

ONE OF US:
Access and Equity
for *All* Young Children

Illinois State Board of Education
Revised March 2005

School Success Through Community Partnerships: Access and Equity for *All* Children in Illinois

List of Illinois Partners

Pat Bennett
Department of Children and Family Services
Regional Licensing Administration–Central

Elizabeth Brooks
Illinois State Board of Education
Special Education Services

Kathryn Cox
Illinois State Board of Education
Special Education Services

Eileen DeRoze
Bureau of Early Intervention
Department of Human Services

Claudia Fabian
Prevention First

Madelyn James
STARNet Region V
Chicago Public Schools

Beth Knight
Department of Human Services
Head Start State Collaboration Office

Chris Lehl
Illinois State Board of Education
Division of Early Childhood Education

Cathy Leonis
Office of the First Lady

Jan Maruna
Illinois Network of Childcare Resource & Referral Association (INCRRA)

Pam Reising Rechner
Illinois State Board of Education
Division of Early Childhood Education

Gina Ruther
Department of Human Services
Head Start State Collaboration Office

Anne Wharff
Department of Human Services
Bureau of Child Care and Development

Audrey Witzman
Illinois State Board of Education
Division of Early Childhood Education

Consultant and Writer
Jeanette A. McCollum, University of Illinois at Urbana-Champaign

CONTENTS

Introduction.....	i
Overview.....	1
A Tale of Two Districts: “Voices”	6
Collaboration: Key to Inclusive Services.....	7
A Tale of Two Districts: Family Stories	16
Providing Inclusive, Individualized Services	19
A Tale of Two Districts: Program Stories.....	27
Classroom Building Blocks	31
A Tale of Two Districts: In the Classrooms.....	41
Finding Solutions	45
A Tale of Two Districts: The Bottom Lines.....	48
References	51
Appendices.....	55
Websites	55
Tables	59

INTRODUCTION

This book, now in its second edition, was made possible by a grant to the Illinois State Board of Education (ISBE) from the National Association of State Boards of Education (NASBE) in collaboration with the Illinois Partners. The Illinois Partners in the Access and Equity (A&E) Project are the Illinois State Board of Education, the Illinois Head Start Association, the Illinois Department of Human Services, the Office of the First Lady, the Illinois Department of Children and Family Services, and the National Lekotek Center.

The A&E Project is a continuation of the state action planning begun at the May 2001 invitational early childhood conference of NASBE. At that time and in subsequent meetings, state early childhood policies and initiatives were examined and analyzed to determine the congruency and cohesiveness of the current early childhood initiatives, preschool and childcare programs, and early childhood special education. The outcome of this activity was the decision that children with disabilities and their families need to have greater access to appropriate placement and supports in early childhood programs with typically developing peers.

The State of Illinois has a variety of high-quality early childhood programs, but children with disabilities do not consistently have access to these programs as placement options for receiving their special education and related services. The purpose of this guidebook is to encourage and promote increased access for preschool-aged children with disabilities to be educated with their typically developing peers.

The A&E Project has continued to grow since the development of the original guidebook. Through the ISBE technical assistance project, STARNET, the A&E Project has trained 21 Master Trainers through an 18-hour Train the Trainer Model, sponsored a two-day Summer Faculty Institute, held two preconference sessions at the Sharing a Vision

Conference and the IL-AEYC Conference, provided a Master Trainers follow-up session at the DEC Conference, and presented at the IAASE Conference.

Special thanks go to Kay Henderson, Division Administrator, Early Childhood Education, for her leadership and support for the A&E Project.

District Stories – Interspersed throughout this book you will find a continuing story, “A Tale of Two Districts.” The “chapters” of this story illustrate how two Illinois districts have developed models for providing preschoolers with disabilities the opportunity to receive their education in a least restrictive environment along with their age peers. Each model represents a different approach to achieving this: In “Meadowbrook School District,” “Meadow Preschool” uses a model that blends services to children with disabilities, children who are at risk based primarily on family income, and children whose parents pay tuition. In “Sunny Park School District,” the district contracts with selected childcare and education centers in the community and provides specialized, itinerant services at those sites in partnership with site personnel. An overview of these stories is provided in **Table 1** in the Appendices.

These two models were selected for this book because they meet the intent of the Individuals with Disabilities Education Act (IDEA), as well as the intent of the ISBE that children with disabilities receive their IEP services within environments in which most of the children are their typically developing age peers.

We thank the families and staff who participated in the interviews that formed the basis for our “Stories.” The names of these districts and schools, as well as the names of individuals who work and receive services there, have been changed for purposes of privacy.

A Family Story

Maya Jones' parents discovered the benefits of inclusion when they enrolled her in a five-day-a-week summer program. Maya, who has Down syndrome, was the only child with special needs in the class: "Maya really excelled in this program. . . . She was potty-trained over the summer because of the role models. . . . [T]he other kids and her teacher really helped her want to be toilet trained. She learned so much socially as well." After much negotiation, the district agreed to pay Maya's tuition because there was no continuum of services available within the district: "Having Maya totally included has made a huge difference in her/our life. She can sit for circle time, 25 minutes, because if she gets up, the typically developing peers will look at her and ask her where she is going. . . . She is extremely active . . . and can read and is learning to write."

A Family Story

Betty Green's 4-year-old grandson, who has cerebral palsy, attends a community preschool. He has an aide to assist him with transitioning from one activity to another, but she steps aside during activities so that he can interact with his peers. He also has a chair adapted to his needs so that he can sit independently and interact with peers during table activities. He is the only child with special needs in his class, and he loves school: "He sees himself the same as the other kids and this boosts his self-confidence and determination to walk as they do. . . . It gives him an opportunity to become acclimated to what the world will always be for him. It also helps the typically developing children to learn and accept the special needs child."

OVERVIEW

What Is the Access and Equity Project?

This guidebook is a product of the Access and Equity Project (or “School Success Through Community Partnerships: Access and Equity for *All* Children in Illinois”), a collaborative project of the Illinois State Board of Education (ISBE), the Department of Children and Family Services (DCFS), the Department of Human Services (DHS), the Illinois Head Start Association, the National Lekotek Center, and the Office of the First Lady. Support for the project came from the National Association of State Boards of Education (NASBE). Individuals participating in the development of the guidebook represent parents, private providers, the Governor’s office, and state agencies. The guidebook is designed to inform and encourage school district personnel to ensure that young children with disabilities and their families are included within the early childhood settings and services used by other families in their communities through collaboration with families and with other entities that provide services to young children and their families.

Why “Access and Equity”?

Rapidly emerging knowledge about children’s early development and about the characteristics of home and community environments that foster optimal development and learning has led to many changes in early childhood services (Odom, 2002). The quality of services for all young children increasingly reflects this knowledge. For young children with disabilities and their families, change has also been linked to societal values about individual rights and

Our hope is that this guidebook will help communities establish a vision for inclusive early childhood practice and provide an impetus and ideas for how to proceed.

community responsibilities. There has been an increasing emphasis on *access* to appropriate services and *equity* in receiving a free, appropriate public education.

“Inclusion” is the term most commonly used to describe how services are organized to reflect these values. From a societal perspective, “inclusion” suggests that individuals who have in the past been set apart are now equal participants in all of the many activities of their communities. In contexts concerned with providing educational and developmental services to young children with disabilities, the concept of inclusion implies equity through planned social and educational participation in settings and activities in which other young children and families participate (Guralnick, 2001; Odom, 2002). The term “intervention” encompasses all services (e.g., education, therapies) designed to change developmental and learning outcomes in children. An inclusive approach to intervention aims to foster developmental and learning outcomes that equal or exceed outcomes resulting from other intervention approaches.

Goals for young children with disabilities are largely the same goals that our society holds for all children; however, additional goals are also critical (Early Childhood Research Institute on Inclusion [ECRII], 1998; McWilliam et al., 2001). Many families, providers, and advocates believe that *both* sets of goals can best be accomplished when all children and families participate fully in their communities in the same ways as other families (Odom, 2002).

Goals for All Young Children and Their Families

- *To develop in key domains.*
 - *To engage in and master important everyday environments.*
 - *To acquire and use problem-solving skills.*
 - *To build social competence and gain group membership.*
-

Additional Goals for Young Children with Disabilities and Their Families

- *To increase amount and complexity of engagement with the environment and the ability to learn from the environment.*
 - *To increase interactions with peers and mastery of social situations.*
 - *To increase families' use of community resources and activities that provide normalized experiences for their children.*
 - *To prevent the emergence of future problems or additional disabilities.*
-

Purpose of the Access and Equity Guidebook

Inclusion of young children with disabilities and their families in developmental and educational settings designed primarily for children without disabilities differs from inclusive practice for school-age children because services for most young children are not typically a part of their local school systems.

Instead, inclusion is often achieved through creativity, and always through collaboration. There is strong momentum toward collaboration among the multiple entities that provide education and developmental programs to young children with disabilities and their families. These collaborations may include public schools, Head Start and Early Head Start programs, public and private community childcare providers, private nursery schools and preschools, migrant programs, or university laboratory schools; however, efforts of families, schools, community service providers, and agencies often have been hampered by a lack of understanding of parallel or respective responsibilities, by seemingly limited options for collaborating, or simply by lack of knowledge of what is possible. Fortunately, many communities and providers have discovered or developed an array of useful options—it can be done!

The purpose of this guidebook is to provide impetus to collaborative efforts that support inclusive practices in early childhood services so that the needs and priorities of young children with disabilities and their families

are addressed as a matter of course within the everyday environments of all young children and their families.

Specifically we hope to . . .

- build awareness of how the concepts of inclusion and collaboration are supported by multiple state and federal initiatives.
- increase understanding of the characteristics of high-quality inclusion and collaboration.
- expand the number and quality of options available to young children with disabilities and their families.
- encourage collaboration among individuals, settings, and agencies in providing inclusive services.

Who Is the Audience for the Access and Equity Guidebook?

Administrators of community-level early childhood programs in public schools, public and private childcare centers and homes, private nursery schools and preschools, and Head Start and Early Head Start are the primary audience for this guidebook; however, we envision that it will also be useful to policymakers at the local and state levels; to colleges and universities

preparing personnel for services to young children (e.g., early childhood education, early childhood special education, therapies, nursing); and last, but certainly not least, to families of young children with disabilities.



Collaboration Is a Sign of the Times!

Collaboration is happening at every level. Some of the many local, state, and national collaborative efforts that relate specifically to young children, particularly young children with disabilities, are shown in **Table 2**. This guidebook, developed through a state-level collaborative effort among ISBE, DCFS, DHS, Head Start, and the Office of the First Lady, is another example.

Collaboration benefits everyone—children with disabilities and their families, administrators, early childhood educators, early childhood special educators, and therapists and other specialists and caregivers.

At the very least, collaboration implies a shared vision of early childhood service provision, regular communication, joint planning, clear roles, and stable relationships (Wolery & Odom, 2000). Collaboration allows families and service providers to achieve goals that each could not achieve alone. It expands program options, which, in early childhood, is basic to being able to achieve inclusion. Most importantly, collaborative, integrated services support the interrelated nature of development and learning in young children.

