

Making Preschool Inclusion Work

Strategies for Supporting Children, Teachers, and Programs

by

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Models of Inclusion Support

With invited contributor Kathleen C. Harris

This chapter defines various components and types of **inclusion** support and provides examples of common inclusion support service delivery models. (The definitions of bolded terms may be found in the glossary at the end of this chapter) A basic premise of this chapter is that developmentally appropriate preschool and child care center activities and practices can produce effective instruction for many children with disabilities if the activities are appropriately adapted and delivered by collaborative teams of early childhood and special educators.

Early in the discussion of inclusive education, Winzer and Mazurek (1998, p. 103) offered this description: “Inclusive schools begin with a philosophy and vision that all children belong and learn in the mainstream of school and community life. The classroom is seen as a community where diversity is valued and celebrated and all children work, talk, cooperate and share.” If one accepts this premise, that children with disabilities belong in the mainstream of school and community life, then the inescapable responsibility of educators and policy makers is to identify and carefully plan effective individualized supports to increase the likelihood of each child’s success, and then determine an effective system or model for delivering that support. How children with disabilities get the support they need through collaborative teams of educators is the subject of this chapter.

Trying to identify and describe the various models of inclusion support for very young children with special needs is a challenging and complex task. This is related primarily to some of the unique factors discussed in Chapter 1. Public schools do not typically house educational programs for preschool children who do *not* have disabilities. Often there are no readily available general education programs with which to create the inclusive education partnership within the public school district. As a result, a variety of creative administrative models and district–community partnerships has emerged. Examples of general education preschool partners include community-based Head Start programs, family day care, private preschools, and state and local early education and care programs. There are also examples of public-school-district-sponsored inclusive early education programs.

Beyond the search for partners—hopefully, once partners are found—a particularly important dimension of preschool inclusion, and the focus of this chapter, is the *model of service delivery*. How are the support services configured and

delivered? This chapter will describe examples of common configurations. However, the reader should keep in mind that there are potentially as many different “models” of inclusion support service delivery as there are creative individualized education program (IEP) teams. Variable features of these service delivery configurations include the following:

- Number of key players
- Number of adults in the room on behalf of target child
- Whether they interact directly with the child
- Whether they use a pull-out model or push-in model of service delivery
- How and whether they interact with nontarget children
- How and whether they interact directly with the classroom teacher
- How and whether service providers interact and communicate with each other

Grisham-Brown, Hemmeter, and Pretti-Frontczak (2005) reported that the most common inclusive configurations in the United States for preschool children with disabilities are blended inclusive programs, in which children’s individual learning needs are met within a preschool curriculum used for all the children in the inclusive program. The term *blended* often (though not always) refers to some version of a program in which two groups of preschool children—those with special needs and typically developing children—are combined in one classroom. However, the administrative responsibilities, staffing, and the particular ways in which support services are provided vary greatly. This chapter aims to provide terminology and examples that describe these different kinds of support models.

WHAT IS INCLUSION SUPPORT?

The primary topic of this book is “preschool inclusion support.” As described in Chapter 1, much has been written about the importance and effectiveness of inclusion of young children with their typical same-age peers. The research has consistently demonstrated that students—with and without disabilities—generally do as well, or better, both academically and socially, in inclusive settings (ECTAC, 2010). The federally mandated **least restrictive environment** for teaching children with disabilities does not refer to a building or a particular classroom. Rather, it refers to the whole package of educational and social supports and teaching strategies, which are used to ensure access to the core curriculum as well as students’ participation in schooling with their same-age peers. Equally important for preschoolers is the support for important developmental and social-emotional goals. The key to successful inclusion is adequate and competent support.

