.

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1.8: Benefits of Inclusion

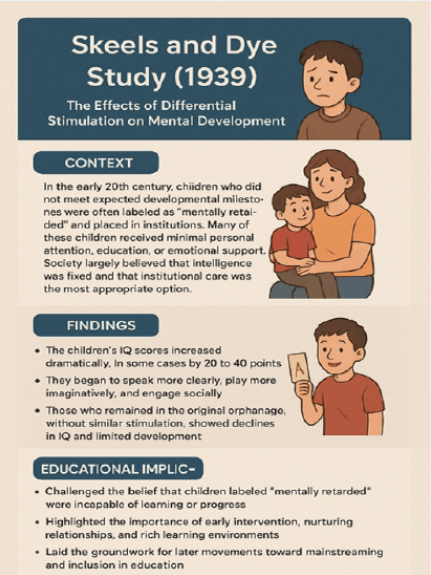
Young children naturally gain insight into the world around them through the interactions they have, and through play-acting various roles to better understand. Past the age of two years, these scenarios often involve multiple peers playing together... it is how children learn. This learn-by-doing model also applies to adults... Imagine that you didn't know how to tear apart and re-build a car's engine; how would you learn? Perhaps you would learn best by watching and listening as someone else showed and told you how to do it. Then, perhaps you would try it under the instructor's watchful eye, and eventually would master the task of doing it yourself. Children are the same. If one child has no experience in building a tall tower, they watch a peer do it, try it themselves and eventually master the new task. Vygotsky referred to this as the *Zone of Proximal Development*. If we are only exposed to people who have the same skills we have, our possibilities for growth are limited. If we are exposed to people who have skills that vary some from ours, we have more possibility to learn from them and they from us.

Inclusion has been shown to benefit all concerned. Studies upon studies have shown that children with disabilities benefit socially by being included in classrooms with their peers (those with and without disabilities). Where one child is challenged, another is gifted; they learn to work together and complement each other. Inclusive classrooms are likely to be more stimulating, offer activities that build on a child's strengths and preferences (not weaknesses), and allow for interaction with and learning from peers with higher-level skills. It is more natural for these children to learn by engaging with peers than to learn from adults.

Some have expressed concern about how inclusion impacts the typically developing children. The developmental progress of typically developing children has not been shown to be adversely affected by participation in an inclusive classroom. Typically developing children who participate in inclusive classrooms have demonstrated increased acceptance and awareness of others, increased sensitivity toward others regardless of their abilities or appearance, and are generally more aware of their own strengths and weaknesses than peers who participate in non-inclusive classrooms. Studies have also shown that these children grow up to be adults who are more tolerant of others and more respectful and understanding of those in society who are less able than themselves. (Hong, 2019) (Molina Roldan, 2021)

Additional hazards arise when society separates children with perceived disabilities from those who are typically developing. Mistakes have been made, and children have shown the ability to improve/digress based upon their environment and expectations. Various studies have centered on children who were mis-diagnosed and wrongfully institutionalized from a very young age. One such case study is described below: (Skeels, H. M., & Dye, H. B. (1939). A study of the effects of differential stimulation on mentally retarded children. *Proceedings. American Association on Mental Deficiency, 44, 1,* 114–136.)

Case Study: The Skeels and Dye Study (1939)



Title: *The Effects of Differential Stimulation on Mental Development*
Researchers: Harold Skeels and Harold Dye
Location: Iowa Orphanage and State Institution

In the early 20th century, children who did not meet expected developmental milestones were often labeled as "mentally retarded" (the historical term used at the time) and placed in institutions. Many of these children received minimal personal attention, education, or emotional support. Society at that time largely believed that intelligence was fixed, and that institutional care was the most appropriate option.

Harold Skeels and Harold Dye, two psychologists working in Iowa during the 1930s, began to question this assumption. They observed that some children placed in orphanages were not intellectually impaired but were instead suffering from emotional and social deprivation. Skeels and Dye identified several young children in an orphanage who had been classified as "mentally retarded." They transferred a group of these children to a nearby institution for women with intellectual disabilities.

In this new environment, the children received constant attention, affection, and stimulation from the women who cared for them. They were spoken to, played with, and treated with warmth... something they had not experienced in the orphanage setting. Over time, the researchers observed remarkable changes:

- The children's **IQ scores increased dramatically**, in some cases by 20 to 40 points.
- The children began to speak more clearly, play more imaginatively, and engage socially.
- Those who remained in the original orphanage, without similar stimulation, showed **declines in IQ** and limited development.

When the children were followed up years later, those who had received enriched care were living independently, working, and raising families; many of the others who stayed institutionalized continued to struggle. The Skeels and Dye study was groundbreaking because it demonstrated that **intellectual development is not fixed**, but strongly influenced by environment, stimulation, and emotional connection. This case:

- Challenged the belief that children labeled "mentally retarded" were incapable of learning or progressing.
- Highlighted the importance of **early intervention, nurturing relationships,** and **rich learning environment,** and
- Laid the groundwork for later movements toward **mainstreaming** and **inclusion** in education.

Reflect and Apply

What lessons from the Skeels and Dye study remain relevant in today's approach to inclusive education, and how might similar biases still affect how students with disabilities are identified or supported?

✏️ *Write a short reflection (5–7 sentences) or discuss your ideas with a classmate or small group. Be ready to share one insight about how similar biases still may affect how students with disabilities are identified or supported.*

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1.9: Supporting Inclusion - Implications for Teachers

Society realizes now that institutionalism is not a proper upbringing for children. We have moved away from orphanages in preference of Foster Families for this reason. Institutions might have appeared like castles from outside, but the impersonal way of raising a child was not preferable. Children thrive more when raised by loving family units.

Some believe that providing extra services is costly. Inclusive classrooms and schools have proven to be less costly than having separate parallel programs. Why duplicate school administration, buildings, staffing, etc.? It is more financially cost-effective to add services to the already existing schools, than to replicate them. It is also better for all involved.

Early childhood education has long operated with an activity-based approach. This works well to meet the individual educational needs of each child. Early childhood teachers are accustomed to individualizing learning activities to meet the various developmental goals of each child involved. As noted by Allen and Cowdery (2015, p. 18) “Curriculum planning for inclusive settings also requires teachers to integrate the goals and activities on the children’s IFSPs/IEPs into ongoing classroom activities.” In this way, ECE classrooms are a natural fit for inclusion of all students, regardless of their abilities. Teachers can use regular early childhood education learning activities and incorporate ways to meet the learning needs of each child through the same activity. It takes planning and thought but is a sign of being a good teacher.

Based on Vygotsky’s research and sociocultural theory, we can utilize the Zone of Proximal Development and scaffolding to help all students in an inclusive environment. Often the best way to really solidify one’s learning of something is to teach it to others. Children can lead an activity, lead a calendar time, read/tell stories to their classmates and otherwise contribute to the efficient running of the classroom while bolstering their own self-esteem and confidence. Additionally, when children are exposed to peers with differing developmental abilities, they grow up to be mature adults with more respect and understanding of others who are differently abled than themselves. The bottom line is...
INCLUSION is the best form of education for all involved and INCLUSION IS THE LAW.

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1.10: Concerns and Challenges of Inclusion

It is important to ensure that the individual needs of children are able to be met in an inclusive classroom. Some children may need a break from the stimulation of a large group. Children with a sensory impairment may not pick up on the same sensory clues as their peers. A deaf child may not hear a fire alarm, someone entering the room or a teacher's verbal communication; staff need to be cognizant to include visual cues for that child. A blind child depends on memory of where things are in the classroom; staff should refrain from rearranging the room frequently and should help the child re-map when they do move something. Children who lack a sense of taste or smell may not as readily enjoy cooking and tasting experiences when compared to their peers; staff may need to explain the taste or smell, and help the child recognize other aspects of the experience. Children can definitely be included in all these experiences, regardless of their abilities, but staff must be cognizant of helping them to be included.

Professionals may need additional training, education, support and patience. Families and professionals must work together toward their common goal of what is best for the child. Other families must be included to know that the arrangement is positive for all concerned. Society has come a long way since children were put away in institutions and kept out of public view. Inclusion is about values and beliefs, and about what is best for each child. Children, families, teachers and other professionals must be supported throughout the planning and implementation of inclusive classrooms. Inclusion is here to stay!

Reflect and Apply

How do Inclusive classes benefit children with and without developmental issues? Be specific.

✏️ *Write a short reflection (5–7 sentences) or discuss your ideas with a classmate or small group. Be ready to share one or more insights with the group.*

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1.13: Suggested Videos

Brookes Publishing. (n.d.). "*You're Going to Love This Kid!*" *Teaching Students with Autism* [Video]. YouTube. https://youtu.be/t2KF1ZfRip4
This 4½-minute video invites educators to imagine schools that say “yes” to full inclusion of students with autism. It highlights the benefits of inclusive classrooms for all learners and addresses common challenges through a strengths-based, collaborative approach. Featuring real teachers and students, it models practical ways to support inclusion and promote acceptance in school communities.

Differentiating in an Early Childhood Inclusion Classroom. (n.d.). *YouTube*. https://youtu.be/qQ269cd05Rw
In this 7½-minute video, teachers demonstrate effective differentiation strategies in a Pre-K inclusion classroom. Viewers observe how individualized instruction, environmental arrangement, and behavioral supports create a responsive and engaging learning environment for all students. The video provides concrete examples that early childhood educators can apply to meet diverse developmental and learning needs.

Wisconsin Department of Public Instruction (DPI). (n.d.). *Meaningful Inclusion in Early Childhood* [Video]. YouTube. https://youtu.be/a2wJqDw9B68
This 6-minute video showcases how a Wisconsin school district implements meaningful inclusion for young children with and without disabilities. Parents, teachers, and administrators share experiences that illustrate collaboration, family engagement, and inclusive teaching practices. The video offers authentic perspectives on the benefits and realities of creating equitable early learning environments.

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2: The History and Legalities of Special Education

Introduction:

This chapter provides a thorough look into the landmark legislation that has brought the United States to the current point of inclusion in Special Education. This solid background will help learners better understand how they can best serve children's needs in our society.

Learning Objectives:

By the completion of this chapter, learners should be able to:

- Discuss how the early intervention and civil rights movements set the stage for current legislation for individuals with disabilities.
- Explain the impact of landmark legislation for people with disabilities.
- Identify the components of No Child Left Behind (NCLB) 2001, including recent changes made.
- Discuss the landmark case law for the inclusion of all children.
- Provide an overview of public policy and gifted children.
- Describe three pieces of legislation designed to prevent developmental disabilities in children.
- Describe two examples of programs designed to provide early intervention for children's development and education.

Vocabulary Words/Terms:

Americans with Disabilities Act - a private and public school may not discriminate against a person with disabilities on the basis of their disability. The school must make reasonable accommodations to serve the child, regardless of disability.

Appropriate Education – Services must be appropriate to each individual child. These are outlined in the Individual Education Plan (IEP) or the Individualized Family Service Plan (IFSP).

Case Law - How courts interpret and implement laws

Compensatory education - educational programs designed for children who are disadvantaged; their purpose is to provide children with some of the opportunities (social, educational, medical) that other children enjoy.

Due Process – Parents have the right to call a meeting and re-examine the evaluation and treatment of their child. They have the right to advocate for their child however they believe appropriate.

Individual Education Program (IEP) – The process through which children qualify for special educational services, and the plan that details how these will be accomplished.

Individualized Family Service Plan (IFSP) – Similar to an IEP, but for children under the age of 3 years; focuses on working with the family to be able to help the child's development.

Landmark legislation - a turning point in or an entirely new approach to public policy.

Least restrictive environment – the principle from IDEA that requires students with disabilities to be educated with their non-disabled peers to the maximum extent appropriate for their individual needs.

Inclusion – Children who have identified disabilities are educated alongside peers who do not have identified disabilities. They are included as a regular part of the group. They receive parallel support services to enable their participation, as appropriate (i.e. an aide, individualized work, etc.).

Nondiscriminatory evaluation – A child must be fully evaluated by multiple methods, in a way appropriate to the child's home language and cultural background, prior to being placed in special education services.

Parent Participation – Recognizes the importance of and ensures parent participation in the education of their children.

Zero Reject – Local school systems MUST provide free services to all children, regardless of disability.

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2.1: Prevention



There is an old saying, *"An ounce of prevention is worth a pound of cure."* Some developmental disorders can be prevented, starting even prior to conception. Both mother and father should be in good health, genetically compatible, not taking drugs, not under excessive stress, etc. During pregnancy, the mother must continue to ensure good health and adequate prenatal care. The mother should also continue to avoid nicotine, alcohol and other drugs. Whenever possible, the mother should avoid pollution, stress and negative environments.