Collaboration is key to achieving inclusion. When individualized intervention is provided across settings, as it often is in early childhood, collaboration is essential if a seamless experience for children and their families is to be achieved. New roles and relationships emerge as parents, special educators, therapists, and personnel who work in settings designed primarily for typically developing children work together on behalf of all children.

A Tale of Two Districts: “Voices”

“My son has issues with any change in routine, like a fireman coming to visit or introducing a puppet during group time. But instead of removing him, they think of cute games to prepare him and help him gradually overcome his fear. So he has the same opportunities as the other children, and now he talks about that puppet all of the time!” *(Parent, Community Preschool, Sunny Park School District)*

“Little things happen every day that make me know this works. We have a boy with severe motor needs whose best friend is one of the tuition-paying children. Every day his friend waits at the door for him to arrive. His friend’s encouragement is what gets this child to move down the hall on his walker.” *(Teacher, Meadow Preschool)*

“I knew the minute I walked in that this was where I wanted him to go. I wanted him to learn that disability is another aspect of diversity. There was one child with only one hand, and it was not an issue for the other children. With this experience, what is different becomes the norm, and children will grow up to be more tolerant of others.” *(Parent, Meadow Preschool)*

“The children asked questions, the teachers explained, and that was that—she was happy and full of smiles. It was just one more individual difference.” *(Center Director, Community Preschool, Sunny Park School District)*

COLLABORATION: KEY TO INCLUSIVE SERVICES

Collaborating for Inclusion: It's in the Law

As shown in **Table 3**, the concept of early childhood inclusion is solidly supported by several different federal laws. Although the most encompassing law governing responsibility for early education and early intervention for young children with disabilities is the Individuals with Disabilities Education Act (IDEA), other laws embody the same values about inclusion and provide additional incentive for collaboration in achieving common goals. Early childhood legislation at the state level provides additional incentives.

The IDEA. The IDEA, originally passed in 1975, is the primary federal law governing special education. It is the framework that guarantees children with disabilities the same access to a free, appropriate public education as other children.

The word “inclusion” is not used in the law. Instead, the IDEA contains many provisions that support inclusion. Many of these, such as LRE (least restrictive environment) and making available a continuum of placement options, were present in the first IDEA; however, the meaning of these terms has undergone a gradual evolution to reflect changing values and emerging knowledge. In common language, words such as “mainstreaming” and “integration” have given way to “inclusion,” “involvement in the general curriculum,” and “natural environments.”

The most recent amendments to the IDEA, passed in December 2004, as well as the Rules and Regulations (1999), currently in place, contain many provisions that address inclusion. **Table 4** (Part C) and **Table 5** (Part B) show some of these. In Part C, relevant provisions are contained primarily in one section. In Part B, relevant provisions are interwoven throughout different sections of the law. Guidance is also found in Appendix 1 of the current Rules and Regulations (1999) (“Analysis of Comments”) (Smith & Rapport, 2001).

In Part C, which outlines services for infants and toddlers with disabilities, the term “natural environments” is used to accomplish the LRE requirement. Early intervention services are “developmental services that, to the maximum extent appropriate, are provided in natural environments, including the home, and community settings in which children without disabilities participate.” In the Rules and Regulations for Part C, natural environments are further clarified to mean “settings that are natural or normal for the child’s age peers who have no disabilities.” This clearly includes the family’s home, as well as settings such as parent-child play groups or childcare centers.

In Part B of the IDEA, inclusion is defined not just as “physical integration” but also as participation in the general education curriculum for children 3 to 21. There are few specific mentions of preschoolers in the Part B Rules and Regulations.



Instead, there is the assumption that the same rules apply to the whole age range (Walsh, Smith, & Taylor, 2000).

To make the language of the law more compatible with the characteristics of young children, the “general education” requirement at the preschool level is defined as activities appropriate for preschool children. Further, FAPE (“free, appropriate public education” as specified in the IDEA) can be delivered through collaboration with Head Start and community preschools.

In both Part C and Part B, there is a clear intent that children with disabilities be educated with other children in typical early childhood settings, and that they have access to a curriculum appropriate to their age. The Division for Early Childhood (DEC) of the Council for Exceptional Children defines “appropriate” as “activities, materials, and environments that are chronologically age relevant and developmentally and

individually appropriate” (DEC, 1998). Appendix 1 of the current Rules and Regulations (1999) further clarifies that the full continuum of alternative placements required by the law includes integrated placement options such as community-based settings with typically developing age peers (Smith & Rapport, 2001).

It is required that young children be served in the LRE unless it is specifically shown in the child’s individualized education program (IEP) or individualized family service plan (IFSP) why this environment is not appropriate. Thus, the concept of LRE also has been clarified to encompass meaningful inclusion at the early childhood level (Smith & Rapport, 2001).

Another critical concept related to achieving high-quality inclusion for young children with disabilities is “individualized intervention.” Individualized intervention includes all services that directly address the child’s individual developmental and learning goals as shown on the IEP or IFSP. In Part B of the IDEA, individualized intervention at the preschool level includes “specially designed instruction” and “related services.” In Part C, individualized intervention includes

“special instruction” and a range of other individually selected child and family services. Individualized intervention thus encompasses all services and disciplines, and addresses individually identified needs, concerns, and priorities, including those related to the general or age-appropriate curriculum.



In all states, 3- to 5-year-old children with disabilities are the responsibility of the state education agency and the local schools. At the infant-toddler level, the lead agency for early intervention is selected by the Governor. In Illinois, the lead agency for the infant-toddler program is the Department of Human Services (DHS), with participation by other state agencies including the Illinois State Board of Education (ISBE). *In all states, however, irrespective of lead agency, services are governed by the provisions of the IDEA, including those provisions related to inclusion and natural environments.*

While agencies must ensure that services meet the inclusion provisions of the law, there is considerable latitude in *how* services can be configured to achieve this intent. As noted above, what makes inclusion different at the early childhood level is that settings serving young children without disabilities may not be available through the public school. Fortunately, the other laws shown in **Table 2** make a range of other inclusive settings both available and appropriate, and some school districts have found creative ways to collaborate and to combine different sources of funding.

Other Legislative Support for Inclusive Services.

Under the Performance Standards governing Head Start and Early Head Start, at least 10% of slots must be available to children with disabilities. Programs may restrict these slots to families who are already eligible for Head Start services, or may expand eligibility to include other children with disabilities. Head Start has very specific provisions with respect to children with disabilities. In general, these provisions parallel those in the IDEA, and many of the requirements can best be met through collaboration with the local school. For example, both the public schools and Head Start must develop IEPs for children with disabilities. Collaboration can ensure that inclusive options are available and that IEPs are developed and implemented by staff qualified to deliver those services. Hence, community Head Start programs provide a major resource for inclusion.

The Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act also help to ensure the availability of inclusive community settings for implementing the IFSP and IEP. Both acts support the civil rights of persons with disabilities. These laws ensure that young children with disabilities and their

families cannot be discriminated against with respect to being accepted into childcare (and other) programs unless this would require a fundamental alteration of the program or pose a direct threat to the health or safety of others.

In Illinois, support and guidance for serving children with disabilities in childcare programs is provided by the Department of Child and Family Services (DCFS), which licenses childcare centers under the Child Care Act. For example, this act requires operators of childcare facilities to complete a basic training course on providing care to children with disabilities. For many families, child care may be the setting of choice for receiving services outlined in their child's IEP or IFSP. This can be accomplished through collaboration with schools and agencies responsible for providing the specialized, individualized services on the IEP or IFSP.

As schools have sought to increase the availability of inclusive environments for young children with disabilities, they have also looked within their own walls to other special preschool programs. Many of these state- (e.g., pre-K) and federal- (e.g., Title I)

supported programs are designed for young children whose academic achievement is deemed to be at risk based on community or family circumstances. These programs offer a potential resource for inclusion of children with disabilities; however, the intent of these programs must take priority. In general, children who are eligible for both programs may receive special education services within the other program setting so long as the purpose of the special education services is to help the child achieve the goals of that program. Alternatively, if children are only eligible for special education, they may still be served in the other program so long as that program's funds are not used for that child. Blending funds to pay a teacher's salary, using team teaching, or adding a teaching assistant paid with special education funds could be used to achieve this possibility.

Thus, in any particular school district, a blending of options and resources from different programs can be used to include children with disabilities within other specially funded preschool programs (Rose & Smith, 1992). Opportunities are available through collaboration with programs both within and outside of the school system; in the future, universal pre-K may

further broaden these opportunities. Using creative administrative structures and funding patterns, as well as different ways of allocating resources and different staffing patterns, inclusion may actually be easier to achieve than in later years because of the nature of young children. Happily, all young children share commonalities as learners.

Commonalities Among Young Children as Learners

- *They are active learners who seek to understand their everyday environments through action.*
 - *They learn from one another and gain emotional and social competence by establishing friendships with one another.*
 - *Their development and learning are influenced most by natural contexts and routines of their everyday lives.*
-

Overlapping Responsibilities Create Opportunities.

Many aspects of the legislation that support inclusive services require or suggest collaboration. For example, where a law requires a program to “supplement, not supplant” existing services or funding sources, the intent clearly is that the two programs collaborate. Where the law states that public schools are ultimately responsible for seeing that children with disabilities have IEPs and that they are appropriately implemented, and where Head Start policy contains virtually the same definition of IEPs and disability categories as does the IDEA, collaboration is clearly intended. When two entities or more have responsibility for finding and evaluating children with disabilities, a joint effort will ensure that children do not fall between the cracks, and it will also be more effective and efficient. Efforts can be combined and resources shared. In some cases, as in establishing transition agreements and procedures between Part C and Part B services, there are explicit requirements and guidelines for each party’s role in the collaboration.

There are many such opportunities at the community level. Interagency planning teams can identify the overlaps and gaps in their areas of responsibility

(e.g., child find, transition, evaluation, service planning, family services) and then work together to develop a community service matrix that becomes a basis for joint effort. A good state-level model for such a matrix, the “Illinois Early Childhood Program Expanded Matrix, 2001,” is available from the Illinois Head Start State Collaboration Office (IHSSCO) (2001). Many communities have found that developing their own local matrix suggests areas of collaboration and provides a basis for community-wide planning, sharing of resources, and achieving common goals.

Collaborating with Families

Family environments and family relationships are the most salient of all environments for young children's development and learning. Families have lifelong relationships with their children and are their primary teachers and advocates. They have expertise about the child that no one else has. Collaboration with families is absolutely essential to achieving high-quality services that are provided in inclusive or natural environments. The collaborative relationship will differ with each family, depending on their beliefs about how children learn as well as their beliefs about appropriate parent-professional roles. Collaborating with families requires ongoing sensitivity to families' wishes and concerns as well as skills for working with families in ways that they find comfortable and satisfying. Nevertheless, many of these skills are the same ones that support collaborative relationships in general, including open communication, respect, and trust (Cavallero & Haney, 1999).