What are the various kinds of supports used in inclusive classrooms to ensure that each student with an IEP is making appropriate progress in that setting? According to the joint position statement on preschool inclusion by the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC) (2009), *supports* can refer not only to the instructional strategies, environmental accommodations, and curricular adaptations but also

to systemic resources such as professional development, incentives for inclusion, and opportunities for communication and collaboration among families and professionals. Particularly important in this text are models of delivery of support provided through collaboration among educational service providers. Regardless of the type of inclusive program or the setting in which the inclusive program exists, we define inclusion support as the following:

The service or services, teaching strategies and adaptations, and service delivery system used on behalf of a child with disabilities (referred to as the *target child*) to meet his or her educational and developmental goals while effectively maintaining that child as a full participant in an inclusive environment with same-age peers who do not have disabilities.

This chapter focuses on how support services are configured and delivered, that is, on inclusion support service delivery models. (Chapters 6 through 9 will describe specific examples of teaching strategies, curriculum modifications, disability-specific interventions, and positive behaviors supports that can be used to ensure successful individualized support for each child.)

Defining and Describing Inclusion Support

Service Delivery Models: The Inclusion Tower of Babel

One of the challenges in describing models of inclusion support *service delivery* in early childhood is the lack of a common language or terminology with which to describe variations in kinds of support structures and services. For example the term **co-teaching** typically refers to a general educator (an early childhood education, or ECE, teacher) and a special educator (an early childhood special education, or ECSE, teacher) who share classroom teaching responsibilities equally but who report to different supervisors. However, such an arrangement may also be referred to as a *blended classroom* or a *partner teacher* model. The terms *co-teaching* and *team teaching* are sometimes used to refer to a model in which a special education consultant occasionally teaches a lesson jointly with the classroom general education teacher but does not share equally in classroom responsibilities. **Consultation** models may be referred to as *itinerant* support, *push-in* or *pull-out* services, or *direct* versus *indirect* services. Therapies and other specialized services (typically provided no more than once or twice per week) are sometimes referred to as *designated instructional support* (DIS) services. How DIS service providers actually deliver their services (e.g., direct service, consultation) is also an important variable. For example, in the delivery of speech-language services, one speech-language pathologist (SLP) may use a direct pull-out model, with little communication with the classroom staff. Another SLP may combine a brief pull-out therapy session with in-class observation of the child and a brief consultation with the teacher. A third SLP may use a push-in model providing small group therapy activities to a selected group of children, including children with disabilities, or to the entire classroom.

It is not possible to have a meaningful conversation about possible models and configurations of early childhood inclusion support without a common terminology. Communication among administrators, practitioners, families, and researchers requires definition and precision as we think and talk about the range of possibilities for effective inclusion support.

One of the most thorough and widely used texts on educational consultation and inclusion (Heron & Harris, 2001) has provided helpful definitions of many of the terms used in this text. These can be found in the glossary at the end of this chapter.

Conceptualizing Inclusion Support Service Delivery

One way to differentiate various types of inclusion support is as either **direct** or **indirect**. Direct support involves direct contact and interaction with the child. The following are examples of common *direct* support in ECSE inclusive settings:

- Use of a one-to-one paraeducator assigned to the target child
- Direct teaching by the classroom ECE teacher
- A pull-out speech therapy session provided by the SLP
- Daily discrete trial training provided by a behavior specialist or trained assistant
- Implementation of sensory integration techniques by the occupational therapist within the classroom routine
- Direct assessment of the target child by the ECSE co-teacher for progress monitoring and documentation

In each of these examples, the adult is directly interacting with the child. Often an included child may have many individuals providing direct inclusion support, as represented in Figure 2.1.

Indirect supports are those provided by one individual (e.g., an ECSE consultant) to a second individual (e.g., the ECE teacher, a parent) who then uses that information or skill to provide direct service to the target child (see Figure 2.2). A consultant may observe a child, read the child's file, obtain information from classroom staff or parents, and provide demonstration or in-service training to the ECE teacher and staff but never directly provide intervention or support to the child.