Studies have shown that a baby in utero knows whether they are wanted and can anticipate harmful hormones. If a mother smokes while pregnant, the baby learns to anticipate the poisons from the nicotine before the mother even takes the first puff. The baby contracts its stomach muscles, closing off the blood flow from the mother as much as possible. When the baby has limited blood flow, they limit the amount of poison that pollutes their system; however, this action also limits the food supply. Babies who are born to mothers who smoke are often born at a low birth weight. The same can be applied to babies whose mothers use other harmful substances. The baby cannot filter ALL poisons out, however, which can lead to birth defects and developmental delays. Immediately following birth, infants are tested with the APGAR (Appearance, Pulse, Grimace, Activity and Respiration) test, the PKU (phenylketonuria) blood test, for iron levels, etc. If a mother has a sexually transmitted or other disease (i.e. syphilis, AIDS, etc.), birth defects may occur during the birth process; these cause horrific issues later in life which could be prevented if the medical team knows about them in time to take precautions during the birth.



When one disability goes undiagnosed or

untreated, it quite often leads to other issues. For example, if a child has dyslexia, reading is difficult; this spreads across the board to impact learning of every other subject. Another example... remember the childhood song of "Your hip- bone is connected to your leg bone..."? It is true! If a child has a leg issue which is not treated or accommodated for, the child may learn to walk unevenly; this may throw off the child's hips, posture, balance, spine alignment, and more. If one leg is shorter than the other, a simple accommodation might be a lift in the child's shoe to even them out and allow all other alignment issues to be avoided. Without accommodation, however, one little issue may grow into many larger issues. An ounce of prevention is worth a pound of cure and can save years of damage and treatment. Recognition of this has led to federal programs to provide:

- pre-natal care and nutrition to expectant mothers *(Special Supplemental Nutrition Program for Women, Infants, and Children – WIC)*, and
- nutritional support for babies and young children (*WIC*).

It has also led to the:

- "First Five" initiative, which provides support services to families promoting the education and development of children from birth to 5 years *(Every Student Succeeds Act – ESSA)*.

Additionally:

- children may qualify for immunizations, vaccines, medical care, etc. through state, federal *(Vaccines for Children – VFC)* and private insurance.

These programs are all intended to help children stay healthy and prevent diseases that can cause secondary disabilities.

Reflect and Apply

Consider the information presented in this section to help prevent some developmental disabilities in children. What cautions are provided for expectant parents? What programs have been established to help prevent disabilities in children?

✏️ *Write a short reflection (5–7 sentences) or discuss your ideas with a classmate or small group. Be ready to share one insight about how public laws and/or programs can help prevent specific diseases or disabilities*

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2.2: Early Intervention is Important

From the 1960s until modern day, the US courts have changed the course of law and daily practice related to people with special needs. Education has been a big part of this change. Much of this stemmed from the research done with children who had previously been institutionalized, and the realization that “nurture” can be just as important as “nature”.

In the previous chapter, the research of Skeels and Dye (1939) was highlighted; this research demonstrated the importance of early intervention, nurturing relationships, and rich learning environment, and laid the groundwork for future changes. Further research has shown that:

- Early identification of developmental delays leads to better long-term outcomes.
- Brain development is most rapid in the first few years of life, making early intervention critical.
- Family involvement enhances the effectiveness of intervention strategies.
- Evidence shows that targeted interventions can significantly improve cognitive and social skills.
- Access to services reduces the need for more intensive support later in life.
- Research indicates that early intervention can lead to cost savings in special education and healthcare.

After research showed that an adequate learning environment with appropriate stimulation can help the brain development of young children, policymakers developed compensatory education programs. Two such programs are Head Start (a federally funded program) and the California State Preschool Program (state-funded; the largest state preschool program in the country).

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2.3: A Closer Look at Head Start



President Lyndon B. Johnson declared a War on Poverty in his 1964 State of the Union address. New research documented the negative effects of poverty, including its impact on education. This research indicated an obligation to help disadvantaged groups, compensating for inequality in social or economic conditions.

A comprehensive child development program was developed to help communities meet the needs of disadvantaged preschool children. The Head Start program was designed to help break the cycle of poverty by meeting emotional, social, health, nutritional and educational needs. Head Start would be offered in communities nationwide, serving the children of families who lived in poverty. The guidelines required that the program be culturally responsive to the communities served, that it includes a parent component, and that the communities have an investment in its success through the contribution of volunteer hours and other donations.

Head Start began in 1964. By 1975, regulations governing Head Start programs were published to direct Head Start programs in every state and territory of the USA. The success of the program, and realization that early intervention is important, led to the Early Head Start program beginning in 1995. Early Head Start serves expectant families and children aged birth-to-three years old. The tremendous impact of the Head Start programs since 1964 have resulted in bi-partisan support. In 1998, the Head Start program was authorized to expand to full-day and full-year services. The Head Start and Early Head Start programs, were most recently reauthorized in 2007 with bipartisan support, and continue to operate under annual appropriations.

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2.4: What is the California State Preschool Program?

The California State Preschool Program (CSPP) is a state-funded early childhood education program designed to provide developmentally appropriate, high-quality preschool services to eligible three- and four-year-old children in California. It is administered by the California Department of Education (CDE) and serves as a key part of the state's efforts to promote school readiness and early learning equity. The CSPP aims to:

- Prepare children for kindergarten through play-based, developmentally appropriate learning experiences.
- Support children's cognitive, social-emotional, and physical development.
- Engage families in their child's learning and development.
- Provide nutritious meals and health services.

CSPP primarily serves:

- Low-income families (based on state median income thresholds).
- Three- and four-year-old children (with priority for 4-year-olds).
- Children from families with risk factors, such as homelessness, foster care placement, or those receiving public assistance.
- Children who have been identified with special needs.

Programs may operate as full-day, year-round programs, or as part day (3 hours a day) part-year programs. Regardless of the type of program, CSPP must maintain low adult-to-child ratios, small class sizes, and must follow California's Preschool Learning Foundations and Preschool Curriculum Frameworks.

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2.5: Universal Transitional Kindergarten for all Four-Year-Olds in California

As researchers learn more about early brain development and the importance of early learning and early intervention, many are increasing efforts to provide increased early childhood education services. California is the first state to provide universal Transitional Kindergarten (TK) to all 4-year-olds in California, beginning in 2025. Universal TK now complements CSPP, creating a mixed-delivery system of early learning. Assembly Bill (AB) 22 (2021) and AB 210 (2022) helped align CSPP with UTK goals and simplify eligibility, providing universal access for all 4-year-olds and increased inclusion of 3-year-olds. California's TK programs are run through the public schools, and have essentially added another grade to the school system. The program runs on the same schedule and calendar as the other public school grades. Teachers are required to hold state teaching certificates with additional early childhood education coursework. All four-year-olds in California are eligible to attend, free-of-charge, although they are not required to; schooling in California is not required until a child is six years of age (first grade). Parents may choose to enroll their four-year-olds in TK, a different early childhood education program, or none at all... it is a parent's choice.

Reflect and Apply

Consider Head Start, California State Preschool Program and universal Transitional Kindergarten, discussed in this section. How do each of these programs benefit young children? Do they approach ECE from an equitable perspective?

✏️ *Write a short reflection (5–7 sentences) or discuss your ideas with a classmate or small group. Be ready to share how these programs impact children through early intervention.*

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2.6: What About Children Who Need More Assistance?

As previously discussed, Head Start and CSPP are primarily designed to provide educational assistance for children from families who are socio-economically disadvantaged. These programs have expanded to also serve children who have identified special needs and for whom additional assistance may be beneficial in their learning. The history of society's outlook on those with special needs was briefly summarized in Chapter 1. The following provides a more detailed explanation of the laws that led to the special education system that exists today.



1966 – Elementary and Secondary Education Act: Bureau of Education for the Handicapped – Established the Bureau of Education for the Handicapped (BEH) within the U.S. Office of Education to coordinate, promote, and improve educational opportunities for children with disabilities (a group that, at the time, was largely excluded from public education). This gave the federal government a formal leadership role in the education of children with disabilities. The BEH served as the central agency for planning, funding, and guiding special education programs nationwide. Under this structure, the federal government provided grants to develop teacher training programs, research and innovative teaching methods and classroom supports, began systematic data collection and helped to coordinate efforts to better serve children with special needs.

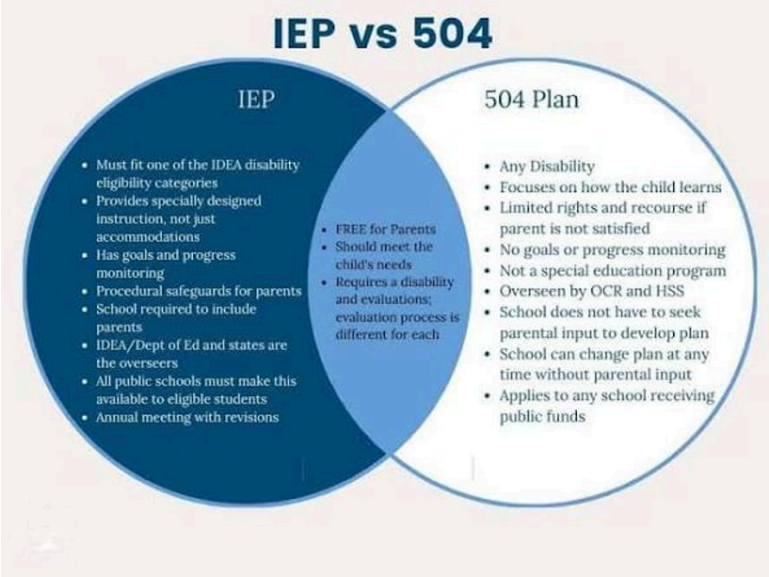
1968- Handicapped Children's Early Education Assistance Act – Served as a major federal step toward recognizing the importance of early intervention for young children with disabilities. This act was the first federal law aimed to support the early education and development of children with disabilities, particularly before they entered elementary school, and helped to establish that early intervention was a national priority. It recognized that early intervention can greatly improve learning outcomes and reduce later educational challenges. This act funded demonstration and pilot preschool programs for young children with disabilities, where best practices in early identification, assessment, and teaching methods were tested. The act also supported training programs for teachers, specialists and parents working with these children, funded research projects, and provided grants to develop early education programs and expand local capacity to serve children with special needs. The recognition that parents are essential partners in their child's early education was an important philosophical shift of this act.

1972- Amendments to the Economic Opportunity Act of 1964 – This 1972 amendment is an important milestone in both early childhood education and disability inclusion history. The purpose of these amendments was to ensure that children with disabilities were guaranteed access to Head Start services, alongside their typically developing peers. For the first time, Head Start centers were required by federal law to enroll and serve children with disabilities. It further established that at least 10% of all Head Start enrollment must be children with disabilities, a rule that is still in place today. Children with disabilities were now to receive the same full range of services (education, health and nutrition, social services and family engagement and support) as other children. Programs were encouraged to partner with local special education professionals, therapists, and agencies to provide individualized supports and therapies. These amendments also introduced the idea of Individualized Education Planning in early childhood settings. As the first federal law to mandate inclusion of children with disabilities in a mainstream early childhood program, this shifted Head Start from a general anti-poverty preschool initiative to a model of inclusive early education.



1975 - Education for All Handicapped Children's Act (EHA) – Perhaps the single most transformative law in U.S. special education history, this law ensured that all children with disabilities in the United States have access to a free and appropriate public education (FAPE) designed to meet their unique needs. Before this law, over 1 million children with disabilities were excluded from public schools, and millions more received inadequate services. Furthermore, this law required that each eligible student have an Individualized Education Program (IEP), mandated that students with disabilities be educated with their nondisabled peers to the maximum extent appropriate (Least Restrictive Environment – LRE), gave parents legal rights to be involved in decision-making, provided due process protections to allow families to challenge placements or services which they felt were inappropriate, and required schools to identify, evaluate and serve all children with disabilities between the ages of five and twenty-one years. This law provided federal money to each state and territory to help cover the cost of special education programs. It was the first time that education for children with disabilities was treated as a civil right.

The Education for All Handicapped Children's Act required that each eligible student have an IEP. An IEP is a written plan outlining the student's current performance, educational goals and objectives, special education and related services to be provided (including the frequency and by whom) and the methods by which progress will be evaluated. An IEP team, consisting of the parent/guardian, a general education teacher, a special education teacher, a school district administrator and any relevant specialists, meets to determine and review the IEP; the student is also included if appropriate. This team meets at least annually to review the students' abilities and needs, to determine goals, and to collaboratively agree on appropriate services, accommodations and modifications.