Clarifying Terminology: Common Usage vs. What's in the Law

In the IDEA, the term “natural environment” applies specifically to infants and toddlers. In everyday talk in early childhood circles, the terms “natural environment” and “inclusive environment” are often used interchangeably and may be used to refer to either infants and toddlers or to preschoolers.

Even in everyday talk, meanings vary. An understanding of the different meanings of these two terms is critical for clarifying how we think about the locations in which children in any particular community spend their time.

Natural environments include homes, grocery stores, neighborhood schools, recreation centers, preschools, nursery schools, and childcare centers. The term “natural environment” also refers to day-to-day activities that might occur within those settings such as playing with a brother or sister, eating lunch, taking a ride in the car, and reading bedtime stories (Dunst et al., 2001). Thus, natural environments may look different for each family and will change as children become older. The term “inclusive environment,” on the other hand, is most often

used to refer to environments in which other children are present and wherein the majority of the children do not have disabilities.

A “natural environment” may or may not also be an “inclusive environment,” a place where children would be if they did not have a disability. Depending on the children’s ages and their families’ needs and priorities, they may receive services in their homes, within the context of their daily routines; this is a natural but not an inclusive environment. Or a family may decide to have their child attend a local Head Start program—a natural *and* inclusive environment. Alternatively, an inclusive environment is *not* a natural environment if the family would not have chosen it for their child if their child did not have a disability. The important point is that selection of settings and contexts for services should be based on consideration of both criteria.

To further complicate the picture, an inclusive setting, such as a childcare center, may or may not be a location where a child receives individual intervention based on an IEP or IFSP. For example:

- Two-year-old Carlos' mother takes him to child care each morning so that she can work. He receives his intervention services in the evening at home, after his mother gets off work. Provision of child care is not included on Carlos's IFSP, nor is there an expectation that other individualized intervention will be provided within that context (although there is an expectation that reasonable accommodations and adaptations be made by the childcare center to support Carlos's participation in ongoing activities).
- Four-year-old Davy receives all of the individualized intervention services on his IEP within his childcare setting, where he and the childcare staff receive weekly visits from an itinerant teacher and therapists from the public school.

*Distinguishing among the three concepts of **inclusion**, **natural environment**, and **individualized intervention** is critical when putting together a configuration of services for each child. Each concept has important implications for how teachers, therapists, and other related personnel perform their roles, and for how programs meet the standards for personnel qualifications contained in*

legal mandates and policy. Collaboration can ensure that these requirements are met in a variety of natural, inclusive environments.

A Tale of Two Districts: Family Stories

Meadow Preschool

Maria has experienced Meadow Preschool twice as a parent, first with her now 7-year old son Paul, who was identified as a child having special needs, and currently with her 3-year-old David, for whom the family pays tuition. Maria had heard about the school from friends and knew “the minute she walked in” that this was where she wanted her oldest son to go. Interestingly, she was not then aware that he had special needs and was put on a waiting list because the tuition-pay slots for his age group were full. During this process, she did express some concern to staff about Paul’s language development. They quickly arranged a screening, and identified a range of delays in Paul’s development. He was moved from the waiting list and immediately admitted to the school’s program. Result—same classroom, different route in! Maria credits the program and beginning early for her son’s progress. She is also convinced that the range of children in the classroom help to make diversity of all kinds “the norm.”

Maria is actively involved in the school’s many parent activities, as are other parents. She believes that as many as 90% of the families participate in family activities, and notes that many alumni parents come back as volunteers. She appreciates the opportunity to meet other families from across the district and to develop a wider circle of friends. Maria has spent much time in the classrooms of her two children. She observes that children don’t appear to notice differences, and if they do, they seem to interpret these as within the norm and just part of who children are. She sees acceptance and play.

Sunny Park School District

Coreen's 4-year-old son Charles has been in child care and preschool since he was very young, and for some time she has had concerns about Charles's language and social skills. The family chose a community childcare option for Charles because, once they saw the program, they loved it—"It seemed right for him." Already she has seen his language blossom and has checked off some goals on his IEP. Coreen has little face-to-face contact with the preschool staff except at drop-off and pick-up time, when she has a few minutes to talk with "Miss Maude," who is the school district paraprofessional assigned to this preschool. She likes the notebook that goes back and forth between school and home—staff at the preschool, as well as the itinerant teacher and therapists from the school, write notes about what Charles is doing at school and provide suggestions for the family to use at home. Coreen has much praise for the way the preschool has worked to meet Charles's individual needs: "One thing they do, when they are going on a field trip, they prepare him for the visit by using a story about what will happen, using pictures to show him what he will see. They're always looking out for him and trying to anticipate what will help." Coreen also appreciates the opportunities to get together with school district staff during parent-teacher conferences, as well as when the whole team gets together. She also has enjoyed opportunities to meet other parents whose children are served by the district during occasions that bring them all to the school.

Andrew's father, David, credits Andrew's successful experience at Head Start to the close communication among Head Start staff, district staff, and the family, accomplished via the district-funded assistant assigned to Andrew's classroom. In David's view, this assistant is the "hub" of Andrew's services. Andrew's family also likes to attend parent meetings at the Head Start program, even though, as David reports, "because we adopted Andrew after our other children were older, "We are the oldest parents there!"

PROVIDING INCLUSIVE, INDIVIDUALIZED SERVICES

Service provision is the heart of early childhood services. It includes “special instruction” (“developmental therapy” in Illinois terminology) and other services for eligible infants and toddlers and their families under Part C of the IDEA, “special education” and “related services” provided under Part B of the IDEA, and other services provided under other legislation and through a range of public and private entities. The focus of service provision is to implement the goals and outcomes for individualized intervention that are written into the IEP or IFSP.

Inclusive service provision can be divided into two levels: (1) the system level and (2) the service level. Ingredients at the system level include organizational contexts, settings, models, and organization of roles, or how the system is structured. The service level refers to the “building blocks” of individualized intervention within the setting, or how children’s needs are met within the everyday routines of the setting.

Ingredients of an Inclusive System

Organizational Contexts. The term “organizational contexts” refers to those agencies or systems that put together systems of service, gain sufficient resources to support the systems, and ensure that intended services are delivered. A wide range of organizational contexts are



involved in early childhood services, including public school early childhood programs, private nursery schools and preschools, Head Start programs, community childcare providers (public or private child care, family day care), agency services, and specialized clinics. Children and families may receive services provided under the umbrellas of one or more of these organizational contexts.

Each organizational context has its own strengths and limitations with respect to addressing the IEP or IFSP in an inclusive setting (Wolery & Odom, 2000):

- A public school as an organizational context may be able to provide transportation and may have certified teachers but may lack availability of appropriate placements due to structural separation of programs funded with different funding streams.
- A community-based childcare center, in contrast, may offer a more natural environment and be more convenient to the family but staff may not feel adequately prepared to address the child's IEP.
- Head Start has comprehensive support for families and ongoing training for staff but may have difficulty

providing specialized services to children with disabilities.

Settings. Often, but not always, the settings in which children receive services are located within the same organizational contexts responsible for those services. Even when a child receives inclusive services within a public school building, the setting in which the services occur (such as in a Head Start classroom housed in the school) may not be a part of the same organizational context as the one responsible for the child's IEP. Other examples of appropriate settings that are not also organizational contexts include the family home and environments such as community recreation centers and the public library.

Sometimes there is confusion over who is responsible when children with disabilities receive their IEP or IFSP services within organizational contexts other than those responsible for the IEP or IFSP. For this reason, it is important to distinguish between organizational contexts and settings. *In general, when services required by the child's IEP or IFSP are delivered in a setting that is part of a different organizational context or funding structure,*

the entity responsible for the IEP or IFSP (i.e., the local early intervention entity or school) is also responsible for seeing that those services are provided. Services can be provided directly by those responsible, as when an itinerant therapist provides services to a child within a childcare setting. Services may also be provided through contract, as when the public school contracts with the community Head Start agency to provide services to one or more children with disabilities. When the child is enrolled in Head Start, the Head Start program also has responsibilities consistent with federal Head Start Performance Standards. These include collaborating with others who are also legally responsible for the IEPs and IFSPs of children with disabilities in their communities. Collaboration is critical to ensuring that these relationships result in a cohesive, high-quality program for the child and family.

Program Models. A variety of models can be used for accomplishing inclusion. In early childhood, having a range of models available is analogous to having a continuum of placements available for older children with disabilities. Each child's IEP or IFSP will determine which model is best for that child; it will be the one that

best addresses the child's IEP or IFSP goals or outcomes with provision of the necessary supports.

To early childhood advocates, a setting in which the majority of children do not have disabilities is the most appropriate model. Among early childhood settings, inclusive settings (or for infants and toddlers, natural environments) most closely match the federal provisions related to inclusion. In these models, special education,



special instruction, therapies, and other needed services are provided within the context of the everyday routines and environments of young children. This can be accomplished using several different models. Each model suggests different roles and different types of relationships among personnel, and no one model is appropriate for all children.

Three Common Models for Inclusive Settings

- (1) *Itinerant*
 - (2) *Blended*
 - (3) *Team-based*
-

An *itinerant* model is the most common. In this model, services are provided by teachers and therapists who travel to the inclusive setting in which the child is participating and provide individual IEP- or IFSP-related services in that setting. While in the setting, the itinerant provider may work directly with the child or may work with a group of children of which that child is a part.

Alternatively or additionally, the itinerant provider may provide consultation to personnel who are in that setting, with those personnel then being responsible for implementing the intervention.

Collaborative relationships may take many forms, depending on the extent to which providers view themselves as partners and to which intervention is embedded within everyday routines. These variations are described further under “Building Collaborative Relationships” (see p. 38). The differing ways in which the itinerant professional can work also apply to home visits and to the relationship between provider and parent.

A Word About Infants and Toddlers

Although all of the models described also apply to infants and toddlers with disabilities who receive their IFSP services in group settings, other settings may be more typical of their natural environments. For infants and toddlers, the “natural environments” in which they are likely to spend most of their time are the family home, family day care, or childcare center. Other settings in which infants and toddlers often participate may include parent-child playgroups offered through a park district, the public library, or Early Head Start. Creativity and flexibility on the part of administrators and providers are essential if intervention is to be relevant to the arenas in which each child participates. Thinking about collaboration and relationships in these environments requires being open to new roles and to close, ongoing relationships with families and among team members.

A *blended* model is one in which personnel with different areas of expertise and those who are usually funded under different funding streams are co-located and work together within the same setting. This approach can be useful for combining children from two or more separate programs within the same classroom. For example, this blend might include early childhood special education, Title I and child care, or early childhood special education and Head Start. At the infant-toddler level, a blended model might combine Early Head Start with childcare and special instruction. In a blended model, personnel in the setting include those who would be present in each individual site if the programs were not co-located. They work together to plan and implement the daily routines and activities of the program. The needs and goals of children with disabilities are addressed within this overall context.