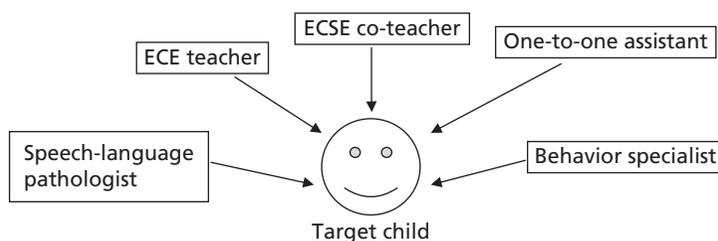


Figure 2.1. Many individuals provide direct inclusion support. Key: ECE, early childhood education; ECSE, early childhood special education.

Using Consultation

One common example of indirect support is the provider who works as a collaborative consultant. A consultant is an itinerant, that is, he or she is not permanently housed in the classroom but rather visits the classroom and impacts the target child primarily by providing information and modeling strategies to and engaging

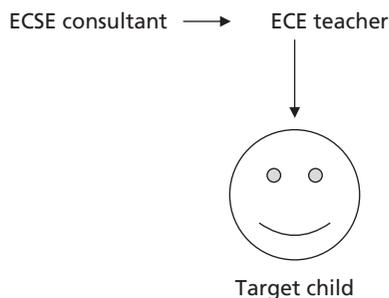


Figure 2.2. Indirect inclusion support. Key: ECE, early childhood education; ECSE, early childhood special education.

in problem solving with classroom staff. It is the classroom staff who directly affect the child, but the consultant's knowledge and skill may impact the child indirectly via the classroom staff members' direct efforts.

Consultation may be delivered using either an *expert* approach or a *collaborative* approach. In an expert approach, the consultant assumes the role of an expert who performs evaluation, imparts information, or demonstrates specific strategies for the classroom staff. In expert consultation, communication is fairly one sided. A familiar example of an expert consultant would be a cardiologist. Patients, who usually have limited expertise in heart disease, go to the doctor to receive expert consultation. Rarely is there parity (i.e., equality or mutuality) in the doctor–patient relationship, and there is little true collaboration. The medical specialist provides the information, and the patient receives the information.

In educational settings, however, effective consultation must be reciprocal and collaborative (Heron & Harris, 2001). The consultant has knowledge and expertise that the teacher does not have (for example, disability-specific knowledge or skills related to behavior analysis and management). The teacher similarly has knowledge not immediately available to the consultant. The teacher has knowledge of the classroom routines, the target child's preferences and behaviors in different learning activities, classroom rules, curricular goals, and so on. Both parties have information and expertise that will be critical to the success of the other and to the effectiveness of the consultation in delivering support to the child. They must share this information as co-equals. They must express concerns and opinions honestly, learn from each other, and work together to solve the child's educational challenges. This is referred to as **collaborative consultation**.

Collaborative consultation in education is described as “triadic” (Dettmer, Knackendoffel, & Thurston, 2012) in the sense that two people must collaborate on behalf of the third—the child, who is the recipient of the effects of the collaboration. Figure 2.3 reflects triadic nature, as well as the collaborative, reciprocal nature of *collaborative consultation*. Both adults bring important skills, information, and observations to the teaching effort. Typically the consultant's support of the child is mostly indirect, (i.e., via the teacher), while the teacher's is direct.

Realistically, in ECSE consultation there are elements of both collaborative and expert consultation (Klein, Richardson-Gibbs, Kilpatrick, & Harris, 2001). When an ECSE practitioner provides consultative support, the early childhood or Head Start teacher may have very little expertise in disabilities and relatively less

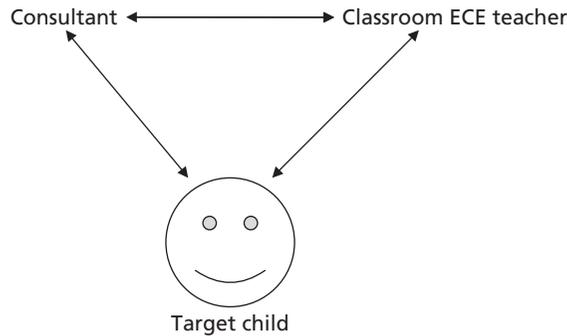


Figure 2.3. Triadic collaborative consultation. Key: ECE, early childhood education.