Reflect and Apply

Consider the legislation from 1966-1975, as described in this section. What do you believe to be the most impactful of these acts for children with disabilities, and why?

✏️ *Write a short reflection (5–7 sentences) or discuss your ideas with a classmate or small group. Be ready to share your ideas with the class.*

1986 – Amendments to EHA – These amendments strengthened the 1975 law by creating early intervention services for infants and toddlers and by extending special education eligibility to preschool-aged children (ages 3–5).

This new amendment provided federal grants and encouraged states to create comprehensive **Early Intervention for Infants and Toddlers** (ages birth to three years). These new programs were to extend services in support of families of infants and toddlers with disabilities, and to assist with developmental needs. Services included therapies (speech, occupational, physical), health and social services, and family counseling. This amendment created the Individualized Family Service Plan (IFSP), a family-centered plan outlining the goals, services and outcomes for the child and family; the IFSP is similar to the IEP but serves children under the age of three-years and focuses on the family and child together.

This amendment also funded the development of **preschool special education programs** throughout the United States and its territories. This expanded the 1975 version of EHA to require states to provide a free and appropriate public education (FAPE) to all children with disabilities beginning at three years of age. This marked the first federal mandate for early intervention services, opening the door to a lifespan approach to disability support.



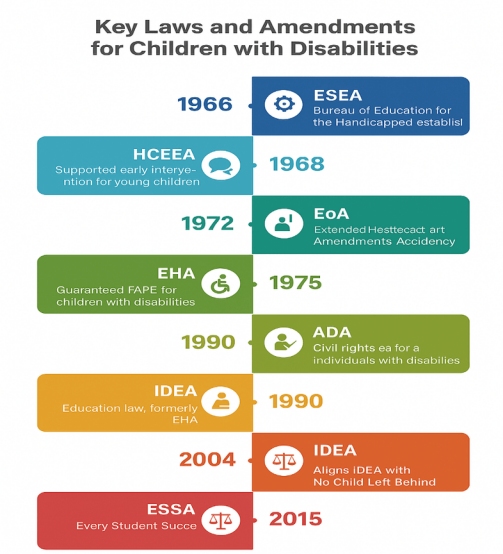
1990 — The Americans with Disabilities Act (ADA) – The ADA is a civil rights law that prohibits discrimination against individuals with disabilities in all areas of public life. It ensures equal opportunities in employment, transportation, public services, telecommunications, and access to public accommodation (like schools, stores, and government buildings). Modeled after the Civil Rights Act of 1964, this law declares that discrimination against a person because of a disability is illegal in the same way that discrimination based on race, color, sex, or religion is illegal. Specifically, regarding education, this law ensures that all people, regardless of their abilities, have equitable access to facilities, programs, academics, athletics, extracurriculars, activities and all aspects of school life.

1990 — Amendments to the Education for All Handicapped Children's Act – Renamed "Individuals with Disabilities Education Act" (IDEA) - This amendment modernized and expanded the EHA by changing language and focus, expanding to include new disability categories, requiring transition plans for those 16 years and older, encouraging the use of assistive technology and expanding the emphasis on inclusion. Specifically, this amendment was the first federal step in emphasizing person-first, dignity-focused language, officially replacing the term "handicapped" with "individual with a disability". This law also expanded to recognize autism and traumatic brain injury as separate eligibility categories for special education. The new requirement of transition services is intended to help students move from school to either postsecondary education, employment or independent living. Lastly, this law strengthened expectations that students with disabilities should be educated in the least

restrictive environment (LRE) with nondisabled peers whenever possible. IDEA became the cornerstone of Unites States special education law as it is known today.

2002 - No Child Left Behind – Intended to improve reading and math testing scores by using continued federal funding as an incentive. States are required to bring all students up to the "proficient" level on state tests. The law further required professional development for teachers and teaching assistants. This was altered in 2010 to focus more on students' improvement. NCLB was controversial because of its focus on test scores, and because of the potential ramifications to a teacher's job and to a school district if students consistently tested below an acceptable level. Teachers felt pressure to teach to the test and developmentally appropriate methods of learning were often discarded.

2004 — Individuals with Disabilities Education Improvement Act (IDEIA) – This law served to reauthorize and update IDEA so that it aligned with the No Child Left Behind Act of 2001. These changes also increased accountability, academic expectations and results for students with disabilities. The shift from *access to education* toward an emphasis on *quality and outcomes of education* helped to ensure that students learned and succeeded as a result of attending school. This law required schools to ensure that students with disabilities participate in state and district-wide assessments, and work toward high academic standards. Schools were now required to show measurable academic progress, not just provide services.



Additionally, IDEIA reinforced that special education is not separate from general education and encouraged Response to Intervention (RTI) as a method to identify learning disabilities before a student is referred to special education. It ensured that all special education teachers were "highly qualified" (fully certified, held a bachelor's degree or above, and demonstrated knowledge in the subjects they teach), streamlined IEPs to reduce paperwork and focus on student progress, and strengthened transition services for students 16 years of age and older.

The IDEIA recognized that children with special needs may require different consideration regarding disciplinary actions, and clarified how schools may handle discipline for students with disabilities. Lastly, this law recognized the importance of early intervention and prevention, rather than waiting for a student to fail before they can get help; IDEIA allows schools to spend up to 15% of federal IDEA funds for early intervention services for students not yet identified as needing special education, but who need additional support.

2015 — Every Student Succeeds Act (ESSA) – Replaced NCLB and returned more control to states and local districts while maintaining a strong focus on equity, accountability, and achievement for all students regardless of ability. States gained more authority to design their own academic standards, assessments and accountability systems, but are still required to monitor equity and performance by student subgroups. Students with disabilities must be held to the same high expectations as their peers, with appropriate accommodation, and states must show growth and achievement for these students as part of their overall performance ratings. ESSA also returned state control of standards for teacher qualifications and provided funding for professional development. ESSA requires states to provide public "report cards" on schools, including data for math, reading, scie3nce and graduation success rates. This act recognized the importance of "well-rounded education" for all students. ESSA emphasized research-based interventions and proven instructional strategies. Furthermore, ESSA especially emphasized the importance of early childhood education and coordination of such federal, state and local programs. Lastly, ESSA strengthened requirements for family involvement in educational decision-making and school improvement plans.

Reflect and Apply

Consider all of the laws described in this section, from 1966 to present. Which law do you believe made the most impact for ensuring children receive the most appropriate education, regardless of their abilities? How do the changing laws align with what you learned in Chapter 1 about society's changing perspectives, as they relate to children with disabilities?

✏️ *Write a short reflection (5–7 sentences) or discuss your ideas with a classmate or small group. Be ready to share with the class.*

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2.7: States Can Supplement Federal Laws

All states are required to abide by Federal Laws, but they can supplement those laws with their own State Laws and Regulations. For example, California must follow the federal FAPE law, but extended it through interpretation to include Physical Education (PE); California Code of Regulations (Title 5, Section 3051.5) requires that students who cannot participate in regular PE must receive Adaptive Physical Education (APE) instruction from a teacher with APE certification. This provision is supported by federal laws like the IDEA and Section 504 of the Rehabilitation Act.



Additional California-specific provisions include (in part):

- California Senate Bill 483, which took effect January 1, 2025, prohibits physically or mechanically restraining a student in a face-down position.
- Whereas the federal law guarantees all children with disabilities a free and appropriate public education (FAPE) and related services through the age of 21, California extends this to the age of 22 and includes academic as well as self-help and vocational skills.
- California Senate Bill 939 requires schools to post neurodiversity resources on their websites, making specific resources easily accessible to parents and students. The resources are designed to support neurodivergent students, and include information on topics such as dyslexia. The law also requires anti-bullying education for school staff, including strategies for supporting neurodivergent students. (2025)
- Federal law requires IEPs to begin transition planning for students by age 16; California law lowers that age to when a student starts high school (2025).

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2.8: Public Policy and Gifted Education

Much has been said about the legal requirements of providing education for children with special needs, but what about children on the other end of the spectrum? What about children who are gifted or talented? States are not required by the federal government to have special programs for children who are gifted or talented. There are some recent allowances, however:

- **ESSA 2015** mentions gifted and talented students explicitly, and allows federal funds to be used to identify and serve gifted students, support professional development for teachers to meet gifted students' needs and develop enrichment and accelerated learning programs.
- **Jacob K. Javits Gifted and Talented Students Education Program** operates as a federal grant program under ESSA to help identify and serve underrepresented gifted students and to support evidence-based practices in gifted education.

Gifted education continues to be primarily governed by the states, which vary widely in terms of whether they mandate gifted education, funding availability, identification criteria, program requirements and teacher training. As of 2008, 28 states mandated some form of programs or services for gifted children, although most states allowed local districts to determine what that would be. (National Association for Gifted Children, 2008) A few states have very specific requirements regarding the education of gifted children, including Arizona. According to the Arizona Department of Education (www.azed.gov), "Gifted Education in Arizona is required by state statute at all public school districts. Charter school districts may elect to provide gifted education services. Each school district can tailor the gifted program, and as such, gifted programs may differ from one school district to another." Regardless of how a local school district designs their gifted and talented educational offerings, Arizona law requires that each public school district must both identify gifted learners and provide appropriate educational programs and services for gifted learners. Florida is another state that regulates education for gifted and talented students; Florida mandates gifted education and has clear eligibility criteria and teacher certification requirements. Florida also requires an Educational Plan (similar to an IEP) specifying the goals and program of each student deemed as gifted. (www.fldoe.org)

Not all states require special educational efforts or programs to challenge students who are found to be gifted and talented. In California, each school district may decide on their own whether to provide services for gifted students, and what those services may be. When provided, services vary considerably, from advanced placement for specific subjects (a third-grader gifted in Math may be allowed to attend a fifth-grade class for math) to special opportunities (field trips, guest speakers or programs, special pull-out classes, etc.), to adding additional work as a challenge (gifted children do the same classwork but are also allowed to research a subject and present a research report about a topic of interest). Some of these programs may adequately challenge the student, while others may seem like just extra busy-work. Funding for any gifted education in California schools is determined by local districts, as well.

The widespread variance from state-to-state and district-to-district has not gone unnoticed. In 1988 the Gifted and Talented Special Education Act was funded, but it is based on discretionary funding which may not be available every year. With the 2025 federal efforts to return educational decision-making to the states, a nationwide unified and equitable gifted program seems unlikely in the near future.

Reflect and Apply

What provisions are made for children who are gifted? How are the rights of these children addressed by laws of education?

✏️ *Write a short reflection (5–7 sentences) or discuss your ideas with a classmate or small group. Be ready to share insights about the similarities and differences of provisions for gifted children and those for children with disabilities.*

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2.10: Further Reading

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2.11: Suggested Videos

The Head Start Advantage. (n.d.). *YouTube*. https://youtu.be/IBS-fcY4Tc8
This 18-minute documentary highlights the long-term benefits of the Head Start program through the voices of children, families, educators, and alumni. It illustrates how comprehensive early childhood education and family engagement promote academic and social success, especially for children from low-income backgrounds. The video is valuable for understanding early intervention's role in supporting equity and school readiness.

Understanding the IEP Process: The Basics of an Individualized Education Program (IEP). (n.d.). *YouTube*. https://youtu.be/XaZtQNez6Yc
This brief video explains the purpose and structure of the Individualized Education Program (IEP), outlining who participates in the process and how educational goals are developed. It simplifies complex legal and procedural aspects of special education, making it an ideal introduction for families, pre-service teachers, and paraprofessionals learning about individualized supports for students with disabilities.

What Is an IEP? (n.d.). *YouTube*. https://youtu.be/tGYO9XWhI2Y
This 3-minute video defines the components of an IEP—such as measurable goals, accommodations, and services—and how the plan supports students' access to a free and appropriate public education. Clear and concise, it provides a foundational overview suitable for learners new to special education concepts or preparing to participate in IEP meetings.

Infants and Toddlers with Disabilities – IFSP. (n.d.). *YouTube*. https://youtu.be/AzGW_5InBjc
This short video introduces the Individualized Family Service Plan (IFSP), emphasizing early intervention for infants and toddlers (birth to age 3) and the importance of family involvement in planning services. It clearly distinguishes the IFSP from the school-age IEP, making it a useful tool for understanding developmental supports in early childhood education.

FCPS's Gifted & Talented Program. (n.d.). *YouTube*. https://youtu.be/01vjJp0JCos
This 5-minute video from Fairfax County Public Schools describes their approach to gifted and talented education, including identification processes, differentiated instruction, and enrichment opportunities. It offers insight into how schools can nurture advanced learners and balance equity and access in gifted education programs.