A *team-based* model can also be useful for achieving inclusion. In this model, there is usually one lead teacher who works with a team that may include another teacher, one or more therapists, and one or more associate staff who may be present in the setting for varying periods of time. In a classroom setting, the team as a whole plans

for the group, including how to address the goals of each child with an IEP or IFSP. Team members may spend varying amounts of time in the setting and implement individualized interventions within daily routines or in small groups. For example, a team composed of an early childhood teacher, an early childhood special education teacher, a speech therapist, and an occupational therapist may be responsible for two morning and two afternoon groups of children, some of whom have disabilities. The team plans together for all sessions. Each teacher serves as the lead teacher for two classrooms, but children are combined for most activities. The two therapists take an active role in all sessions, sometimes supporting individual children within group activities, sometimes conducting group activities, and sometimes working directly on individual goals with a particular child.

A transdisciplinary team is a good example of a team-based model. At the infant-toddler level, for example, a team of professionals from early childhood special education, speech/language therapy, and social work might have responsibility for 35 families. As a transdisciplinary team, team members will, in collaboration with each family, develop an IFSP that

addresses the families' priorities and concerns. Team members will meet together frequently to integrate their respective goals and strategies into a cohesive plan that addresses individual IFSP outcomes and consult with one another to implement any specialized strategies needed to achieve the plan. One team member would then have primary responsibility for implementing the plan through collaboration with the family and with childcare providers. A transdisciplinary approach provides cohesion, supports the formation of meaningful relationships between parents and providers, and matches the interrelated nature of young children's development. It also is highly compatible with providing services in inclusive, natural settings.

Inclusive settings are the first placement option to be considered for all young children who receive their IEP and IFSP services in group settings. Not only do they match the intent of federal provisions related to inclusion, they also match the developmental needs and preferences of young children. Historically, other models, such as dual enrollment and reverse mainstreaming, were used to integrate children with and without disabilities. Although these models

enable children with disabilities to be with typically developing children, they often do not meet the current understanding of inclusive settings as those in which the majority of children do not have disabilities and in which the primary focus is the children's participation in the typical, everyday routines of young children, including participation in the general education curriculum. The historical models do not reflect settings in which children would typically participate if they did not have disabilities.

Personnel Roles. Many different kinds of personnel provide early childhood intervention services. At the preschool level, these include early childhood special educators and related service providers such as therapists and vision specialists. At the infant-toddler level, personnel include all of those who provide early intervention services, including special instruction, therapy, family support, and service coordination. Personnel who hold appropriate certification, licensing, or credentialing for their disciplines and positions are responsible for planning and providing these services. This includes assisting others to provide them.

Other personnel who also work with young children with disabilities, such as childcare providers or Head Start teachers, do not have to meet these specialized standards as long as an individual who does meet them is ultimately responsible and is actively involved in the planning and provision of services. Instead, these personnel must meet the requirements of the agencies that hire or approve them. For example, Head Start staff must meet criteria outlined in the Head Start Performance Standards, and childcare staff must meet criteria outlined in state regulations for child care. Given these differing requirements, and given that ultimate responsibility for IEP and IFSP services rests with ISBE (for Part B) and with DHS (for Part C), itinerant, blended, and team models may be especially appropriate for achieving inclusive services for young children.

Understanding these differences in responsibility and professional qualifications is critical to delivering inclusive, individualized services in natural and inclusive environments. The responsibilities of different professionals with young children with disabilities and their families are very much related to their training and to which set of professional standards they meet.

In general, the individual responsible for special education or related services, or for any of the services provided under Part C (such as developmental therapy), must have a state license, certificate, credential, or other approval required to deliver services included on the child's IEP or IFSP. The key word is “responsible”—other personnel, such as childcare providers, may then follow through on activities included on the child's IEP or IFSP.

In carrying out this responsibility, the early childhood special educator or therapist who works with regular educators or childcare providers will likely be responsible for assessing the child, participating on a planning team, consulting with or coaching other adults, providing direct services, monitoring progress, serving as service coordinator, and seeking resources (Dinnebiel & McInerney, 2000). A primary role would be establishing collaborative, long-term relationships with others who also support the child's development, including the family, other team members, and personnel who work in inclusive programs.

Fortunately, a model to guide this close level of collaboration within everyday early childhood settings is available in the building blocks described in the next section.

A Family Story

Annette Richards, who has Down syndrome, began attending a Montessori preschool near home before her initial IEP meeting. When her IEP was developed, she attended Montessori for half a day and the self-contained classroom at the school for the other half. Annette's parents felt that the dual placement didn't meet her needs and advocated to obtain all of her IEP services within the Montessori preschool. In the self-contained class, Annette did not have peer models; at Montessori, she followed the lead of the other children. Through peer modeling, she learned that verbal communication is effective and works to her advantage. The district pays Annette's tuition because there was no option within the district for a less restrictive environment. Monthly meetings arranged and paid for by the district are used to ensure consistency of learning, and the district provides speech and occupational therapy at the preschool. For Annette, Montessori is the most appropriate LRE.

A Tale of Two Districts: Program Stories

Model 1: A Blended District Early Childhood Center

Meadow Preschool began in 1996 as part of a grassroots effort by parents who wanted the district to expand its focus on inclusive programs to the preschool level. The first model adopted by the district to accomplish this goal was to place children in community childcare centers (see description of Sunny Park School District for a similar model). The district grew, and changes followed. This original model was soon replaced by the blended model in use today. The first location for this new blended approach was a storefront converted into ten classrooms, with two additional classrooms in one of the district's existing school buildings. With a blended program as the goal, tuition-paying community children were recruited. Parents looked for other parents, and the blend was soon achieved. A positive vote the following year on a referendum for a new building led to a flurry of planning for a new preschool center that would also house district administrative offices. The following year, as the new building was under construction, the program relocated to a wing in the high school; by 1998, it was on site in its own new building. Since then, the population has continued to expand, and the program has now moved into an additional five classrooms in an adjacent district building. According to Diana, the director of the program, Meadow Preschool "has become so popular in the broader community that it now uses a mail-in lottery to select tuition-paying students." Currently, Meadow Preschool serves 600 children in morning and afternoon sessions in 26 classrooms. Four classrooms are full-day and serve children with more significant needs for part of their day. Another part of the continuum of services is provided through the option of one self-contained, cross-categorical classroom. Tuition for those families who choose Meadow Preschool is charged at the going rate used by other early care and education centers in the district.

Model 2: A School District Partners with Community Early Childhood Centers

Sunny Park School District, of which this second inclusive preschool model is a part, has had an inclusive approach to special education since the early 1990s. In the words of Mary, the district administrator in charge of the program, “The same philosophy then spread to the early childhood program.” Collaboration with community preschools began 15 years ago between the district and one preschool center, and gradually expanded to three centers. These centers were selected based both on their willingness to collaborate with the district to include children with disabilities and because district personnel felt that each center offered a solid base of goal-oriented activities within an overall developmentally appropriate curriculum. The partnership with these centers has emerged and evolved over time. Another option available within the school includes a small number of in-school options for children who have more severe medical needs or who need more structured approaches than can be provided in the community-based options. The district also collaborates with the community’s Head Start program. Mary notes that, “Collaboration with Head Start provides the placement option with the longest time on site, as well as more opportunities for children to learn a variety of daily living skills.”

Based on goals generated at the initial IEP meeting, parents are given information about the options available. Once a tentative community center is selected, parents observe at the center with a district staff member; then, based on the outcome, the placement is finalized. To achieve this model, the district contracts with the centers for program time commensurate with what is needed to address IEP goals, with the most typical service time being half days for two to three days per week. Some families also purchase childcare services in the same program for other days or for longer hours to meet their own childcare needs. How does the district plan for this? Each year the school district reserves a given

number of slots for children, based on past experience as well as on knowledge of children who will be entering the program the following year. In any given site, there may be one to two children with IEPs in each classroom at any particular time. Busing is provided to the center if needed, but parents are encouraged to participate in the more typical routine of dropping off and picking up their children at the center.

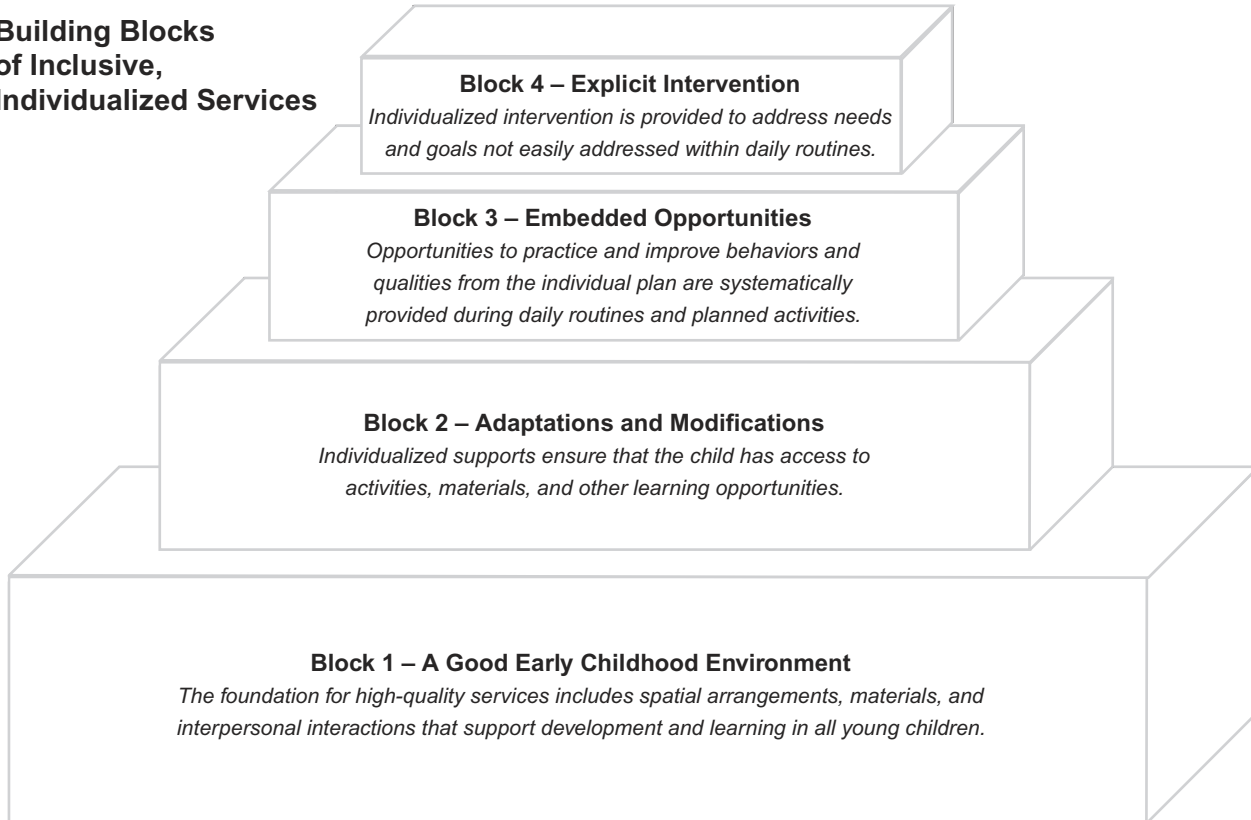
CLASSROOM BUILDING BLOCKS

The move toward inclusive, natural environments has gone hand-in-hand with new strategies for providing intervention within those contexts. A “building blocks” model, shown below, is a useful way of thinking about embedding individualized services within the everyday routines of a childcare or other early childhood setting (Sandall & Schwartz, 2002; Sandall, Schwartz, & Joseph, 2001). These building blocks apply equally well to thinking about family routines within the home. As shown here, the bottom block is the foundation. The other three blocks more directly address the “special instruction” and therapies outlined in Part C and the “special education and related services” portions of Part B of the IDEA.