formal training than the ECSE credentialed teacher. Thus, the ECE teacher is often expecting the ECSE consultant to have expertise and solutions related to young children with disabilities and may be disappointed if the ECSE consultant cannot deliver the “expert” support needed. On the other hand, the ECE teacher is the expert on the classroom, the curriculum, and how the target child actually functions across the curriculum and the daily routines. So in this way successful ECSE consultation has elements of both expert and collaborative approaches.

Consultative approaches to inclusion support can have many advantages. As an itinerant service delivery model, they can be used with great flexibility and cost-effectiveness. A co-teacher is typically assigned to one classroom throughout the day. However, it might be the case that the co-teacher is really only needed during certain parts of the day, depending on the specific characteristics of the child, the experience and skill of the ECE teacher, and so forth. Using an itinerant model makes it possible to deploy support personnel when and where they are needed. It has the potential to serve many children and to provide the “just right” amount of support as needed, thus increasing cost-effectiveness. A truly collaborative consultant also enhances the skills and confidence of the consultees. Via the mutual **collaborative relationship**, the skillful consultant increases the skill sets of the ECE teacher and staff. Over time, the intensity of consultant support can be decreased, as classroom staff become more proficient at including students with a wide range of disabilities and learning characteristics.

Table 2.1 lists common ECSE consultation activities, such as carefully observing and assessing child skills and behaviors, training paraeducators, providing information and materials to the ECE teacher, debriefing with the teacher after observing the target child, modifying curriculum, listening to observations and concerns of staff, and so on. These are not direct supports for the child. Rather, they indirectly impact the child via the classroom staff. However, there are also opportunities for direct intervention with the child, for example, when demonstrating (modeling) a particular teaching technique with the target child, assisting the staff with general classroom support if they are short handed, managing a child’s temper tantrum, and so forth.

Scenario 1 Let’s consider a possible scenario for moving from an *itinerant direct service* model, with an SLP, to an *indirect collaborative consultation*

Table 2.1. ECSE inclusion consultative support: Common support activities

Consultation activity ^a	Example
Sharing information	Provide written materials describing Down syndrome or give a 15-minute overview of simple communication techniques.
Problem solving	Briefly meet with the teacher and behavior specialist to exchange views and possible solutions to a child’s biting.
Observing	Carefully observe the child at different times of the day; provide data recording for ABC analysis as part of a positive behavior support assessment.
Modeling	Demonstrate a successive approximation strategy to encourage the child to gradually tolerate longer time in circle.
Coaching staff	With the paraeducator’s permission, observe his or her working with the target child and make ongoing suggestions as well as positive evaluations of the adult’s teaching strategies.
Providing direct instruction	For assessment purposes, or to assist staff, teach the target child a new skill, for example, recognizing his or her own name or reducing anxiety about change in classroom location.
Adapting curriculum, materials	Provide examples of more developmentally appropriate ways for the child to access the curriculum; create simple picture choices for choosing a song at circle time.
Adapting the environment	Provide more supportive seating for tabletop activities; arrange classroom activity centers so they are more clearly marked; decrease clutter.
Coaching child peers	Teach peers to use the child’s picture communication book to choose a play area; teach peers to use visual script to remind the child to wait for his or her turn.
Assisting classroom staff	Help prepare a snack or lead a small group activity if a regular staff member is absent.
Collaborating with specialists	Make referral to VI specialist for functional vision assessment; obtain information for working with a child who has a cochlear implant.
Involving parents	On behalf of a busy ECE teacher with 20 children in an inclusive classroom, share information with the parent about his or her child’s successes and challenges.
Coordinating team meetings	Offer to bring lunch to encourage a problem-solving discussion or encourage group cohesion.