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3: Cultural Reciprocity of Special Education

Introduction:

It is important to consider the culture of the families and students with whom educators work. Culture plays a large role in who a person is and the traditions and practices they believe are important. Language, dress, diet, celebrations, expectations, family roles, morals, and more are all influenced by culture. It is possible for individuals to affiliate with multiple cultures at the same time. Special education, in itself, can be considered a culture. How culturally inclusive is Special Education in the United States and other countries? This chapter will explore these and related topics of Cultural Reciprocity.

Learning Objectives:

By the completion of this chapter, learners should be able to:

- Define cultural identity and provide examples of types of cultures with which one might identify.
- Describe the importance of language (oral, written and sign) to a culture.
- Explain how special education can be a cultural institution.
- Describe how the United States special education system can be incongruent with certain cultures.
- Discuss examples of how the United States special education system can be more culturally inclusive.
- Discuss how the United States special education system compares with those of other countries.
- Describe how the United Nations has impacted special education in recent years.

Vocabulary Words:

Culture – the set of values, conventions, or social practices associated with a particular field, activity, or societal characteristic

Disability – A disability is defined by the existing culture to explain why one person is different in a given way than the mainstream.

Special Education - A system of support which is designed to provide education by caring and understanding professionals in a way that works best for a given child.

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3.1: What is Cultural Identity?

Cultural identity refers to how people see themselves in relation to the world in which they live. Cultural identity is part of a person's self-perception, and is often related to their nationality, ethnicity, religion, social class, gender, generation, locality, family, abilities and any other social group that has its own distinct culture. A person's cultural identity evolves throughout life, as their circumstances and environment change. A person's cultural identity is composed of:

1. Cultural knowledge – understanding the culture's core characteristics
2. Category label – a person's connection to their identity through indirect membership in the culture
3. Social connections – a person's connection to their identity through their social relationships.

To become a part of a specific culture, a relationship is established through three main steps: (Wan and Chew, 2013)

1. A person becomes familiar with the culture through immersion in the values, beliefs, and practices of that culture.
2. The person identifies as a member of that culture.
3. The person develops relationships within that culture.

It is common for a person to identify with more than one cultural group at the same time. For instance, a person could identify as a white, educated, Christian female of German and Spanish descent; this person might identify with six or more different cultural groups, based on this description. As our society becomes more globally focused, people may identify with an increasing number of cultural groups. As people migrate from one culture to another, it is common that they begin to socialize and become part of their new cultural surroundings. As people learn more about other cultures, they tend to dig deeper into their understanding of where and how they affiliate with their own cultural identity.

Who is Maya?

When Maya started college at age 19, she described herself simply as "Mexican American." She grew up in a bilingual household where Spanish was spoken with her grandparents and English with her friends. At home, cultural identity meant family celebrations, homemade tamales at Christmas, and attending church together. In high school, most of her friends shared similar backgrounds, so she never thought much about what being Mexican American meant beyond her family and community traditions.

During her first year at the community college, Maya joined the multicultural student association. There, she met students from a variety of racial and ethnic backgrounds; some were international students, others were multiracial or adopted into families from different cultures. Through conversations and cultural events, she began to develop new cultural knowledge. She learned to appreciate not only her own traditions but also the experiences of others who navigated multiple cultural identities. This exposure broadened her understanding of identity as something fluid and influenced by environment and social context.

As Maya took a sociology course, she was introduced to category labels such as "Latina," "Hispanic," and "Chicana." She realized that different terms carry unique histories, political meanings, and social connections. Choosing how to identify herself became a thoughtful process rather than a default label. Over time, she began using "Chicana" to express pride in her heritage and her growing awareness of social justice movements connected to her community.

By the end of her second year, Maya's cultural identity had expanded beyond her family's traditions to include new friendships, advocacy work, and academic perspectives. Her sense of belonging was no longer tied only to where she came from, but also to the communities she had joined and the causes she supported. Her journey illustrates how cultural identity can evolve throughout life, shaped by new experiences, environments, and social relationships.

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3.2: Cultures of Ability

Although cultural identities often focus on ethnicity or country of origin, other cultures exist and should be recognized. Religious beliefs can lead to cultural groups who practice and believe the same about religion, social class may lend itself to cultural affiliation (those who have similar income levels tend to have other similarities, as well), as may different genders and generations. Many times, couples of the same generation will gather as each other's support and social network, working through life together because they feel affiliated by their commonalities.

Another type of culture that unites individuals is that of ability. Below are but a few of these cultures explained:

- **Mensa** is an international high-IQ society open to individuals who score in the **top 2% of the population** on an approved intelligence test... those who belong form their own culture.
- 

The **Deaf Community** is centered around the use of sign languages (such as American Sign Language in the U.S.) and a shared cultural identity that values visual communication, storytelling, and Deaf pride. Members of the Deaf community see deafness as a unique identity centered on communication and culture...not as a disability. In addition to Deaf individuals, the Deaf Community also includes family members, interpreters, educators, and allies who participate in Deaf culture. Schools for the Deaf, social organizations, and cultural events such as Deaf theater and film festivals play important roles in maintaining and celebrating this identity. Overall, it is a rich and vibrant community grounded in shared language, mutual respect, and a deep sense of belonging.
- The **Blind Community** is a diverse group of individuals who are blind or have low vision and share common experiences, goals, and values related to blindness. Rather than viewing blindness solely as a limitation, many members of the Blind community see it as part of their identity and a different way of interacting with the world. This community emphasizes independence, equal opportunity, and accessibility in education, employment, and public life. It also promotes the use of tools such as Braille, screen readers, and mobility aids as means of empowerment rather than symbols of disability. Shared values such as self-determination, mutual support, and the rejection of societal stereotypes about blindness are central to this identity. Through advocacy, education, and public awareness, the Blind community continues to challenge misconceptions and promote the advancement of full inclusion and equality for people who are blind or visually impaired.
- **The Autistic Community** is a neurodiversity-based community that embraces autism as a natural variation in human cognition rather than a disorder to be cured. The community promotes self-advocacy, acceptance, and understanding of autistic ways of thinking and communicating. The community involves individuals who are autistic, along with their family members and supporters, to celebrate the uniqueness and gifts that each person brings to the community and to offer peer support for each other.
- The **Mental Health Community** is composed of individuals with lived experience of mental health challenges who advocate for empowerment, peer support, and against stigmatizing mental health challenges.
- **Other, more general communities centered around people with disabilities include the Disability Rights Community**. This community is composed of a broad coalition of people with various physical, intellectual, and mental health disabilities who unite around the social model of disability, emphasizing accessibility, inclusion, and equal rights. This community's activism led to landmark legislation like the **Americans with Disabilities Act (ADA)**.

Each of these groups shares a sense of **collective identity, culture, and advocacy**, affirming that disability can be a source of community pride and social belonging. Perhaps the best example of this comes from the Deaf community. Recent technological advances have made it possible for some deaf and hard of hearing individuals to at least partially overcome their deafness. While some embrace this, others believe that it strips them of their true identity and excludes them from full inclusion and acceptance in the Deaf community. The movie, *Sound of Fury* (2000), illustrates very well the feeling of belonging and culture that many deaf people feel with their own deaf community, as well as the debate regarding whether or not to embrace technologies that enable them to hear.

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3.3: The Importance of Language

Language allows people in a group to communicate with each other; language becomes part of their individual and group cultural identity. When children and their extended families move to the United States from another country, it is common for the children to learn English more easily than for the older adults to do so; this is due to the stage of brain development... it is easier to learn a new language at a younger age. In the past, families often wanted their children to fully assimilate in the American culture, and therefore discouraged them from speaking their family's native language; this did the children a disservice because it cut them off from the culture of their older relatives and ancestors. Language is a large part of assimilating with others in a culture. It is currently preferred that children maintain their family's home language while they also learn the language of their new culture.

Language has the same importance whether it is spoken, written or signed. If a child is deaf, they can learn to communicate through lip reading, sign language and written language. With any language, the users must all understand it in order to communicate. If a child is deaf, they can learn to speak in sign language... but others around them must also know and use the language for true communication to occur.

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3.4: Which Culture To Embrace?

When considering immigrants to a new country, research has shown that a bicultural orientation is advantageous (Portes and Rumbaut, 1990). Providing children with native cultural support groups, language classes, after-school activities, and clubs in order to help them feel more connected to both native and national cultures allow for a healthy adaptation to life and school. As a country, the people of the United States have learned this lesson the hard way.

In the late 19th and early 20th centuries, as those of European descent settled further West in the United States, they became concerned that the Native "Indian" children were not being raised in proper societal ways. As a result, the United States government began "Indian Boarding Schools". These schools were designed to assimilate Native American children into Euro-American culture. Children were removed from their families and the reservations that they knew as home, and sent to far-away schools where they were forbidden to speak their native languages, practice their traditions, or wear traditional clothing. Children were dressed, fed and taught to be "proper, civilized" young people. The schools were often run with military-style discipline, teaching manners, respect for authority, English and Euro-American ways. In the rare occasion that children were allowed to visit their families (once a year or two), they found that they no longer had anything in common with their own culture, community or relatives. These children had been so assimilated into their new culture (food, dress, language, customs, etc.) that they couldn't relate to their former culture.



Figure 3.4.1: Photo of Native American School and students. Public Domain.

Similar lessons have been repeated as individual families have immigrated to the United States and attempted to assimilate to their new country. For many years, parents preferred that their children only speak English so that they could be "more American" and fit into their new culture. The downside of this practice was that the children lost the rich heritage of their homeland. They were no longer able to communicate with their grandparents, no longer preferred the same foods and were more accepting of new customs and traditions than of old. This practice led to a dis-connect with their families.

Most states in the United States have an established School for the Deaf. The first American School for the Deaf was begun by Thomas Gallaudet, in 1817, in Connecticut; these schools continue to provide specialized instruction and assistance to students who are deaf and hard of hearing. Likewise, there are 34 state-run schools for the blind or visually impaired across the United States; these schools are often part of a larger school for the deaf and blind. Although most schools offer both day programs and boarding options, many of the students at these schools are from far away and live at the schools during the week. Families are encouraged to participate in their child's education as much as possible, but for many this is limited. As their children become more a part of the Deaf community, apart from the family members, they tend to become less of an integral part of their family of origin. Some families understand and affiliate with the Deaf community... others do not. Some families know and use sign language to communicate with their children, while others do not. As with any other boarding schools, these children learn to depend upon the staff and peers of their school community; whether they also depend and relate with their families depends largely on how their families relate with them. An excellent short film which illustrates the importance of learning

to communicate with a Deaf child is *The Silent Child* (2017). Readers are highly encouraged to watch this video (complete bibliographical information is included in the Suggested Videos section, at the end of this chapter).

In the movie *My Big Fat Greek Wedding 2* (Zwick, 2006), the granddaughter is raised in the middle of two cultures... her mother's very present Greek culture and family, and her father's more Euro-American culture. The character is in high school and resents the ever-present Greek emphasis that her extended family puts on everything... then she finds out that other students are also Greek and have learned to embrace and find a balance of both cultures. As referenced above, learning about and celebrating each of a person's cultures is the preferred method of cultural identity and assimilation in today's multi-cultural society.

Reflect and Apply

What cultures are present in your community? Think beyond race and ethnicity to include other cultures with which students or families may identify. Which cultures do you identify with?

✏️ *Write a short reflection (5–7 sentences) or discuss your ideas with a classmate or small group. Be ready to share with the class.*

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3.5: How Does Cultural Identity Relate to Education?

Students in classrooms across the nation represent different races, ethnicities, cultures, and socioeconomic backgrounds, and they speak many different languages. Further, these students often exhibit a range of academic, physical, and social abilities or skills. Consider the following statistics. (The IRIS Center, Vanderbilt University, 2024)

- In the Fall of 2022, less than 45% of public-school students were White and 55% were students of color. (National Center of Educational Statistics, 2024). The term "minority" no longer applies to non-white students as it did in generations past.
- More than 1,000 cultures are represented by students in the United States.
- About 10% of students in the United States (19% in California) are English Language Learners.
- More than 1 in 5 people (22%) age 5 and older in the United States spoke a language other than English at home (2017 to 2021). More than 500 individual languages were spoken across the country during this time. (US Census, 2025)
- In 2020, 16% of children under the age of 18 were living in poverty.
- During the 2023–2024 school year, approximately 15% of public-school students ages five to 21 received special education services. Of these students:
  - 68% spent the majority of their school day (i.e., at least 80%) in the general education classroom.
  - 15% spent a portion of their school day (i.e., 40% to 80%) in the general education classroom.