Block 1 – A Good Early Childhood Environment. The bottom block, a high-quality early childhood environment, provides the foundation for high-quality services in inclusive and/or natural environments. The characteristics of high-quality environments for young children apply equally to all children and to all environments in which young children live, develop, and learn: school, home, childcare, and community settings. For most children, conditions naturally present in high-quality environments will ensure healthy development and learning. These conditions set the stage for development and learning by providing safety, emotional nourishment, and plenty of opportunities to explore, learn social skills, and build a foundation for school success.

The first step in using natural environments as settings for intervention is to make sure that these environments match the characteristics of environments known to promote optimal development and learning. Childcare providers and schools can evaluate the environments in which they serve young children for how well they match these characteristics and then take steps towards improvement. Professionals responsible for the IEP or IFSP can work with families to evaluate how well any particular community setting matches these characteristics. The National Association for the Education of Young Children (NAEYC) guidelines for developmentally appropriate practices, used in accrediting early childhood centers, are an excellent tool for Block 1 (www.naeyc.org); there are versions for both

Building Blocks of Inclusive, Individualized Services



the preschool and the infant-toddler levels. Another good resource for the preschool level is the *Early Childhood Environment Rating Scale-Revised* (ECERS-R) (Harms, Clifford, & Cryer, 1998). An analogous tool at the infant-toddler level is the *Infant-Toddler Environment Rating Scale* (Harms, Cryer, & Clifford, 1990).

Block 2 – Adaptations and Modifications. Block 2 recognizes that many young children with disabilities may not automatically be able to take advantage of the opportunities for learning and development that are available within a high-quality early childhood environment. Individualized intervention based on the IEP or IFSP begins at the second block based on the recognition that while the first block provides a necessary foundation, it may not be sufficient to meet the special needs of young children with disabilities.

To increase the likelihood that the child can make use of the environment, modifications may be needed in the physical environment, or adult-child and peer-child interactions may need to be more carefully planned.

Specific strategies include the following:

- Changing the environment, including arrangement and groupings
- Providing special equipment such as assistive technology
- Adapting materials
- Simplifying activities or modifying expectations
- Increasing adult or peer support



For example, a piece of furniture might be moved to make it easier for the child to gain access to all areas of the room, or handles might be added to puzzle pieces to make them more easily handled by a child with a physical disability. Adaptive equipment such as a talk pad or a walker might be added, or additional but unobtrusive support may be provided by an adult who moves the child to a more comfortable position. The distinguishing feature of Block 2 is that the goals and outcomes toward which the child is working are the same as for all other children; what differs are the individualized supports that may be needed for getting there.

The roles of the intervention specialist in Block 2 are to talk with primary care providers (i.e., family members, childcare providers) about their concerns, observe the child within the natural routines of that environment, suggest adaptations and modifications that will provide the child additional access to events and routines, procure resources, and work with other providers and caregivers so that they feel comfortable implementing the changes agreed upon. The intervention specialist will then ensure, through regular communication and observation, that these changes continue to be relevant and useful to the child.

Block 3 – Embedded Opportunities. The third block recognizes that, even with modifications and adaptations in the environment, all goals and outcomes present on the IEP or IFSP may not be achievable without more systematically planned opportunities that directly address the child’s individual goals and outcomes. “Special education,” “special instruction,” and “therapy” all imply that intervention is directed toward making a change over and beyond what would typically occur, even with modification.

In this block, adults in the environment use strategies to ensure that opportunities to address goals and outcomes will occur more often than they typically would. For example, matrix planning may be used to determine which goals and outcomes can best be addressed in which routines of the day. Adults will then use strategies such as naturalistic language teaching to elicit particular responses from the child within those routines. The behaviors that they want the child to practice and achieve, and which they elicit, are ones that are a natural part of those routines. For example, when a child is just learning language, opportunities to request may be

embedded within play time by “hiding” some material that the child will want to use.

The roles of the intervention specialist (i.e., early childhood special educator, therapist) in the third block are to build on the second block by collaborating with primary care providers and other specialists to identify appropriate routines for embedding and by suggesting specialized techniques that can be embedded to obtain particular child goals and outcomes. Planning and intervention strategies that are compatible with an itinerant approach that emphasizes delivering services within everyday routines include “integrated therapies,” “embedded instruction,” and “activity-based intervention.”

The intervention specialist often spends time with the child in the setting, employing and demonstrating special techniques. Integrated therapies and embedded intervention have many advantages—they ensure that the skills the child is developing are useful in those routines and that they are motivating to the child. Embedding of therapies can also be more cost effective than isolated, direct intervention

because the child has many more opportunities to practice and learn the behavior (McWilliam, 2000).

Block 4 – Explicit Intervention. The fourth block comes into play when even embedded opportunities are not sufficient for the child to achieve the outcomes outlined on the IEP or IFSP. This more explicit intervention may address a goal or outcome that is difficult to embed within a routine or that requires some special environmental



condition such as a quieter environment. Even in this block, however, intervention should occur within activities and routines preferred by the child or should occur in response to a special request from the child. The specialist will, in collaboration with primary care providers and intervention specialists, plan these more specific intervention events.

Inclusive, natural environments are more likely to fit the criteria of high-quality environments than are more isolated, specialized environments. The opportunities that these environments provide are more likely to be relevant to the child than what occurs in other contexts. When intervention builds on the routines present in these environments, these too are more likely to be relevant and motivating to the child and to yield many more opportunities for development and learning. Thinking about these building blocks and how they work together can help to bridge gaps between differing approaches to intervention such as those typically used with all children and those needed to directly address individual needs and outcomes of children with disabilities. Just as the roles of the interventionist change with each block, so too do those of the primary care provider. Collaboration implies joint responsibility for children;

more contact; and closer, longer-term relationships among specialists, other providers, and families.

Natural settings go beyond group settings. There are three major sources of developmental and learning opportunities: (1) family life, (2) community life, and (3) early childhood programs (Dunst et al., 2001). “Activity settings” within environments, including neighborhood walks, car rides, meals, and block play with peers, are the environments within which young children have the motivation to learn new skills and in which those skills become useful and are practiced. Keeping these activities and routines in mind can help intervention specialists, families, and other providers think about the many routines in which young children spend their time, and build on each of these types of settings in planning individualized intervention.

Receiving individualized services within the activity settings present in inclusive, natural environments means that, at the least, . . .

- *professionals will learn about children's daily routines and the routines that they would be participating in if they did not have a disability.*
 - *outcomes and goals will be based on knowledge, skills, and dispositions that will enable children to participate in these routines.*
 - *the planning team, including families, teachers, and other professionals whose time, expertise, and resources will contribute to the child's outcomes, will decide on settings and services that best address those outcomes and goals.*
 - *professionals will coordinate their services through collaboration and consultation so that the child and family experience a seamless set of services. (Adapted from McWilliam, 2000)*
-

A good resource for evaluating the quality of inclusive programs is the Division for Early Childhood's (2001) *DEC Recommended Practices Program Assessment*. Self-assessment using this instrument goes beyond those recommended for Block 1 evaluation.

A Word About Infants and Toddlers

The “building blocks” apply equally well to all interventions, irrespective of the environment in which they occur, be it a group setting or a family home. Collaboration and partnerships on behalf of the child also fit perfectly with the concepts of family-centered practice that undergird and guide early intervention, birth–3. What differs is that the natural environments within which intervention occurs in the birth–3 period are more likely to include routines of the home and of participation in community events. Natural environments as contexts for intervention promote families’ access to normalized family opportunities and experiences.

Building Collaborative Relationships

The building of collaborative relationships emerges as a primary key to achieving high-quality inclusive services.

In any setting using any of the program models described above, relationships among personnel as well as relationships with families may take many forms; however, some types of relationships are more compatible with high-quality services in general and with delivery of services in inclusive settings in particular. In both instances, the more collaborative the better.

Relationships can be viewed along a continuum from more to less separation in role and status among the participating adults—between those responsible for specialized, individualized intervention and those who spend the most time with the child in everyday environments and routines (Wolery & Odom, 2000). This continuum reflects the extent to which intervention is jointly planned by the individuals involved as compared to being planned primarily or solely by the “expert,” and the extent to which the intervention is delivered by the individuals who are a natural part of the child’s daily

routines as compared to being delivered primarily or solely by the “expert.” Thus, the continuum also reflects the extent to which individualized interventions are implemented within and relevant to the ongoing routines of the particular environment as compared to being implemented outside of those routines and environments.

In general, the end of the continuum that stresses partnership-based relationships and embedding instruction within everyday routines is preferred over more separate intervention unrelated to everyday routines. Collaboration is an ongoing process as relationships are established and nurtured over time. In collaborative consultation, both partners are givers and receivers of information. Collaboration is a relationship that is based on coequal partners who have a common goal and who engage in shared decisionmaking. Both partners have important roles in collaborative relationships—each person brings expertise that contributes to achieving common goals. The continuum and the collaborative consultation model are equally useful both for thinking about collaborating with families through home visits and for interprofessional relationships across group-based programs.

The role of the primary care provider in collaborative consultation is to share information about his or her setting and about preferences for when and how the consultant works in that setting. She should provide information about what the child likes to do, who he likes to play with, and how he responds to different kinds of situations such as transitions, play, and mealtimes. She should also ask questions about what the consultant hopes to accomplish with the child, the strategies that the consultant would like to try, and the conditions in which the strategies work best (Wesley, 2001). With this knowledge, she will be better able to contribute to a collaborative problem-solving process.

A great deal has been written about the role of the collaborative consultant within the context of an itinerant teacher model (Cavallero & Haney, 1999; Dinnebiel & McInerney, 2000; McWilliam, 1996; Wolery & Odom, 2000), but the principles that underlie collaboration are the same for all models. The collaborative consultant will observe the child in the setting, gather other information that may help in developing a collaborative plan, solicit information about the child and about the environment,

and provide information about specific strategies that might be used.