Key: ECE, early childhood education; ECSE, early childhood special education; VI, vision impairment.
^aSee Cook, Klein, and Chen (2012) for more detail related to these activities.

model (Figure 2.4). An ECE teacher is very concerned about the limited language development of Elsie, a 4-year-old included in her preschool class. Elsie has moderate developmental delay and has been receiving 30 minutes per week of pull-out speech therapy services. While the SLP has found her to be uncooperative in the sessions and has recommended discontinuing services, the ECE teacher has found Elsie to be very social in the classroom, though she sometimes becomes frustrated when she cannot make her needs known.

The SLP is busy serving several preschools in the area and has a large caseload, so the ECE teacher and SLP rarely communicate. The ECE teacher arranges a phone conference with the itinerant SLP and describes Elsie’s communication in the classroom, her typical activities and routines, and what strategies she has tried to increase Elsie’s language skills. The SLP listens carefully and then describes a few other strategies that might be effective. The ECE teacher and the SLP decide on one or two strategies that the ECE teacher will try over the next two weeks.

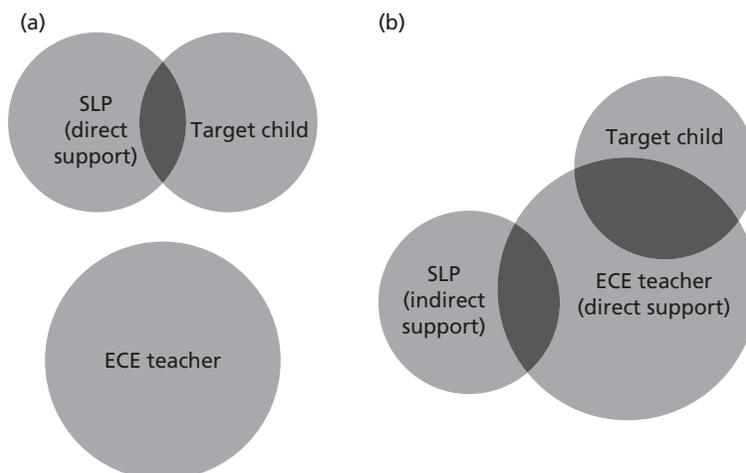


Figure 2.4. Scenario 1: Moving from direct to indirect support. (a) Direct services model; (b) collaborative consultation model. In the direct services model, the SLP provides direct support to the child with no consultation with the ECE teacher. In the collaborative consultation model, the SLP provides consultation support to the ECE teacher, and the teacher works directly with the child. Key: ECE, early childhood education; SLP, speech-language pathologist.

The SLP provides the ECE teacher with some materials, shows the teacher how to use them, and offers to meet with him or her in a couple of weeks to see how things are going. The ECE teacher agrees to implement the strategies and observe the effect on Elsie's language.

In this scenario, via some brief problem solving, the SLP and ECE teacher are moving toward a collaborative consultation model of service delivery. The SLP is now providing indirect inclusion support services to the target child through the ECE teacher, using **collaborative problem solving**. The ECE teacher could not provide the service without the support of the SLP, and the SLP could not provide the service without the teacher's information about the day-to-day interactions with the target child. This is a collaborative consultative relationship between the SLP and the ECE teacher.

The activities in scenario 1 also reflect the kinds of activities that are characteristic of a *transdisciplinary team*. Such a team has several characteristics, including a high degree of collaboration and joint decision making among team members and a commitment from members to teach the skills traditionally associated with their own discipline to other team members (Heron & Harris, 2001). In this scenario, the ECE teacher and the SLP collaborated in jointly designing the intervention. The SLP taught language development strategies to the teacher, who provided direct service to the target child. For this interaction to be successful, the ECE teacher and the SLP had to share a common goal and deal with differences in their respective training and orientations.

Collaborative versus Expert Consultation

There are two different ways the consultation between the ECE teacher and SLP in scenario 1 could have occurred: using an expert model or a collaborative model. As mentioned earlier in this chapter, expert consultation is the type of consultation that often occurs between a medical doctor and a patient.