Throughout the United States, in cities, towns and rural areas, schools are enrolling greater numbers of students from a range of backgrounds, skills and abilities. Educators are finding that their students have very different family histories, with traditions and customs tracing to countries all around the globe. Additionally, students come from backgrounds that include a spectrum of family situations (e.g., two-parent, adoptive, divorced, single-parent, households headed by grandparents or other relatives). Inclusion laws have increased the diversity of abilities in any given classroom. Educators must be prepared for the diversity they will most likely encounter and must be aware of any subliminal preconceived prejudices they may have.

Research and experience have shown that students live up to (or down to) a teacher's expectations; when educators have high expectations, students are more likely to demonstrate high academic achievement. In contrast, when teachers have low expectations, students do not perform up to their potential. A recent study of kindergarteners showed that teachers had stronger relationships and less conflict with their students when they maintained high but reasonable expectations. (Trang & Hansen, 2021) Likewise, a study of 10th graders showed that students were more likely to complete college if their teachers had high expectations for them. (Papageorge, Gershenson, & Kang, 2020) It is imperative that teachers maintain high expectations of students, and that they do so in a culturally responsive manner.

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3.6: How Does Cultural Identity Relate to Special Education?

Disability, like many other things, is in the eye of the beholder. An individual may be differently gifted or challenged; if that is outside the accepted norm for that society, this difference may be labeled as a disability. For example, in the movie *Rainman* (Levinson, 1988), Dustin Hoffman's character is seen as disabled because he lacks certain social skills; however, he is extremely gifted and abled beyond most for memorizing facts that the mainstream public didn't even notice.

Like any other macro or micro cultural group, Special Education has developed its own terminology, membership, expectations, way of doing things, etc. When this serves to increase a sense of belonging and make things easier, it can be a benefit to those included in the culture. However, when it works to exclude people or frustrate them, it is counter-productive to help those who may benefit from services. Some may find it interesting that the culture which exists to promote inclusion and to help people succeed can also tend to be exclusive.

Special Education in the United States has become defined in a very clinical, scientifically based way. This excludes any other perspective. It is done to reach a common consensus of the characteristics and causes of each disabling situation but can be exclusionary to any other belief system. "A disability is assumed to have a biological etiology and an identifiable set of symptoms that constitute that disability". (Kalyanpur and Harry, p. 45) This approach makes it possible to clearly define a disability for classification purposes but ignores any contextual explanations for the symptoms. Diagnosing a disability may also be highly subjective, even though "professionals" are assumed to be objective.

Although the United States Special Education system has worked diligently to standardize diagnoses, we should also recognize that individual, spiritual, group and time limit phenomena exist. Consider the following:

- **Individual Phenomenon** ~ Attributes disability to each individual person who has the symptoms and addresses it within that person. Ignores the possibility that the disability symptoms are due to the environment, system of approach, etc. Instead of saying "what is wrong with that child?", we could focus on "what can we change about the educational approach to better reach that child?". The individual phenomenon can be likened to trying to fit a square peg into a round hole.
- **Spiritual Phenomenon** ~ Some cultures believe that the "disability" is due to an occurrence of that child or someone from their family in a prior life. For example (Kalyanpur and Harry, pp. 51-52) a child born with a club foot may be due to an ancestor being buried in a coffin that was too short (pressing his foot into mis-shaped form), or an ancestor losing a foot in an accident. For those who believe in reincarnation, it might be thought that the child with the club foot is really the reincarnate of the uncle who lost his foot in war. When a child is born with a behavioral disorder, it may be attributed to the pollution during pregnancy or to the fact that the parents argued a lot before the child was born. The western world would argue the same thing but from a scientific and medical perspective (stress during pregnancy can result in the baby being born disabled).
- **Group Phenomenon** ~ Some cultures believe that the "disability" in a child is due to the actions of ancestors or the situational environment prior to the child's birth. Treatments suggested by USA Special Education culture do not address what these people believe to be the cause and therefore are seen as irrelevant. How can speech therapy help a child when the speech impediment is payback from the gods because of the grandfather's habit of lying?
- **Time-limit Phenomenon** ~ Western society views disability as something to fix, whereas some cultures view it as a lifetime situation (so why should we try to fix it?). For example, speech therapy in the aforementioned situation would be silly when the speech impediment is imposed by the gods... who do we think we are to alter that? This child will have that for life because he was chosen to bear the burden of the family; if we help him overcome it, it will be given to yet another family member. This child bears our burden, so we will all support this child.

As teachers prepare to work with families, they must understand the various cultural beliefs and pre-conceived ideas that vary from culture to culture.

Reflect and Apply

Imagine that you are meeting with a family whose child could benefit from special education services. It becomes apparent that this family has a culturally based explanation of why the child has a disability. Select one of the alternative phenomena described above, insert it into your scenario, and describe how you would proceed in working with this child and family.

✏️ *Write a short reflection (5–7 sentences) or discuss your ideas with a classmate or small group. Be ready to share with the class.*

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3.7: Special Education in Other Countries

As was examined in Chapter 1 of this text, the United States has come a long way in regard to how we think about and apply education for those with disabilities. As much as special education has improved, many may believe that it has a way to go before it is truly helping all students learn to the best of their ability. Throughout history the United States educational system has been compared to the educational systems of other countries. How does the United States compare with other countries regarding Special Education? Consider the following:

Sweden ~ "Already in the 1960s, Sweden reformed its school system towards a comprehensive school, literally often described as 'one school for all'. Despite a variety of policy reforms since the 1990s, the number of special classes and special schools is rather low. Approximately 1% of all students attend special schools for pupils with intellectual disability. Little more than another 1% – more boys than girls and increasing with age – receive support in special classes. A very small number of students attend state-run schools for children who are blind, deaf or have severe speech impairments. According to the Swedish Education Act (SFS 2010:800) and as a main principle, special education support should be provided in regular education." (Barow and Ostlund, 2020)

Germany ~ Most German states administer a multi-track school system, only integrating the vast majority of children during the first four years at the primary level. At the secondary level, different types of schools exist, leading to different school leaving qualifications. Parallel to this system, a fourth track of different special schools was established in the twentieth century. Up to 10 different types of special schools have arisen, mainly connected to disability categorizations. Parents are hardly involved in the process of assessment; intelligence tests play a major role. (Barow and Pstlund, 2020)

China ~ "The first public special school for children with developmental disabilities (DD) in China was established in 1984. Since then, the number of special schools has increased dramatically. By 2015, China had 2053 special schools, which served 316,100 students with DD... The Government has gradually attached greater importance to the quality of special education. The Ministry of Education has established regulations to address the quality of education for students with disabilities. For example, the Special Education Promotion Plan (2014–2016) proposed various strategies in order to increase the relevance and effectiveness of individualized education in public schools in China. The individualized education plan (IEP) was introduced in China in the 1980s (based on the model used in the United States), and is accepted as the cornerstone of quality education for children with disabilities." The application of IEPs, however, varies widely from school to school. (Fu, et. al., 2020)

Japan ~ "In 2007, Japan started the Education for Students with Special Needs. The goal of this new system was to meet the individual needs of children with disabilities, similar to the Education for All Handicapped Children Act of 1975 (currently called the Individuals with Disabilities Education Act or IDEA) in the U. S... In 2006, Japanese education scholar Kazuhiko Ueno (2006) stated that Japan lagged behind the U.S. by 30 years in its program for children with disabilities... In Japan, parents and students with disabilities are still filing court cases in order to obtain placement in regular neighborhood schools for children who use wheelchairs or have health-related needs. There is no clear standard to examine whether placement in regular schools is the appropriate setting for them. The placement decision is made solely by the local authorities. Furthermore, in Japan there is no legislation that explicates a clear standard by which necessary services would be provided for children with disabilities in regular school settings. Although inclusion is not stated in public education rulings (i.e. laws, court cases) in Japan, in practice, some inclusion does exist. If some children, in fact, are being included in regular schools and classes but they are not being provided the necessary supports needed for their success in these settings, there then is the potential risk that the local authorities are simply dumping children with disabilities in regular school settings." (Nagano and Weinberg, 2012)

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3.8: Why Have So Many Countries Taken Recent Steps to Better Serve Students Through Special Education?

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) was adopted in 2006 and is the primary UN provision guaranteeing the right to education for individuals with disabilities. Specifically, Article 24 of the CRPD establishes that education is a fundamental human right and requires that all member states ensure an inclusive education system at all levels, from early childhood through higher education.

The CRPD builds on earlier frameworks, including the UNESCO Salamanca Statement (1994), which first called for schools to accommodate all children—regardless of their physical, intellectual, social, or linguistic differences—within general education settings. These documents emphasize inclusion over segregation, advocating that children with disabilities should learn alongside their peers in mainstream classrooms, with appropriate supports and accommodations.



Figure 3.8.1: Image is from https://www.internationaldisabilityalliance.org/CRPD

The UN's provisions have significantly transformed how countries design and deliver special education services: (International Disability Alliance, 2025)

- Many countries have moved away from separate "special schools" toward inclusive education models, integrating students with disabilities into general classrooms whenever possible.
- Nations worldwide have revised or created new special education laws and national policies aligned with CRPD principles—such as the Individuals with Disabilities Education Act (IDEA) in the U.S., and similar frameworks in Europe, Asia, and Africa.
- Governments and universities have expanded teacher education programs to include training in inclusive practices, universal design for learning (UDL), and differentiated instruction.
- The CRPD has increased global awareness of disability rights, empowering advocacy groups and parents to push for access, equity, and accountability within education systems.

Despite progress, developing nations still face challenges such as inadequate funding, lack of teacher preparation, and insufficient accessibility infrastructure. Nonetheless, the UN's influence continues to guide ongoing reforms and international collaboration toward equitable education for all.

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3.9: Cultural Reciprocity and Working with Families

The culture of special education in the United States can seem foreign and unfamiliar to families who were raised here, and especially so to those from culturally and linguistically diverse backgrounds. The language spoken by Special Education Professionals is often filled with acronyms and words unlike those in general society. The professionals often know the system and process as if it were second-nature, but families are often experiencing it for the first time. Furthermore, families may or may not be educated, and may feel at a disadvantage when sitting in a room surrounded by strangers who have fancy titles and degrees. What families often overlook is that they, the family, are the specialists concerning their children... they know their children better than anyone else.

How can families and professionals work together for the best interests of the child? Kalyanpur and Harry (2012, pp. 27-30) suggest that teams take the following steps in working together with cultures in mind:

1. Identify the cultural values that are embedded in the interpretation of a student's difficulties or in the recommendation for service. Are the recommendations based upon the goals and rights that the professionals are accustomed to, or that the family expects for their child?
2. Find out whether the family recognizes and values the assumptions; if not, how do the family's views differ from those of the professionals?
3. Acknowledge and give explicit respect to any cultural differences identified and explain the cultural basis of the assumption so that everyone clearly understands.
4. Determine the most effective way of adapting professional interpretations or recommendations to the value system of the family.



It is not necessary for the professionals to be from the same culture as the families in order to have Cultural reciprocity. "There is no evidence that professionals who do belong to the same culture as their clients are any more successful at accomplishing collaborative relationships than those who do not." (Kalyanpur and Harry, p. 31) Research has shown that collaborative relationships can occur with professionals who have little or no affiliation with the culture of the families involved... the important factor is that the professionals are willing to learn about and understand the families' experiences, are willing to understand how their own experiences have shaped them, and that they respect and accept the differences in their various experiences. Mutual and honest respect goes a long way, regardless of the cultures individuals come from.

As was previously established in this chapter, language is a foundational component in any culture. Many parents (and others) are inadvertently excluded by the use of acronyms, jargon and other terms not commonly known outside the culture of educational professionals. What is the difference between an IEP, IFSP, 504, IDEA, USD, OER, CDC, ECE,... it all can become very confusing! When people are new to the culture (special education, early childhood education, or any profession), the overuse of this terminology can seem exclusionary and isolating. It forces the newcomer to either pretend to know what is being discussed, or to ask for definitions of these terms, potentially making these individuals feel uneducated and belittled. Add to this that the

newcomer may speak a first language other than English, and the situation is magnified. If it is the intent of the United States educational system to be inclusive of families, we must do so in a way that they will feel comfortable and a part of the team.

Families are not the same everywhere, and educators must understand the individuals with whom they are working. The movie *McFarland, USA* illustrates this point in a wonderful manner. The 2015 Disney film starring Kevin Kostner is about a white, upper middle class coach who moves to McFarland, California to coach the cross-country team. He quickly learns that his culture and understanding is different than that of his students. Only after embracing what is important to them and involving the families is he successful in coaching the team to victory.

Reflect and Apply

What are some things that might help families feel more comfortable participating in the special education system in the United States? How can professionals help families who may or may not be from this culture?