Collaboration is not easy. Issues may arise because of different philosophies about intervention or from different ideas about how young children learn and develop. Roles and responsibilities may not be well understood. Some providers may not feel comfortable working with children with disabilities; other providers may feel that only they have the skill to provide an intervention. Collaboration requires adequate time to meet, respect for one another's contributions, trust, effective communication, participation of all team members, and the ability to identify goals and develop strategies to meet them (Sandall & Schwartz, 2002). Time, financial, and other constraints on collaboration can be overcome only through the creative organizing and funding of roles and services. Turf issues or differences in philosophy can be dealt with through joint training activities and team building.



A minimum foundation for achieving coordination and collaboration of any kind, but particularly the kind advocated by a “partnership” model, includes the following:

- *Investment, based on participation in program development*
 - *Shared philosophy*
 - *Shared responsibility for all children*
 - *Communication through planned and informal meetings*
 - *Flexibility in redefining roles*
 - *Stability in staffing*
 - *Initiative*
 - *Administrative support (ECRII, 1998)*
-

A Tale of Two Districts: In the Classrooms

Meadow School, Meadowbrook School District

The preschool classrooms at Meadow School are organized into subsets of four classrooms and a team structure of two classrooms within each set. Each of the 26 inclusive classrooms at Meadow Preschool serves 15 children: five with special needs, one funded through the state program for children who are at-risk, and nine whose families pay tuition. Each classroom is staffed by a certified teacher and two assistants. Partnering classrooms sometimes team-plan or team-teach portions or all activities for some length of time, or portions or all of a similar unit of study. Each pair of classrooms has an assigned speech/language pathologist who spends two days per week in each classroom. Other therapists are also assigned to particular sets of classrooms. Therapy services are provided within the classrooms, and therapists plan with classroom staff on a regular basis. One day per week is dedicated to team-planning.

Lena, a teacher at Meadow Preschool, has worked in many settings as an early childhood teacher. With dual certification in Early Childhood Education and Early Childhood Special Education, she has been a classroom teacher, an itinerant deaf education teacher, and a parent advocate. She chose to work at Meadow Preschool because “It was a place where I could learn a lot, and continue to learn.” Lena appreciates the different interactions that staff have with one another across all levels—within the classroom, across classrooms and sets of classrooms, and at the building level. “Our population is always changing, and we are always learning new things . . . and so are the children. One day in center time, I talked to the children about trying to do their best. Weeks later, when I was having trouble with something, they told me to just do my best. It was great!”

Paraprofessional staff at Meadow School are regarded as part of the team, and they play very active roles in planning and teaching. Katy, an assistant teacher, came to Meadow School nine years ago after working in self-contained classrooms and in a community preschool from which a child with special needs had been removed: "I wanted to be where the action was." What Katy sees at Meadow School is a wider range of children and more time put into curriculum planning for the whole child. She also has learned from the support team of therapists and others who come into the room and see all of the children: "I feel good about my work. All teachers here have equal footing. It is a challenging program, but great fun. Children are mimics. When we use sign language with some children, they pick it up and use it among themselves. They become cheerleaders for all children!"

Diana, the director of Meadow Preschool, feels that collaboration with families and the community has been critical to the success of this project. The very active PTA provides opportunities for parents to hear speakers, give parties for children, make donations to classrooms, and support one another. Parents are invited to drop in at any time. Many parents volunteer regularly in the classrooms to work individually with children or teach small groups.

Collaboration with private preschool centers has been critical so that the program is not perceived as competing for students: "It's really important that our tuition be the same as theirs, so that we don't undercut them." Diana believes that, "Our teachers would never go back, and our taxpayers know what a quality preschool program looks like." Her advice to others? "Do it. But remember that qualified staff are critical, as is support for staff. We do many things to support staff, including never changing the teams unless a staff member requests it. We do everything we can to support collaboration at all levels."

Sunny Park School District

Karen is an itinerant consulting teacher who holds certification in Early Childhood Education and an Approval in Early Childhood Special Education. Karen wears many hats as she supports children with IEPs within the community preschool centers with which her district collaborates. Karen visits each classroom once or twice a week, bringing games and activities to share with the paraprofessionals and the children. Paraprofessionals are encouraged to work with all children, not just the children with IEPs, and to support interaction among children. Karen meets with staff on a regular basis to review what is working or not working and provides ideas to staff on how to involve the children with IEPs in all activities. She uses “unobtrusive modeling” by simply joining in, or by asking to “do circle time today.”

Therapists assigned to early childhood also provide itinerant services to children and staff in the partnering community childcare centers. Sally, a speech/language pathologist, serves about half of her caseload on site within community childcare centers. She makes a point of always spending a full day at the center the first time a child goes there in order to identify where support may be needed and to demonstrate easy, natural ways to provide it. Her style is to join in, get to know the children, and then as things occur, mention it to the teacher and the paraprofessional: “This might be a good time to . . .” She also likes to be at the school at the beginning or end of the day so she can have personal interactions with parents, although she often sees them in the school’s clinic as well. Sally likes to write in the communication books that go back and forth between the classrooms and homes.

Typically, the itinerant therapists’ days in the center are alternated with the itinerant teacher and with one another, but sometimes they go together so they can come up with ideas about particular children.

The minutes of service specified on each child's IEP are balanced across days, as are services to the two to three children with IEPs who may be in a particular class. Coordination among these itinerant staff is greatly facilitated by their being housed in the same office as well as by a monthly meeting to discuss all shared children.

Nicki, now in her third year as a teacher in an inclusion classroom, has two children with IEPs in each of her morning and afternoon sessions. For Nicki, the most challenging children are those with behavioral needs, and the on-site paraprofessional from the district is a huge help in supporting these children. Nicki appreciates that this paraprofessional takes part in all aspects of the classroom and is "one of us" for all kids, as well as keeping her eye out for modifications of activities for children with IEPs. Nicki also appreciates that all of the itinerant staff who come to see children try to blend into what is going on and work with the whole class as well as focusing on the individual children they come to see: "We have learned more from these children than they have from us. The little ones don't notice, and if they do, they are not judgmental. This is just another kid."

In addition to their collaboration with selected childcare centers, Sunny Park School District also collaborates with their local Head Start. Andrew, who is 4, was adopted from a foster home when he was 2. Currently, he benefits from the collaborative arrangement between the district and the local Head Start program. While not eligible for Head Start under its income guidelines, his family was pleased to be able to choose this option for him. Andrew is African-American, and he has many special needs related to being medically fragile and having neuro-fibromyotosis. His parents feel that the diversity present in the Head Start setting allows Andrew to blend into the group as just another kid, a place where he is closer to "the middle of the pack."

FINDING SOLUTIONS

One of the most important steps to high-quality inclusion is recognizing barriers that will inevitably stand in the way. Some examples of barriers to a collaborative, inclusive service system are shown in **Table 6** (Smith & Rose, 1993; Wolery & Odom, 2000). These factors will differ for each community, as must the solutions.

Achieving inclusive settings and services often requires new relationships among programs, settings, and agencies. Interventionists may need to deliver services in new ways. To enable new ways of delivering services, administrators from all programs will need to think flexibly and creatively about new personnel roles, service arrangements, and funding structures. Salisbury and Odom (2002) found several commonalities among schools that have achieved high-quality inclusion: a positive attitude, initiative on the part of personnel, policy that supports inclusive practices, and collaboration. Fortunately, as noted by Smith and Rose (1993), some policy barriers may be more perceived than real. Ideas for solutions also often arise from knowing what others have done.

Examples of possible alternatives for resolving selected barriers are shown in **Table 7** (based on Smith & Rose, 1993). These are the types of alternatives that planning groups should be able to generate for their own community, with subsequent discussion of the pros and cons of each, and, finally, selection of the most appropriate alternative. The first step is to determine whether the perceived barrier is really a barrier, however. Flexibility, creativity, and openness to possible alternatives are critical. Smith and Rose (1993) and Cavallero and Haney (1999) both offer steps for generating and selecting viable alternatives. Many challenges and barriers will evaporate as changes become routine.

Leadership may well be the most important ingredient in finding solutions to overcome barriers to early childhood inclusion. Leaders can help the community, or two or more entities within the community, to develop a shared vision of what is possible. They can also bring options to the table. Leaders from different agencies and programs also can

develop and sign interagency agreements and contracts that make funding of inclusive alternatives possible.

In addition to provision of services, other components of law and policy also suggest collaboration on behalf of inclusion, with the most prominent being those related to child find and transition. Both areas share with “service provision” the same underlying principles related to services within natural, inclusive environments, teaming, and partnerships with families. Previous collaboration in these areas provide a foundation for work toward inclusion options.

Collaborative child find activities help to raise awareness about availability of services and who is eligible. They also ensure that children who are found eligible for services will have access to the widest possible range of service options. For example, if child find activities are coordinated among the public school district, the local Head Start agency, and childcare centers, the range of inclusive service options is likely to include those available through at least these three entities, and staff will have the opportunity to learn about one another’s services.

Many aspects of the transition process relate to inclusion. Transition activities have obvious importance to achieving access to high-quality, natural early childhood environments. Receiving programs will be selected based on how well they meet the criteria of inclusive, natural environments. Families who are more integrated within their communities at each stage of the system will automatically experience greater continuity than if they receive isolated services through different systems. Finally, transitions between two programs that emphasize the same philosophy of service provision will achieve greater understanding of, and comfort with, the new receiving system for both families and the sending program. The intent is to achieve continuity in the lives of children and families.

In many communities, local interagency councils for early intervention already exist and have been instrumental in developing agreements for child find and transition. By building on these agreements to develop options for inclusion, communities can bring these related activities into a coordinated whole. All three functions contribute to access and equity and

help to form an inclusive, linked system of entry, early childhood services, and transition.

Leaders can also commit resources such as technical assistance and supervision to assist personnel as they learn and engage in new roles. Just as barriers to collaboration arise at the agency level, so too do they arise at the individual level as personnel with different training, accustomed to their current roles, begin to work together. As personnel collaborate in team teaching or itinerant, collaborative consultation models, it is critical that leadership personnel model a commitment to all children and engage in and support open discussion of philosophy and reasonable compromise.

Committed leaders also can help to eliminate or change local and state policies that promote separation. The Consortium on Inclusive Schooling Practices (2001) developed a list of district- and state-level indicators that promote inclusion. While developed for use in schools, the district-level indicators, which cover the areas of curriculum, accountability, assessment, professional development, funding, and governance, have applicability for collaborative community efforts directed

toward the same purposes with respect to younger children and their families. Just as self-assessment tools were recommended at the program level, self-assessment also will benefit communities as they engage in their own planning processes and as they advocate for state policy to support their efforts.



A Tale of Two Districts: The Bottom Lines

All of the individuals interviewed for the stories included in this guidebook had things to say about what had to be in place to make these models work. Some of these are summarized below; others are shown in **Table 1**.