For example, the doctor solicits information from the patient, then, as the expert, writes a prescription for the patient. Using the typical expert model, the patient, who will be responsible for “implementing” the prescription, is not involved in the development of the prescription. The patient may or may not actually comply with the prescription. In contrast, with a collaborative model, after basic information is shared, the parties responsible for implementing any plan of action are active *creators* of that plan of action. If the exchange between the doctor and the patient were collaborative in nature, the doctor might identify several different interventions, and talk with the patient about the possible consequences of each intervention, the patient’s lifestyle, and which interventions have the greatest likelihood of success given the patient’s lifestyle. The patient would then select the intervention to try and work out a plan of action with the doctor to implement the intervention.

The collaborative model usually results in better compliance in implementing the plan of action because the skills and perspectives of all key players are valued and solicited. A collaborative approach in educational environments has become the desired process over the past several decades. A collaborative approach acknowledges and values different perspectives and establishes buy-in by the implementers of the plan (Heron & Harris, 2001).

In scenario 1, the SLP and the ECE teacher collaborated with one another during the consultation process. If the **indirect service** provider (the SLP) did not get information from the ECE teacher about the target child and the classroom environment, the SLP might not have been able to identify strategies that would work for the target child and that could be implemented by the teacher. If the ECE teacher did not meet with the indirect service provider (SLP) and share information, the direct service provider (ECE teacher) would not have been able to identify and implement possible effective instructional strategies for Elsie. This demonstrates the importance of using a collaborative rather than an expert model of consultation in preschool inclusion support.

Scenario 2 This scenario provides an example of an ECSE consultant and an ECE teacher providing indirect support through a paraeducator who is providing direct support to the target child, Jessie (see Figure 2.5). The paraeducator provides one-on-one assistance to Jessie during activities conducted by the ECE teacher in the inclusive preschool class.

However, the paraeducator has noticed that Jessie has started exhibiting behavior problems during some of the activities in the inclusive preschool class. The paraeducator requests a meeting with the ECSE consultant. The paraeducator describes the problems Jessie is experiencing with cutting and pasting materials. She asks the ECSE consultant for suggestions for what she can do to reduce Jessie’s frustration with this activity. The ECSE consultant shares possible strategies that the paraeducator could use to help Jessie have greater success with the task by adapting for sensory issues with the paste and making the cutting task easier. This, in turn, can decrease Jessie’s resistance and prevent escalating behavior problems. The ECSE has a brief interaction with both the ECE teacher and the paraeducator in which they decide which of the suggested strategies would be easiest to implement. Jessie will use cotton swabs to spread glue rather than using the squeeze bottles, which he cannot control. Also, the paraeducator will draw thick black lines to help Jessie see where to cut.

The ECE teacher and paraeducator agree to try the new strategies for two weeks. At that point, all three key players (ECE teacher, ECSE consultant, and

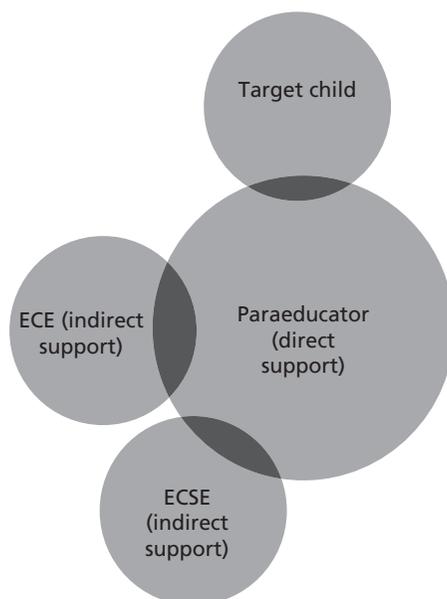


Figure 2.5. Scenario 2: Consultation with paraeducator providing direct support to child. Key: ECE, early childhood education; ECSE, early childhood special education.

paraeducator) will briefly touch base to check on the effectiveness of these interventions. In scenario 2, the direct service is being provided by the paraeducator, while both the ECE teacher and ECSE consultant provide indirect support to Jessie via consultation with the paraeducator.