✏️ *Write a short reflection (5–7 sentences) or discuss your ideas with a classmate or small group. Be ready to share with the class.*

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3.12: Suggested Videos

Davis, T. (2021, June 10). *Include me: Social inclusion in education* [Video]. TEDx Talks. YouTube. https://youtu.be/YVRchyurs1g

In this brief but powerful talk, Travis Davis discusses the importance of social inclusion in schools, emphasizing that true inclusion goes beyond physical integration. Davis challenges educators and communities to create environments where every student feels valued, respected, and capable of contributing meaningfully. He offers practical insights into how inclusive education promotes empathy, collaboration, and equity, making the talk useful for teachers and administrators seeking to enhance inclusive practices.

Gavin, M. (2017, February 8). *Why cultural diversity matters* [Video]. TEDx Talks. YouTube. https://youtu.be/48RoRi0ddRU

Michael Gavin explores the critical role cultural diversity plays in building creative, innovative, and empathetic societies. Through engaging examples, he demonstrates how exposure to diverse perspectives enhances learning and problem-solving. Gavin argues that embracing diversity in educational settings prepares students for global citizenship and improves collective understanding. This talk is particularly relevant for educators seeking to strengthen culturally responsive teaching and promote equity across classrooms.

Franco, J. (2014). *The Sound and the Fury*. New Films International.

Sound and Fury is a documentary film released in 2000 about two American families with young deaf children and their conflict over whether or not to give their children cochlear implants (surgically implanted devices that may improve their ability to hear but may threaten their Deaf identity).

Levinson, B. (Director). (1988). *Rain Man* [Film]. United Artists.

Rain Man follows Charlie Babbitt, a self-centered car dealer who discovers that his estranged brother, Raymond—an autistic savant—has inherited the bulk of their father's fortune. Initially motivated by financial gain, Charlie takes Raymond on a cross-country trip, during which he begins to understand Raymond's unique abilities, routines, and vulnerabilities. As the journey unfolds, Charlie transforms from frustrated caretaker to a compassionate and protective brother, forming an emotional bond he never expected. The film highlights themes of family, acceptance, dignity, and the complexity of neurodiversity.

Overton, C. (Director). (2017). *The silent child* [Film]. Multi-Story Films; Slick Sound. (https://youtu.be/2GbxFIVQv8c)

This Oscar-winning short follows a young deaf child's journey as a social worker helps unlock communication. Captions are essential to understand the vital sign language used. The film explores the challenges and triumphs of a family learning to connect.

Smith, N. (Director). (2015). *McFarland, USA* [Film]. Walt Disney Pictures.

McFarland, USA tells the true story of Jim White, a high school coach who relocates to the predominantly Latino, economically challenged farming community of McFarland, California. After noticing the extraordinary endurance and work ethic of several students who labor in the fields before school, White forms the school's first cross-country team. Through disciplined training, cultural understanding, and growing mutual respect, the boys rise from unlikely athletes to state contenders. The film highlights themes of resilience, community, opportunity, and the transformative power of believing in young people who are often overlooked.

Zwick, K. L. (Director). (2016). *My big fat Greek wedding 2* [Film]. Gold Circle Films; HBO Films; Playtone.

My Big Fat Greek Wedding 2 follows Toula Portokalos as she faces new family challenges, including reconnecting with her husband Ian while supporting their teenage daughter, Paris, who is preparing for college and seeking independence from her close-knit Greek family. The story becomes even more chaotic when Toula's parents, Gus and Maria, discover that their original marriage certificate was never signed, prompting the entire extended family to organize another large, lively, and emotional Greek wedding. Through humorous and heartfelt moments, the film explores themes of family bonds, identity, tradition, and the sometimes messy but deeply loving nature of multigenerational families.

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4: Assessment and the Process Involved with IFSP, IEP and 504 Plans

Introduction:

Early identification of a child's special needs enables early intervention. The earlier in life a child receives needed assistance, the better they are able to adapt, work around and overcome any disabilities. Early identification and intervention have been a major thrust in the United States since the 1970s. Once a child's needs are identified, services can be provided. This process is often conducted through the provisions of IEP/IFSP/504 Plans. This chapter will explain these provisions and programs, and the process of helping children who have special needs.

Learning Objectives:

By the completion of this chapter, learners should be able to:

- Describe the six steps involved in the assessment process.
- Describe the process of early identification, including Child Find and screening.
- Discuss the family's role in the assessment process.
- Explain the role of the teacher in the identification of developmental problems and in the IFSP/IEP/504 Plan process.
- Define an IFSP.
- Describe the process for obtaining and maintaining an IFSP, including the roles of those involved.
- Define an IEP.
- Describe the process for obtaining and maintaining an IEP, including the roles of those involved.
- Describe the 13 areas that qualify for an IEP.
- Define a 504 Plan.
- Describe the process for obtaining and maintaining a 504 Plan, including the roles of those involved.
- Compare and contrast the process, funding, provisions and life of an IFSP, an IEP and a 504 Plan.
- Demonstrate an understanding of which plan is appropriate for given situations.

Vocabulary Words:

504 Plan – A written plan for students with disabilities that provides accommodations to help them succeed in a general education setting; it differs from an IEP by focusing on accommodations rather than specialized instruction.

Accommodation – a change in how a student learns, but not the learning goals.

Assessment - a process of collecting detailed information to help answer a question.

Individual Education Program (IEP) – The process through which children qualify for special educational services, and the plan that details how these will be accomplished.

Individualized Family Service Plan (IFSP) – Similar to an IEP, but for children under the age of 3 years; focuses on working with the family to be able to help the child's development.

Modification – a fundamental change to what a student is expected to learn. Involves altering the curriculum's content, complexity or performance expectations.

Screening – the initial step in identifying students who may benefit from additional support of special education services.

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4.1: Assessment and Screening

The terms “Assessment” and “Screening” are often used interchangeably, but they mean different things when it comes to special education.



Screening is a brief, broad process used to identify children who may be at risk for learning, behavioral, or developmental difficulties. It is not a diagnosis or a formal evaluation, but rather a quick check to determine whether a child may need further, more in-depth assessment. Screening is often conducted of all children, as part of a major effort which may be conducted through the community, a school, an early childhood education program, pediatricians, or other interested organizations. Screening provides a snapshot of where the child’s development is at that particular time. Assorted types of screening are done by professionals or paraprofessionals, or sometimes by community members who have been trained to perform the screening. This can provide one piece of valuable information but should not be the only information considered. Common screening tools used in California may include an Ages and Stages tool (such as ASQSE3), the desired results developmental profile (DRDP), vision screening, hearing screening, and often dental care screening. When staff consider a child’s development utilizing these methods, and believe there may be a deeper issue, they make a referral for further assessment.

Assessments are conducted by specialists in the area of concern. These may be physicians, psychologists, psychiatrists and/or medical experts who work along with the child, family and school personnel, to determine the child’s strengths and needs.

Parents know their children better than does anyone else; they play a vital role in the assessment process. It is recommended that assessment teams implement child and family-centered assessment processes. However an assessment is conducted, the assessment process should identify the child’s unique strengths and abilities as well as needs, “through developmentally appropriate culturally and linguistically responsive and multi-dimensional assessment methods.” (Allen & Cowdery, p. 252).

It is important that any assessments become truly, ethnically and linguistically appropriate, as well as developmentally appropriate for the child. The IDEIA law requires the following: (Allen and Cowdery, p. 253)

- Assessment must be conducted in the child’s native language.
- Assessment instruments that are designed for use in the native language must be used.
- Simply translating a test that was written in English and standardized on English-speaking students is never appropriate.
- Assessment should be conducted and interpreted by a “culture language mediator “, a person who is fluent in both the native and majority language and culture.
- Multiple forms of information should be collected, including work samples and child observations.
- Test items and procedures should be designed to measure a child’s known strengths as well as document any perceived weaknesses.

Most college early childhood education programs require students to take a class concerning observations. Students learn to observe a still life object, a child, a room, and many other things for different situations. Different types of observations can

be used effectively in different situations. The purpose of an observation is to really examine the situation. If you're observing a chair, for instance, you could say "it's a chair". People would imagine in their mind many different types of chairs, whatever "chair" means to them. Instead, if you said "it is a blue folding chair, with four royal blue metal legs shaped in an upside-down V formation, with royal blue and black tweed upholstery on the seat and back rest portions. It is approximately 18 inches wide and 30 inches tall. The seat portion is approximately 20 inches off the ground." That would give you a much more accurate and consistent picture of the chair. When we apply observation to a child, it is often for the purpose of determining if there are special needs, concerning behaviors, or special developmental abilities or delays. In these cases, it's extremely important to have an accurate picture.

There are several types of observation tools which can be used:

- **Checklists** are very appropriate for yes/no questions. Can the child tie his own shoes? Yes, no, sometimes? Can the child zip a jacket? Can the child walk eight steps on a 2-inch balance beam?
- **Frequency counts** are similar to checklists but concern only one particular behavior. If the complaint is "Tommy always hits his friends", what exactly does that mean? That's a very subjective comment; objective observations are much more useful. With a frequency count the staff would observe in daily activities every time Tommy hits a friend and would mark it on the chart with a tally mark. At the end of the day or week, they would tally up that "Tommy hit his friends three times each day", which is much more useful than "Tommy always hits his friends". Then the behavior can be focused on more clearly and addressed. Tally marks can also be utilized in tracking a child "spacing out" or being unresponsive. This might indicate that the child is tired, the child is having petite mall seizures, that the child may have signs of autism, or any number of things. A teacher saying "the child always spaces out" doesn't mean much to the evaluator, but a tally mark system showing that the child spaces out 18 times in a four-hour period provides more valuable information.
- **Duration measures** indicate how long an event or behavior lasts. In the previous example where the child is spacing out a lot, knowing how long each occurrence lasts would also be important in identifying the potential cause.
- **Anecdotal notes** are brief observations recorded by teachers or staff. Sticky notes work perfectly for this as they are small, and these notes are supposed to be short. Long observations are difficult for busy teachers to write, and therefore less likely to happen. Anecdotal notes might be that "Susan shared the toys she was playing with when Mary asked if she could play". This shows strong social emotional development on Susan's part. The desired result developmental profile or DRDP relies on observations such as these anecdotal notes.
- **Running records** are factual and detailed accounts that are written over a span of time. They describe actions, provide quotes, and give a good picture of a trend in behavior and development. Like the earlier example of observing the chair, running records should be as detailed as possible. They should include the date, time, and setting, name of the observer, and what is going on throughout the observation. Every few minutes, the time should be notated again so that an accurate record is kept. Be aware of confidentiality in any use of names or identifying remarks. These types of observations are very time-consuming and laborious, and usually require an extra staff person who is not directly involved with teaching the children during the observation. When a classroom is observed for quality assurance, a combination of running record, anecdotal notes, and tallies are often utilized.
- **Blogs, journals and diaries** provide records of what has happened; they are not written at the moment it is occurring in the classroom, but later on.
- **Time sampling** and **language sampling** are other types of observations. These are not as frequently used in a classroom.
- **Portfolio assessment** is a very common form of observation. Teachers collect work samples throughout a semester or evaluation period, saving things that really show where the child is at that point in time. These might be pictures the child has drawn, stories they dictate, a picture taken of the child with something they have created in a play area, or any other type of work sampling that shows the development and interests of the child. A favorite item to collect is a picture that the child draws of their family. These pictures give great insight into who the child identifies with as their family (which often includes pets) and also shows the developmental level of their drawing skills. By analyzing the drawing of a human being, the teacher can tell whether or not a child is developmentally ready to learn to write letters.

Reflect and Apply

What type(s) of assessment tools described above would you most likely use in assessing a child with behavioral issues? What about a child with vision difficulties? Why did you select these tools for each situation?

✏️ *Write a short reflection (5–7 sentences) or discuss your ideas with a classmate or small group. Be ready to share with the class.*

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4.2: Child Find and Early Intervention



Research has shown that early intervention maximizes the opportunity to help a child who may have special needs in learning or in functioning in life. The Individuals with Disabilities Education Act (IDEA) created Child Find as a legal requirement that mandates every state to identify, locate, and evaluate all children who may have disabilities and who might need special education or related services. The purpose of Child Find is to ensure that every child with a disability is identified and provided the services that they need. This act covers all children from birth through 21 years, regardless of where they live, with whom they live, or where they go to school.

Child Find is the legal responsibility of the public schools in each community, regardless of whether or not the child attends public school. State Departments of Education in each state oversee and ensure that the local districts are providing these services as directed. Early intervention agencies often work with the public schools to address the needs of children younger than 3 years of age.