Meadow Preschool

Maria, the mother of a child with special needs, believes that the keys to making this program work are staff experience and community involvement. She notes that the way the classrooms are organized into “families” of classrooms allows children to go to other classrooms for certain activities and encourages support and teaming among classrooms. Her advice for others adopting this model is to never go above the ratio of five children with special needs in a classroom, and to have enough staff to support all of the children: “It would be really frustrating if the program was all about the special needs . . . but to make this work, the staff resources need to be there.” Voicing surprise at the amount of personal attention that one child might need, she states that there is a “fine line” given the number of children and how staff are spread throughout the classroom. Staff “have to learn how much help is enough and how much is too much.”

Diana, the director of this program, credits its success to support from the community. To keep this support, the program makes itself “transparent” to the community through participating in community fairs and by providing weekly tours in which community families can see the classrooms. Diana feels that a part of their mission is to promote community knowledge of what a quality preschool is like.

She also notes that an unexpected barrier to accomplishing this model was the paperwork involved in offering the program to tuition-paying families. Eventually, the district hired a bookkeeper to handle this.

According to Lena, a teacher at Meadow Preschool, “It works because many supports are built in—the assistants, who also act as teachers; the speech-language pathologist; and the kids, who learn to support one another. The philosophy and climate of the program are also essential. We have learned to view change as good, and we have a fluid model. When we have a problem, we have time to work on it together. As our population changes, we continue to learn new and different things.” The biggest barrier? “As a teacher, you are always on view and you can’t expect yourself to always be perfect.” Having a building attitude that makes change good makes it possible to ask for help and to learn from it: “The attitude sets the tone for the building.” An assistant teacher supported this view: “There is a schoolwide focus on teaming. We even had a consultant who worked with us for a year to learn about teaming.”

Sunny Park School District

In Nicki’s opinion, “A good paraprofessional is essential—mine is both compassionate and businesslike. She loves the challenge of working with these children.” She adds that childcare teachers who have children with IEPs in their classrooms must be open to partnering and accommodating all of the extra people: “And extra training about special needs is essential.” Mary, the school district administrator, agrees: “We had a similar project years ago, but did not carefully choose our centers. The centers have to provide the right balance between being child-directed and teacher-supported, and the teachers have to be interested in doing this. These relationships have to be built over time.”

David made a similar point with respect to Andrew's participation in Head Start: "For this kind of placement to work, there has to be a 'communication hub.' The most important person in this mix is the paraprofessional who is assigned to Andrew by the district. Not only does she make it possible for Andrew to participate in the daily activities of the classroom, she also keeps the lines of communication open among all of the players."

Mary, the district administrator, and Daisy, the director of the community preschool, see at least two important "musts": stable, committed staff from both of their programs, and starting small, building the model over time. Mary states, "Go out and observe. Pick your community partners carefully. Start small, with one preschool, and work with staff. Take time to teach them about children with disabilities, about how the model will work, and *why*. Then build the model so that it is an ongoing learning process between district staff and community staff." Sally, the speech/language pathologist who visits the community preschools on a regular basis, adds, "It's been important for us as a district team [itinerant teacher, herself, other therapists, social worker] to have time to talk to one another. Fortunately, some of us are housed together, and that really helps. We have had a lot of success."

REFERENCES

- Cavallero, C. C., & Haney, M. (1999). *Preschool inclusion*. Baltimore: Paul H. Brookes.
- Consortium on Inclusive Schooling Practices. (2001). *Determining policy support for inclusive schools*. Chicago: University of Illinois–Chicago.
- Dinnebiel, L. A., & McInerney, W. F. (2000). Supporting inclusion in community-based settings: The role of the “Tuesday morning teacher.” *Young Exceptional Children*, 4(1), 19-26.
- Division for Early Childhood (DEC). (1998). *Letter to Tom Irvin, Office of Special Education Programs, U.S. Department of Education*. Denver, CO: Author.
- DEC. (2001). *DEC recommended practices program assessment: Improving practices for young children with special needs and their families*. Longmont, CO: Sopris West.
- Dunst, C. J., Bruder, M. B., Trivette, C., Raab, M., & McLean, M. (2001). Natural learning opportunities for infants, toddlers, and preschoolers. *Young Exceptional Children*, 4(3), 18-25.
- Early Childhood Research Institute on Inclusion (ECRII). (1998). *Teaching all children: Challenges to providing early intervention services in inclusive settings* (ECRII Brief No. 8). Nashville: Vanderbilt University.
- Guralnick, M. J. (2001). A framework for change in early childhood inclusion. In M. J. Guralnick (Ed.), *Early childhood inclusion: Focus on change* (pp. 3-35). Baltimore: Paul H. Brookes.
- Harms, T., Cryer, D., & Clifford, R. (1990). *Infant-toddler environment rating scale*. New York: Columbia University.

- Harms, T., Clifford, R., & Cryer, D. (1998). *Early childhood environment rating scale-revised (ECERS-R)*. New York: Columbia University.
- Illinois Head Start State Collaboration Office (IHSSCO). (2001). *Illinois early childhood program expanded matrix, 2001*. (Available from Illinois Head Start State Collaboration Office, 10 Collinsville Ave., Suite 203, E. St. Louis, IL 62201; 618-583-2083/618-583-2088.)
- McWilliam, P. J. (1996). Collaborative consultation across seven disciplines. In R. A. McWilliam (Ed.), *Rethinking pull-out services in early intervention* (pp. 315-340). Baltimore: Paul H. Brookes.
- McWilliam, R. A. (2000). It's only natural . . . to have early intervention in the environments where it's needed. *Young Exceptional Children Monograph, 2*, 17-26.
- McWilliam, R. A., Wolery, M., & Odom, S. L. (2001). Instructional perspectives in inclusive preschool classrooms. In M. J. Guralnick (Ed.), *Early childhood inclusion: Focus on change* (pp. 503-530). Baltimore: Paul H. Brookes.
- Odom, S. L. (Ed.). (2002). *Widening the circle: Including children with disabilities in preschool programs*. New York: Teachers College Press.
- Rose, D. F., & Smith, B. J. (1992). *Serving children with disabilities in Chapter I programs for children who are educationally deprived*. Pittsburgh: Allegheny-Singer Research Institute, Research Institute on Preschool Mainstreaming.
- Salisbury, C., & Odom, S. (2002, February-March). *Documenting change in early intervention service system research*. Session presented at the Conference on Research Innovations in Early Intervention, San Diego, CA.

- Sandall, S., Hemmeter, M. L., McLean, M. D., & Smith, B. J. (Eds.). (2005). *DEC recommended practices: A comprehensive guide for practical application in early intervention/early childhood special education*. Longmont, CO: Sopris West.
- Sandall, S., & Schwartz, I. (2002). *Building blocks for teaching preschoolers with special needs*. Baltimore: Paul H. Brookes.
- Sandall, S., Schwartz, I., & Joseph, G. (2001). A building blocks model for effective instruction in inclusive early childhood settings. *Young Exceptional Children*, 4(3), 3-9.
- Smith, B. J., & Rapport, M. J. K. (2001). Public policy in early childhood inclusion: Necessary but not sufficient. In M. J. Guralnick (Ed.), *Early childhood inclusion: Focus on change* (pp. 49-68). Baltimore: Paul H. Brookes.
- Smith, B. J., & Rose, D. F. (1993). *Administrator's policy handbook for preschool mainstreaming. Administrative issues for education series*. Cambridge, MA: Brookline.
- Walsh, S., Smith, B. J., & Taylor, R. C. (2000). *IDEA requirements for preschoolers with disabilities: IDEA early childhood policy and practice guide*. Arlington, VA: Council for Exceptional Children (CEC).
- Wesley, P. W. (2001). *Smooth moves to kindergarten*. Chapel Hill, NC: Chapel Hill Training-Outreach Project.
- Wolery, R. A., & Odom, S. L. (2000). *An administrator's guide to preschool inclusion*. Chapel Hill: University of North Carolina, FPG Child Development Center, Early Childhood Research Institute on Inclusion. (Available from pubs@mail.fpg.unc.edu.)

APPENDICES

Websites

State of Illinois Sites

www.isbe.state.il.us/earlychi/

(An early childhood page within the ISBE)

www.isbe.state.il.us/spec-ed/

(A special education page within the ISBE)

www.isbe.state.il.us/spec-ed/earlychild.htm

(An early childhood special education page within the ISBE)

www.projectchoices.org

(Describes activities of Project Choices; has links to many sites)

www.illinoisearlylearning.org

(Provides online assistance to parents of preschoolers)

Legislation and Policy

www.ideapractices.org

(Provides resources for understanding provisions and implications of the IDEA, with a focus on young children)

www.cec.sped.org/pp/ideahome.htm

(Legislative information and publications)

www.nectac.org/default.asp

(Information on the IDEA in relation to early childhood settings)

www.nectas.unc.edu/topics/inclusion/default.asp

(Information for administrators responsible for policy development)

www.ideainfanttoddler.org/posstate.htm

(Part C coordinators' position paper on provision of early intervention services in natural environments)

Professional Organizations with Useful Resources and/or Inclusion Links

www.dec-sped.org

(Division for Early Childhood, Council for Exceptional Children)

www.naeyc.org

(National Association for the Education of Young Children)

www.zerotothree.org

(Zero to Three: Organization that focuses on birth-to-3 issues)

Research, Practice, and Technical Assistance Sites

www.nectas.unc.edu/inclusion

(Inclusion resources from NECTAS)

www.fpg.unc.edu/~ecrii
(Early Childhood Research Institute on Inclusion)

<http://ruralinstitute.umt.edu/Community/cisp.asp>
(Consortium on Inclusive Schooling Practices)

www.fpg.unc.edu/~integrate/index.htm
(Integrated therapy model of service delivery)

www.puckett.org
(Several projects related to young children and families)

www.circleofinclusion.org
(Lots of information on inclusion; showcases exemplary programs)

www.clas.uiuc.edu
(Culturally and Linguistically Appropriate Services Institute; provides lists and reviews of products on many early childhood topics)

www.ericeece.org
(Resource center for early childhood education)

<http://npin.org>
(National Parent Information Network)

www.kidstogether.org
(Kids Together: Information for Children and Adults with Disabilities)

www.nccic.org

(National Child Care Information Center)

www.nichcy.org

(National Information Center for Children and Youth with Disabilities; many resources downloadable from website)

www.newhorizons.org

(Washington State's website; see link to "special needs and inclusion")