The Roles of Paraeducators in Inclusion Support

It is clear from the relationships depicted in Figure 2.5 that the primary contact and direct support for Jessie comes one-to-one from the paraprofessional. There are obvious advantages with this scenario for those few children who are a danger to themselves or others or whose disabilities present potential health and safety concerns. However, the use of a VELCRO® aide, as this practice is sometimes called, can pose serious impediments to the child's true integration and interaction with peers. It may in the long run interfere with the development of social skills and may increase a strong dependence upon one individual, which creates its own set of serious challenges.

Even when the IEP team determines that a one-to-one interaction is needed, the following considerations and guidelines are important:

- The method should be considered only a temporary support model.
- The goal should be for the one-to-one aide to gradually decrease his or her proximity to and direct interaction with the child, focusing on increasing the child's interactions with peer play partners by using specific, carefully planned interventions toward that goal.
- Clear efforts should be made to increase the target child's comfort level with other adults by rotating the one-to-one assignment.

In reality, the most common “model” of inclusion support is the use of a one-to-one paraeducator assigned to a particular child in the inclusive classroom. Many paraeducators assume primary responsibilities for assisting children in inclusive environments and sometimes also for data collection used to make decisions regarding the instruction of a child. It is important for the ECE teacher and ECSE co-teacher or consultant to include paraeducators as key members of the instructional team. With proper training and supervision, the use of paraeducator support can be both programmatically effective and cost effective. However, there are many challenges and cautions to consider when working with a one-on-one aide, including the following:

Training: It is not unusual for paraeducators to have little training in working with young children with disabilities. It is important to determine the training and experience of paraeducators working in the inclusive classroom and to provide additional training and information as needed.

Supervisory responsibility and communication: In some cases, the responsibility for supervision of the paraeducator may be unclear. For example, in some states behavior therapy agencies may provide personnel to collect data and implement behavior plans. Thus, the responsibility for supervision is assumed by the agency, rather than the district or the community-based program in which the inclusive classroom is housed (e.g., Head Start). In these situations, lines of communication can be problematic.

Team participation and role definition: The paraeducator can be a very important member of the educational team. Achieving success in this role requires clear communication, problem solving, planning, and developing common philosophies of instruction that include the active participation of the paraeducator. To develop an effective team with paraeducators, consider the following suggestions for teachers offered by Riggs (2004, pp. 8–12):

- Know the paraeducator’s name, background, and interests.
- Be familiar with school/facility policies for paraeducators (e.g., can they be paid to attend after school meeting, can they “bank” hours if their child is absent).
- View the teacher(s) and paraeducators as a team.
- Share classroom expectations with paraeducators.
- Clearly define specific roles and responsibilities for paraeducators and teachers.
- Assume responsibility for directing the paraeducator.
- Help the paraeducator get to know all the children even if assigned to only one.
- Communicate clearly with the paraeducator.
- Show respect for the paraeducator’s knowledge and experience.

Scenario 3 This scenario provides a complex example. An ECSE classroom co-teacher (who provides direct support in the classroom) will provide indirect in-home consultation to the mother of Dana, one of the target children in the inclusive classroom (Figure 2.6).

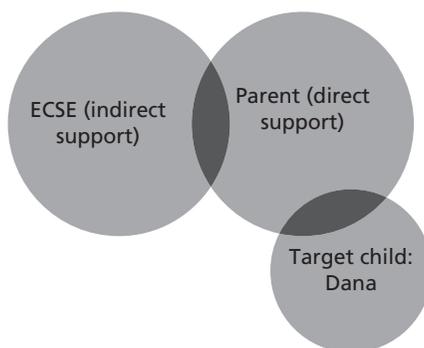


Figure 2.6. Scenario 3: ECSE provides indirect support to Dana via consultation with Dana's mother. Key: ECSE, early childhood special education.