To provide the Child Find services as required by the IDEA law, schools/agencies must:

1. Publicize Child Find efforts (e.g., through flyers, websites, pediatric offices).
2. Screen and evaluate children when there is a suspected disability.
3. Obtain parental consent before evaluation.
4. Develop and implement an IEP (Individualized Education Program) or IFSP (Individualized Family Services Plan) if the child qualifies for services.

Reflect and Apply

Do some local research on your own... What organization(s) in your community is/are responsible for identifying children with special needs and working with them toward early intervention? Who provides these services for those children aged birth to three years? How do these organizations conduct their Child Find efforts? How successful are they in identifying and reaching children at this young age?

✏️ *Write a short reflection (5–7 sentences) or discuss your ideas with a classmate or small group. Be ready to share with the class.*

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4.3: IFSP

An Individualized Family Service Plan (IFSP) is very similar to an individualized education program; it is most frequently used for children ages birth to three years. The IFSP focuses on services for children with disabilities and on their families. It is written with the family and other team members involved and describes services that will be provided and outcomes expected.

An IFSP is a legal document provided under IDEIA law, just like the IEP. Because the children are young, ages 0 to 3 years, and not yet in school, it is crucial that these plans involve the families and prepare them with ways to help their child. Service providers are there strictly to help the family and child, never to be intrusive in the family's life or lifestyle. As with other programs, service providers must be sensitive to cultural and other differences. Like an IEP, the IFSP is evaluated at least once a year by the service team and specialists. A family and a child may utilize the services of several different specialists, depending on the needs identified; each provider should be involved in the team and subsequent evaluations. A coordinator (the parents or someone else) is appointed to coordinate all of the assessments and services. When the child reaches the age of three, a transition program and plan will be implemented to transition them over to an individualized education program (if services are still warranted).

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4.4: IEP

To qualify for an IEP, a student must have a disability listed under the Individuals with Disabilities Education Act (IDEA) that adversely affects their education and requires specialized instruction. The process involves an initial referral, a comprehensive evaluation, and a determination of eligibility by the school's team. If eligible, the team, with parent involvement, creates a plan with specific goals and services.

Just having a disability is not enough to automatically qualify a child for an IEP. The student must qualify by meeting each of the following:

1. The student has a disability from one of the 13 categories specified in the IDEA Law.
2. The disability adversely affects the student's educational performance, requiring special education and related services.

The law also specifies the process to be followed in determining eligibility for an IEP. This process includes:

1. **Referral:** A referral for a special education evaluation is made by a teacher, parent, or another professional.
2. **Evaluation:** The school conducts a comprehensive evaluation to determine eligibility.
3. **Eligibility determination:** Based on the evaluation, a team (including the child's parent), determines if the student qualifies for an IEP.
4. **IEP development:** If eligible, the team develops the Individualized Education Program, outlining goals, services, accommodations, and how progress will be measured.
5. **Implementation and review:** The plan is put into action, and the student's progress is monitored regularly, with annual reviews to update the IEP.

Certain key parts are required to be included in the IEP report; these must be determined by members of the IEP team. The entire team must sign an agreement with the overall plan. The required elements include:

- **Current Levels of Performance:** A description of the student's current academic and functional abilities.
- **Measurable Goals:** Specific, measurable annual goals for both academic and functional areas.
- **Special Education and Related Services:** A list of the specific services the student will receive, and the frequency and amount of time for which they will be implemented.
- **Accommodations and Modifications:** Changes to how the student learns or what they are expected to learn.
- **Progress Monitoring:** A plan for how the school will measure and report the student's progress toward their goals.



The individualized education program (IEP) is a blueprint for providing services to help children who need extra help in certain areas. There is a process that must be followed in establishing an IEP. It is developed by a child study team of professionals, parents, classroom teachers, specialists, and anyone else who has interaction with and helps the child. For example, if a child was tested for speech, and may or may not need speech

therapy, the speech therapist should be involved in the IEP team. It is mandatory that the child's parent (or surrogate) is involved and that at least one of the child's classroom teachers is involved. There must also be at least one administrator involved in the IEP process. These people must attend the IEP meetings.

The IEP process begins with someone identifying that the child may have some special needs. This identification may come from the parents, teachers, doctor, paraprofessionals through the professionals, or anyone else working with the child. A referral is made, and screening and assessments are completed by the appropriate specialists. These assessments will include a nurse's evaluation of vision, hearing and general health, a classroom teacher's assessment of the child's academic and social performance, a parent's assessment of anything that concerns them, and other specialty assessments as needed. These assessments are conducted over a period of a month or more.

Once all the assessments are completed a meeting will be scheduled for the entire team to meet and discuss the results. The timeline between the initial referral and the first IEP meeting must, by law, be no longer than 60 days. At the meeting, everyone will discuss the assessments completed and results, their recommendations, the diagnosis if appropriate, and a plan to be followed in providing services. Specific goals will be established. The goals will include who will be involved, what the observable behavior will be, when the goal will be met, what conditions if any will exist, how often or how much the child will perform the task, and how it will be measured. Smart goals must be specific, measurable, use action words, be realistic and relevant, and must be time limited. Objectives will be established to help serve as benchmarks in meeting the goals. The team will decide on specific services which will be provided, how often and where they will be provided, and by whom. There will be an evaluation component established in the plan and the team will meet again to determine the progress and readjust any goals or services as needed. IEP teams often meet every six months but must meet at least once a year to review progress and update the plan.

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4.5: Modifications vs. Accommodations

The IEP Team will address any modifications or accommodations needed for the student to best succeed. **Modifications** fundamentally alter the curriculum, changing what the student learns, to match a student's abilities. With a modification, the student is not expected to master the same material or achieve the same standards as their peers. Modifications are generally found in IEPs, but not in 504 Plans. Modifications may include (among others):

- Completing fewer problems or assignments,
- Focusing on a select few objectives instead of all of the objectives,
- Reading simplified text (perhaps written at a lower grade-level, or a summary version with fewer words and examples),
- Allowing the student to complete a project instead of writing an essay,
- Grading based on their mastery of modified skills, rather than the class-wide standard.

Conversely, **Accommodations** change *how* a student learns, but not the learning goals. Accommodations are used when a student can master the material but may need different circumstances in which to do so. Accommodations are found widely in both IEPs and 504 Plans. Examples of accommodations may include (among others):

- An audiobook, for a child who has a visual processing disorder.
- A Braille or large print book for students with visual impairment.
- Seating next to a window for a child who needs more natural light.
- Light filters on fluorescent lighting.
- A different colored paper, a grey-board instead of a white-board (less glare), or a colored overlay.
- Longer test-times or testing in a quiet place.
- Frequent breaks.
- Preferential seating to meet the student's needs.
- A voice amplifier for a student with hearing impairment.
- Allowing use of a word-processor for writing notes and assignments, or allowing oral responses, for students with dysgraphia or other difficulty in writing.
- Providing a sign language interpreter to help a deaf child access instruction.
- Breaking down assignments into smaller chunks or providing graphic organizers and checklists to help students become better organized in their work.

As can be detected by the above-listed examples, accommodations can be needed for:

- the presentation of materials,
- how a student responds,
- the setting/environment,
- timing and scheduling,
- the organization of instruction, and
- the use of assistive technology.

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4.6: What Qualifies as Disability for an IEP?

The law is very specific regarding what qualifies as a disability for an IEP. The disability must fit under one or more of 13 categories, which include:

1. **Autism Spectrum Disorder (ASD)** – Developmental disability affecting communication, social interaction, and behavior.
2. **Deaf-Blindness** – Combined hearing and vision impairments causing severe communication and educational needs.
3. **Deafness** – Severe hearing impairment that affects the ability to process linguistic information.
4. **Emotional Disturbance** – Conditions like anxiety, depression, or bipolar disorder that impact learning or relationships.
5. **Hearing Impairment** – Hearing loss not included under "deafness" that still affects educational performance.
6. **Intellectual Disability** – Significantly below-average intellectual functioning with adaptive behavior limitations.
7. **Multiple Disabilities** – Co-occurring impairments causing severe educational needs not met by one disability category alone.
8. **Orthopedic Impairment** – Physical disabilities such as cerebral palsy, clubfoot, or bone disorders.
9. **Other Health Impairment (OHI)** – Limited strength, alertness, or vitality due to chronic or acute health issues (e.g., ADHD, epilepsy, diabetes).
10. **Specific Learning Disability (SLD)** – Difficulties in reading, writing, math, or processing information (e.g., dyslexia, dyscalculia).
11. **Speech or Language Impairment** – Communication disorders like stuttering, articulation, or voice impairments.
12. **Traumatic Brain Injury (TBI)** – Brain injury from an external force causing cognitive, physical, or behavioral impairments.
13. **Visual Impairment (including Blindness)** – Vision loss that adversely affects educational performance.

Some states add an additional category:

14. **Developmental Delay** – For children ages 3–9 who show delays in physical, cognitive, communication, social, emotional, or adaptive development.

As a reminder, the disability must include an educational impact... not just a medical diagnosis. The IEP team which determines the qualification and IEP plan MUST be multidisciplinary, and must include at least: a regular-education teacher, a special-education teacher, an administrator representing the school district, a counselor or psychologist, a nurse or other medical practitioner (if the disability is medical), other specialists which relate to the area of disability, the child's parent(s) and the child (if old enough). If a child has a disability from an area not covered in these 13 categories, or if the child does not require specialized instruction, the child will not qualify for an IEP; however, they may qualify for a 504 Plan.

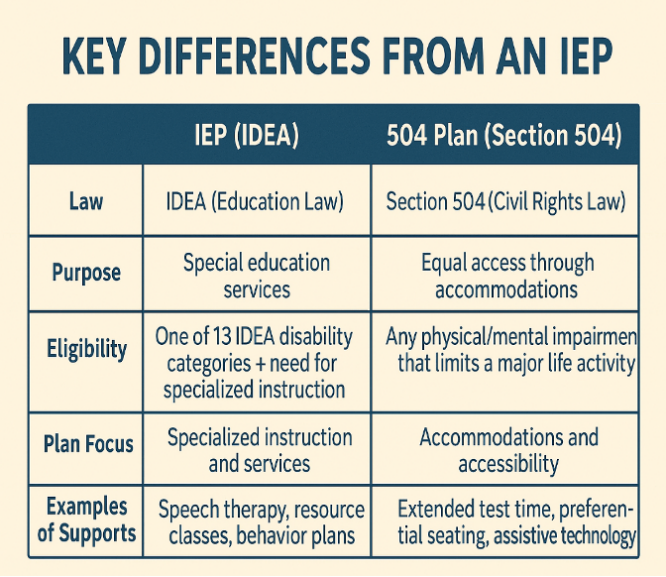


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4.7: 504 Plans

Some children need services but don't qualify for an IEP. These students may receive services under a 504 plan. A 504 Plan is part of the Rehabilitation Act of 1973, specifically Section 504, which is a civil rights law... not a special education law like IDEA. This civil rights law ensures that students with disabilities have equal access to education and are not discriminated against because of their disability.

A 504 plan is very similar to an IEP but is used for students who don't qualify for an IEP, who need less severe services, or as believed appropriate by the local school professionals. The 504 plan is less regulated and only requires the team to meet when a change is needed. 504 plans last indefinitely; they are usually reviewed every three years or so as the child grows. Whereas an IEP will follow a child throughout their schooling anywhere in the United States of America, including higher education if they go to college, a 504 plan is less stringent and typically must be re-done if a child changes schools. It does not follow a child to higher education if they go to college. If a young adult in college is still in need of services, they should pursue them through their college's Students with Disabilities office.

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4.8: What Qualifies as a Disability for a 504 Plan?

“To be protected under section 504, a student must be determined to have a physical or mental impairment that substantially limits one or more major life activities, a record of such an impairment, or to be regarded as having such an impairment.” (Allen & Cowdery, p. 275) Major life activities might include learning, reading, concentrating, walking, seeing, hearing, breathing, or communicating, amongst others.

A 504 Plan can support a wide range of disabilities, including (but not limited to):

- **Chronic health conditions**: asthma, diabetes, epilepsy, ADHD
- **Mental health conditions**: anxiety, depression, bipolar disorder
- **Physical disabilities**: mobility impairments, partial paralysis, arthritis
- **Sensory impairments**: hearing or vision loss (when the student doesn’t need specialized instruction)
- **Temporary conditions**: broken leg, recovery from surgery (if it substantially limits participation for a time)
- **Learning differences**: dyslexia or ADHD that doesn’t require special education but still impacts classroom functioning

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4.9: What is Similar and Unique in These Plans?