Table 1. Overview: A Tale of Two Districts*Sunny Park School District*

Model 1	Administration	Staff Organization	Essential Features	Other Supports	Barriers to Overcome
Partnering with Community Childcare Centers	<ul style="list-style-type: none"> Community childcare centers as district's primary placement option for children with IEPs Contract with selected childcare centers for reserved slots, based on knowledge of incoming students Number of days contracted for reflects service time child would have received through district, based on IEP 	<ul style="list-style-type: none"> District-supported paraprofessional assigned to centers while children with IEPs are there Itinerant early childhood special educator provides on-site consultation and IEP services and performs case management function Therapists—on-site consultation and IEP services, based on each child's IEP 	<ul style="list-style-type: none"> Careful selection of community sites; build relationship with sites over time Start slowly, with one center On-site district paid paraprofessional Certified itinerant early childhood special education teacher with case management responsibilities Regular visits to site by district therapists, as indicated in IEP 	<ul style="list-style-type: none"> Teachers and therapists who are interested in and committed to this model Clear role descriptions for district staff One individual designated as the communication hub for school, center, and parents Center staff provided with "Special Ed 101" training—what needs to happen and why Assistance provided by district staff with ALL kids, not just those with IEPs Opportunities for teaming among district professional staff Stable staff in contracted childcare centers Start small 	<ul style="list-style-type: none"> Initial lack of understanding among childcare staff of what children with special needs will be like Time needed for all staff to gain experience in new roles Unanticipated spikes in number of children who will need services—learn to anticipate number of slots needed during year Staff turnover

Meadow Preschool, Meadowbrook School District

Model 2	Administrative Features	Organization of Staff	Essential Features	Other Supports to Success	Barriers to Overcome
Blended School Program	<ul style="list-style-type: none"> • “Early childhood center” provides services to children with IEPs and at risk, plus preschool services to tuition-paying children 	<ul style="list-style-type: none"> • One certified teacher and two assistants per classroom • Classrooms organized into classroom “groups,” housed close together • Speech/language therapist assigned to each classroom two days/week • Early childhood program administrators located in same building 	<ul style="list-style-type: none"> • Majority of children are typically developing (accomplished by having tuition-paying children) • Certified teachers 	<ul style="list-style-type: none"> • Active family involvement (all parents) • Community good will (familiar with program because many families participate in it) • Stable staff • Therapists assigned to classrooms; participate in classroom and in planning 	<ul style="list-style-type: none"> • Initial fear from private schools in community about competition • Paperwork related to tuition-paying students • Early childhood staff need training in importance of IEP goals and showing progress toward goals • Logistics such as drop-off and pick-up for tuition-paying families, while other children come by bus

Table 2. Collaboration: A Sign of the Times

Level	Collaboration	Focus
National	Federal Interagency Coordinating Council (FICC)	Coordinates federal resources, legislation, and policy related to Part C
	ASPIIRE, a joint project of Division for Early Childhood, National Association for the Education of Young Children, and National Head Start Association, funded by Office of Special Education Programs	Provides training and technical assistance on early childhood portions of the IDEA
State	Illinois Interagency Council for Early Intervention	Advises the lead agency for Part C in Illinois
	Head Start Collaborative Project, a memorandum of agreement among the Illinois State Board of Education, the Illinois Head Start Association, Illinois Department of Human Services (Bureau of Early Intervention, Migrant Head Start, and Bureau of Child Care and Development), and the Midwest Hub of the Administration for Children and Families	Establishes procedures for sharing training and resources, and promotes the development of collaborative agreements among local programs
	Illinois Map to Inclusive Child Care (IMAP) Project; funded by National Child Care Bureau	Promotes public awareness of the benefits of including children with disabilities in childcare settings Provides statewide professional development training for childcare workers
	Executive Order from the Governor: Illinois Preschool: Voluntary Access to Universal Preschool	Establishes a task force to develop a five-year plan for voluntary universal preschool access in Illinois
Local Community	Local Interagency Councils for Early Intervention	Coordinates local resources and activities related to birth to 5-year-olds, with a focus on Part C
	Local interagency agreements or contracts between public schools, Head Start, community preschools, and other human service agencies	Establishes procedures for sharing and coordinating resources and procedures related to areas of mutual or complementary responsibility (e.g., transition, child find, provision of inclusive services)

Table 3. Federal Legislation and Policy Supporting Inclusive Practices in Programs for Young Children

Federal Law & Policy	Overview/Purpose
<p>IDEA (Individuals with Disabilities Education Act, 20 USC 1400 et seq.; Amended 2004, PL 108-446; also <i>Rules & Regulations</i>, 34 CFR Parts 300, 301, 303; App. A and Analysis of Comments & Changes) (Responsible agency: U.S. Department of Education)</p>	<p>Provides for special education to students with disabilities, enabling them to receive a free, appropriate public education</p> <p><i>Section 619 of Part B:</i> Preschool portion of federal special education law (Responsible state agency: Illinois State Board of Education)</p> <p><i>Part C:</i> Infant-toddler portion of federal special education law (Responsible state agency: Illinois Department of Human Services)</p>
<p>Head Start Performance Standards on Services for Children with Disabilities; Program Performance Standards for the Operation of Head Start Programs (Responsible agency: Administration for Children, Youth, and Families)</p>	<p>Provides comprehensive developmental (e.g., educational, socio-emotional, physical, mental, nutritional) services for low-income infants, toddlers, and preschoolers, and social services for their families</p>
<p>Americans with Disabilities Act, 28 CFR Parts 35 & 36 (Responsible agency: Department of Justice)</p>	<p>Protects civil rights of individuals with mental or physical disabilities from discrimination in public accommodations, including private programs such as family day care homes, childcare centers, nursery schools, preschools, and Head Start programs run by public (Title II) or nonpublic (Title III) agencies</p>
<p>Section 504 of the Rehabilitation Act, 34 CFR Part 104 (Responsible agency: Office of Civil Rights)</p>	<p>Prohibits discrimination on the basis of disabilities in public and private programs and activities that receive federal funds</p>

Table 4. Inclusion Provisions in Part C of the IDEA (as amended December 2004)

- Early Intervention Services . . . (G) to the maximum extent appropriate, are provided in natural environments, including the home, and community settings in which children without disabilities participate, and (H) are provided in conformity with an individualized family service plan . . .
- To the maximum extent appropriate, early intervention services are provided in natural environments, and . . . the provision of early intervention services for any infant or toddler with a disability occurs in a setting other than a natural environment that is most appropriate, as determined by the parent and the individualized family service plan team, only when early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment.
- (The Individualized Family Service Plan is to include) a statement of the natural environments in which early intervention services will appropriately be provided, including a justification of the extent, if any, to which services will not be provided in a natural environment.

Table 5. Selected Inclusion Provisions in Part B of the IDEA (as amended December 2004)

- To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are nondisabled; and special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.
- A regular education teacher of the child, as a member of the IEP Team, shall, to the extent appropriate, participate in the development of the IEP of the child, including the determination of appropriate positive behavioral interventions and supports, and other strategies, and the determination of supplementary aids and services, program modifications, and support for school personnel . . .
- The term “individualized education program team” or “IEP Team” means a group of individuals composed of—(ii) not less than one regular education teacher of such child (if the child is, or may be, participating in the regular education environment).
- The IEP for each child with a disability must include . . .
 - (I) A statement of the child’s present levels of academic achievement and functional performance, including (aa) how the child’s disability affects the child’s involvement and progress in the general education curriculum; (bb) for preschool children, as appropriate, how the disability affects the child’s participation in appropriate activities; . . .

- (II) A statement of measurable annual goals, including academic and functional goals, designed to (aa) meet the child's needs that result from the child's disability to enable the child to be involved in and make progress in the general curriculum; . . .
- (IV) A statement of the special education and related services and supplementary aids and services, based on peer-reviewed research to the extent practicable, to be provided to the child, or on behalf of the child, and a statement of the program modifications or supports for school personnel that will be provided for the child— . . . (bb) to be involved in and make progress in the general education curriculum . . . and to participate in extracurricular and other nonacademic activities; and (cc) to be educated with other children with disabilities and nondisabled children in the activities described (above);
- (V) An explanation of the extent, if any, to which the child will not participate with nondisabled children in the regular class and in the activities described (above).

Table 6. Examples of Barriers to Preschool Inclusion

Type of Barrier	Examples
Policy	<p>Program standards for personnel qualifications and supervision and for LRE</p> <p>Eligibility for different types of early childhood programs</p> <p>Funding that is designed only for particular services to particular populations</p> <p>Transportation that can be provided only within particular geographical areas or to children receiving particular services</p> <p>Schedules that differ across settings in relation to school day, months in operation</p> <p>Personnel policies that require particular certification or licensing for teachers or other personnel</p> <p>Funding mechanisms that reimburse only direct service time</p>
Resources	<p>Availability of high-quality early childhood programs in the community</p> <p>Technical assistance for programs and staff</p> <p>Funding for adaptations, modifications, and assistive technology</p> <p>Funding for professional development</p>
Personnel	<p>Availability of licensed or certified personnel</p> <p>Training in skills needed for delivering inclusive services (e.g., collaborative consultation, individualized intervention, team functioning)</p> <p>Comfort with new roles and responsibilities</p> <p>Differentials in salary and qualifications across settings</p> <p>Availability of technical assistance</p> <p>Time and opportunities for communication and collaboration</p> <p>Staff turnover</p>

Attitudes	Philosophical differences across settings and types of personnel Views of individuals with disabilities Views of appropriate services for children with and without disabilities Lack of “ownership” for services to children with disabilities Respect among individuals with differing roles, training, and cultural backgrounds
Leadership	Lack of vision of high-quality inclusive services Lack of comfort with change Unwillingness to think flexibly and creatively within the parameters of policy Inability to lead change process Lack of commitment of time and energy to making it work

Table 7. Examples of Possible Alternatives to Selected Barriers

Barrier	Examples of Possible Solutions
Gaps and overlaps in responsibilities and services	<p>Develop community planning groups</p> <p>Adopt interagency agreements</p> <p>Create joint personnel development activities</p>
Availability of high-quality early childhood programs	<p>Adopt state- or community-level program approval guidelines such as the accreditation procedures of NAEYC</p> <p>Require contracting programs to sign program quality agreements</p> <p>Use quality indicators to guide providers and parents in making decisions</p> <p>Develop compliance monitoring systems for program quality to be used in both school-based and community-based settings</p>
Differing eligibility requirements	<p>Co-locate programs funded from different sources, while maintaining separate administration and personnel</p> <p>Utilize team-teaching arrangements</p> <p>Provide personnel who meet requirements for both programs and can be partially funded by both programs</p>
Personnel characteristics and funding that make inclusive services difficult	<p>Provide special education and related services under the supervision of certified special education personnel by using itinerant, consultative personnel</p> <p>Provide incentives for underqualified teachers to upgrade qualifications at no cost to the teacher</p> <p>Hire specialized personnel rather than contracting for direct services</p> <p>Use purposive hiring to build openness to and skill in inclusion and collaboration</p> <p>Provide qualified program personnel to community programs in lieu of funding or tuition payments</p>
Lack of policy to guide contracting	<p>Develop funding formulas based on caseload instead of classrooms to support itinerant personnel</p> <p>Allow tuition in community sites or provision of personnel, transportation, or related services in lieu of tuition payments</p>

Transportation restrictions	<p>Provide flexible schedules and routes that coincide with those of community sites</p> <p>Include flexibility in crossing program and district boundaries for purposes of transportation</p> <p>Provide reimbursement to families or others who provide transportation</p> <p>Utilize transportation provided by community site in exchange for other services or resources</p>
-----------------------------	---