An **Individualized Education Program (IEP)** is governed by the Individuals with Disabilities Education Act (IDEA) and provides specialized instruction and related services for students with one or more of 13 specific disabilities. These plans require measurable goals and a formal, yearly evaluation. The federal government provides money to the school districts to pay for this process and the resulting services.

A **504 Plan** is a civil rights law under Section 504 of the Rehabilitation Act that provides accommodations to ensure a student with a disability has equal access to the general education curriculum; a 504 Plan does not provide specialized instruction or require measurable goals.

Both plans are legally binding, but under different laws. Both plans are provided to students and their families at no cost to them, and are paid for out of taxpayer dollars. Both plans provide for support of students with disabilities, but they provide this support in different ways.

Reflect and Apply

Describe the differences and similarities of an IEP, IFSP and 504 Plan. What are your opinions of these three processes?

✏️ *Write a short reflection (5–7 sentences) or discuss your ideas with a classmate or small group. Be ready to share with the class.*

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4.10: The Teachers' Role

"The teacher's role in assessment is to help identify children for early intervention, to collect data and documentation that will be used in the development of the IEP, and to monitor the child's progress throughout the year. "(Allen and Cowdery, p. 248) This is just the beginning of the important roles that teachers play in this process. Beyond providing data, the teacher participates fully in all IEP/504 meetings, helps in plan implementation and is the first-line advocate in helping the student succeed. Teachers

must document student progress, share information about the student's strengths and weaknesses, and follow the specific accommodations and strategies outlined in the plan. This includes collaborating with the rest of the team to ensure the plan is effective.

During the meetings, the parents and the regular classroom teacher often have the most all-inclusive understanding of the child's strengths, abilities and challenges. It is the teacher's responsibility to:

- **Provide essential data:** Share information on a student's current academic performance, attendance, and behavior.
- **Contribute to goal-setting:** Offer insights into the student's present levels and suggest specific, measurable, achievable, relevant, and time-bound (SMART) goals.
- **Collaborate on strategies:** Work with the team to brainstorm and discuss potential accommodations, behavioral plans, and other strategies.
- **Identify needs:** Clearly communicate any challenges with implementation and ask for clarification on how to best support the student.
- **Offer insights concerning strengths and weaknesses:** Provide a comprehensive view of the students' abilities to help the team make informed decisions.

After the meeting, the teacher must work to:

- **Implement the plan:** Legally and ethically follow the accommodations and strategies listed in the student's IEP or 504 plan.
- **Document and monitor:** Keep records of the student's progress, including data from monitoring, to show the effectiveness of the accommodations.
- **Communicate with parents and team members:** Share progress and concerns with parents and other relevant team members and work together to ensure consistency between school and home.
- **Participate in reviews:** Attend annual and interim review meetings, bringing the data collected and participating in discussions about the student's progress and any necessary revisions to the plan.
- **Advocate for student needs:** Continue to identify and communicate the student's needs to the special education teacher, other specialists, and administrators.

Reflect and Apply

Let's practice applying what you have learned in this section. For each situation, indicate whether it would qualify for an IEP or a 504 Plan and why. What would the teacher's responsibility be in each situation?

- Scenario 1: Adam is 8 years old and has difficulty with social communication and sensory processing. He has been diagnosed with autism spectrum disorder by his family physician. He often gets overwhelmed by changes in his environment and feels anxious when there are too many people around or too much noise.
- Scenario 2: Bonita is 6 years old. She has extreme panic attacks anytime something in her environment is altered or unexpected. If she anticipates that something might be different at school that day, she can't hardly function to get out of bed and get ready to go to school. This has caused her to miss an increasingly high number of days of first-grade.
- Scenario 3: Cassie is a very personable and intelligent third grader. She reads at a sixth-grade level but struggles immensely with math and writing. Orally, she can figure out complicated story problems, but when the teacher began introducing algebraic problems (letters and numbers together), Cassie emotionally and academically shutdown. Her writing is almost unintelligible, similar to that of a preschooler. She seems less anxious when the classroom lights are off.

- Scenario 4: Doug is 4 years old and has attended the local college's preschool program full-time for the past 12 months. His teachers and peers have a difficult time understanding most of what he says. His parents can understand about 30% of his speech but his teachers report only understanding him about 10% of the time. His peers have given up playing with him because of this, and have to be coaxed by the staff to include him in their activities. Doug's parents are afraid that he will have difficulty next year when he goes to Kindergarten.
- Scenario 5: Evelyn was born with only one leg. Although she prefers to walk with her prosthetic leg, she often uses a wheelchair to get around in crowded situations. She is now in a school which requires her to change rooms at various times throughout the day. Her doctor wants her to walk and play while at school, as this is better for her overall health and independence, but her parents are fearful that she may be jostled too much and injured during busy passing periods while changing classrooms.
- Scenario 6: Frank is 5 years old and is deaf. He has no hearing ability at all, and it has been determined that he is not a candidate for a cochlear implant. His parents have begun teaching him American Sign Language at home, but are concerned how he will learn at school.
- Scenario 7: Gina is 8 years old and has severe but well-managed diabetes. She must monitor her blood sugar levels frequently (with help of an adult) and often needs a snack between meals. Although this condition limits major life activities, so far Gina is keeping up academically without the need for specialized teaching strategies.
- Scenario 8: Hosea is an energetic 7-year-old who has extreme difficulty focusing on his work in school. He is easily distracted by peers, noises, temperature... seemingly anything. When he is interested in a subject, he wants to learn everything he can about it and often asks persisting questions even after the class has moved on. His lack of focus and organization is beginning to affect his academic work and his social-emotional status with peers. He gets easily frustrated when he perceives that he is failing at a task and tends to give up in an emotional outburst.

✏️ *Write a short reflection (5–7 sentences) or discuss your ideas with a classmate or small group. Be ready to share with the class.*

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National Center for Learning Disabilities. (n.d.). *Child Find logo: Three child figures in pink, blue, and green with raised arms* [Logo]. Child Find. https://www.chesterfieldschools.org/

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This study centers on the family's role in the IEP process, providing insight into what families experience when a child is first referred for special education. ResearchGate+2National Database+2

2. Pierangelo, R., Houser, M. A., & Bernhardt, V. L. (2007). *Understanding assessment in the special education process*. Corwin Press.
A handbook that covers the assessment process in special education—including teacher roles, evaluation tools, eligibility, and the referral/evaluation/eligibility steps. Corwin Press - US

3. Wilmshurst, L., & Brue, A. W. (2010). *The complete guide to special education: Proven advice on evaluations, IEPs, and helping kids succeed*. Wiley.
This book addresses many of your core objectives—defining IEP, eligibility categories, teacher/family roles, etc. Wiley Online Library

4. Bottsford-Miller, N. (2006). A comparison of IEP/504 accommodations under classroom and standardized testing conditions. *ERIC* (ED495884).
Offers a comparative look at IEP vs 504 accommodations in practice—useful for comparing processes, provisions and "life" of IEP vs 504. ERIC

5. Lindsay, R. A. (2025). Exploring family experiences with Section 504 plans for students with disabilities. *Journal of Autism and Developmental Disorders*.
Focuses on families' experiences with 504 plans, thus supporting objectives around 504 eligibility, process, and family role. SpringerLink

6. U.S. Congress, Congressional Research Service. (2025, September 26). *The rights of students with disabilities under the IDEA, Section 504, and the ADA* (Report R48068).
Provides authoritative legal framework for both IEP (IDEA) and 504 (Section 504) including eligibility, roles, funding, etc. Congress.gov

7. Lange, S. M., & Thompson, B. (2009). Early identification and interventions for children at risk for learning disabilities. *Learning Disabilities Research & Practice, 24*(2), 102-109.
Addresses early identification/screening and process for children at risk—ties into Child Find/screening objectives. ERIC

8. Gaspar, C. R. (2025). Expanding the concept of parent involvement to special education. *International Journal of Inclusive Education*.
Highlights the teacher and family roles in the special education process broadly. PMC

9. Kentucky Department of Education. (2024, July). *Guide for Child Find: Locating, identifying and evaluating children with disabilities*.
Although a state guidance document, it concisely addresses the Child Find obligation and screening/identification process. Kentucky Department of Education

10. Vogel, M. (2022, February 22). Maximizing parental involvement in developing the IEP. *Edutopia*.
A practitioner-oriented article useful for understanding how families and teachers participate in IEP/504 processes.

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4.13: Suggested Videos

Understood. (2019, April 17). *Infants and toddlers: IFSP* [Video]. YouTube. https://youtu.be/AzGW_5InBjc
This brief video features a discussion between two special education specialists who explain what an Individualized Family Service Plan (IFSP) is, how it functions, and how it differs from an Individualized Education Program (IEP). The dialogue helps viewers understand the purpose of IFSPs in supporting infants and toddlers through early intervention services.

Early Intervention Services. (2020, May 12). *Sample IFSP meeting* [Video]. YouTube. https://youtu.be/ZDPM1tUie7A
This 8-minute video walks viewers through an example IFSP meeting, introducing the family, service coordinator, and other team members. It emphasizes family-centered planning, collaboration, and communication while highlighting strategies that ensure the family's priorities remain central to the process.

Understood. (2021, February 9). *What is an IEP?* [Video]. YouTube. https://youtu.be/tGYO9XWhI2Y
This three-minute video explains the components of an Individualized Education Program (IEP), including student goals, services, accommodations, and the importance of collaboration among educators and parents. A parent advocate narrates the IEP process, providing a clear overview for families new to special education.

Exceptional Children's Assistance Center (ECAC). (2018, August 24). *A framework for success: An IEP meeting* [Video]. YouTube. https://youtu.be/e-_zyQN7G-4
Produced by ECAC, this video offers a realistic look at an IEP meeting in progress. Viewers meet the team members and observe each step of the process, from reviewing assessments to developing measurable goals. It is a valuable training resource for educators and parents to understand collaboration in IEP development.

Understood. (2020, October 5). *What is the difference between an IEP and a 504 plan?* [Video]. YouTube. https://youtu.be/A9TgDgHfdlY
Parent advocate Amanda Morin compares the IEP and 504 Plan, explaining the legal foundations, eligibility criteria, and key differences between them. This short video clarifies how each plan supports students with disabilities and provides guidance to help families determine which plan may best meet their child's needs.

Special Education Resource Center. (2021, March 10). *13 categories* [Video]. YouTube. https://youtu.be/ArPdH4mlie8
This educational video outlines the 13 disability categories recognized under the Individuals with Disabilities Education Act (IDEA). It defines each category and provides examples, helping educators and families understand how eligibility for special education services is determined.

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Section 2: What Qualifies a Child for Special Education?

Thus far, this text has provided a solid background of the history and current status of Special Education in the United States, including the laws that have shaped these educational services and the practicality of how the laws are implemented. Section 2 of this text will delve more deeply into the specific issues which may qualify a child to be served by Special Education.

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Section 3: There Is Still Work to be Done

Sections 1 and 2 have provided an excellent base for understanding the special needs of children and providing them with needed supports through education. Although much has been learned and accomplished in this field, there is more work to do. Section 3 addresses these needs and looks to the future for the education of children with special needs.

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Appendix A

Movie Review

1. Select and watch a movie that focuses on a character who has ASD. As you watch the film, pay special attention to how the character's needs are addressed and provided for.

2. Write a movie review about the movie you selected, including the focus on ASD that you noted. Your review should include:

- Title of the Film
- Year the film was produced
- Where and when did the story take place? (i.e. Alabama in the 1930s, or France in the 1700s)
- List the main characters
- Provide a brief plot outline
- What symptoms were present in the character who depicted a person with ASD? (list them, with examples) Were all of these symptoms typical of ASD, or were some perhaps co-existing issues?
- How were the character's special needs addressed and provided for? Were there ways you would have liked to see them addressed differently? If so, how?
- How was the character included (or not) in family, school and community? Were there ways you would have liked to see them included differently? If so, how?
- Who was the support team for the character? How were they involved in supporting the various developmental and other needs of the character?
- How did the movie make you feel? Were you angry, sad, sympathetic or amused? Do you think the movie meant to make you feel these feelings?
- Summarize the message you believe the movie was supposed to make. Was there an obvious conflict addressed by the film? What was the resolution? Was a problem solved in a way that satisfied all parties? Was there violence depicted? If so, were there better ways of resolving the conflict? Was a family involved? If so, what part did they play? Could you imagine yourself in a situation like the one depicted in the film? How would you have reacted?
- Conclude your paper by rating the film on a scale of 1 (horrible, awful, no good, disappointing, failed to address issues) to 5 (fantastic, wonderful, would highly recommend, learned from the film, provided great insights).

3. Be prepared to share with the class.

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