The parent tells the ECSE co-teacher about behavior problems she is experiencing at home with Dana. Dana increasingly refuses to transition from activities she enjoys. She has begun to have tantrums at bedtime and sometimes resists leaving her toys when it is time for dinner.

The ECSE co-teacher shares information about Dana's behavior patterns in the classroom and the behavior interventions that have been successful there. She and Dana's mother design a simple positive behavior support plan that will be easy to implement in the home. The mother will increase predictability of certain routines by encouraging Dana's older brother (who Dana adores) to play with her just prior to dinner each evening; then he can provide a positive model to transition to the dinner table. Dana's mother will also create a predictable bedtime routine (which the family does not currently have). It will include Dana's favorite song, then putting pajamas on her bear, and then tucking her and her bear in for the night.

Dana's mother agrees to try it for two weeks and let the ECSE consultant know, via e-mail, how it is working: for example, what is easy or difficult about the intervention, what she has observed, changes she has made in the procedure, and so forth. In this scenario, the ECSE classroom co-teacher provides indirect consultation support to the parent. The parent, in turn, provides direct support to the child via implementation of the procedure at home.

Scenario 4 This scenario provides an example of several key players—an occupational therapist, the SLP, and the ECSE teacher—who provide indirect support to the ECE teacher of the target child (see Figure 2.7). Note that the spheres in Figure 2.7 do not intersect with the target child, but each intersects with the ECE teacher. This suggests that for the most part these individuals observe the child (and may interact briefly with him or her), but the teacher carries out the recommended interventions by embedding certain strategies and practices into the ongoing daily routines and staff interactions with the child.

While many therapists have traditionally preferred a direct pull-out model of service delivery, the scenario depicted here reflects an indirect (consultative) model. Increasingly in preschool settings, therapists are expanding their service delivery models to embrace more collaborative models and a combination of both

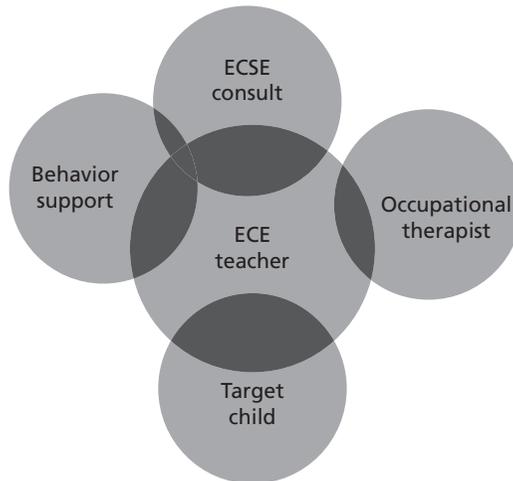


Figure 2.7. Scenario 4: Multidisciplinary collaborative consultation with ECE teacher providing indirect support to child. Key: ECE, early childhood education; ECSE, early childhood special education.

direct (direct therapy) and indirect (teacher consultation) support. Many therapists make sure to use consultation with the classroom teacher to exchange observations regarding the target child. Many have also moved toward more ecologically relevant in-class therapy, a push-in model of service delivery. The ECSE itinerant in this scenario provides primarily indirect consultative support for the child by communicating on a regular basis with the classroom ECE teacher.

All four scenarios depicted in this chapter show how the level of collaboration can become more complex as more adults become involved. In scenario 2, the ECE teacher, ECSE teacher, and paraeducator all work together to identify an effective strategy to implement in the inclusive classroom. This complexity also evolves in scenario 3. Initially the ECSE teacher provides indirect support to the parent. As a result of the collaborative process the parent then provides direct support to the target child at home. Regardless of the nature of the inclusion support, the process used by all adults is the same, that is, collaboration.

COLLABORATION: THE KEY TO MAKING INCLUSION SUPPORT WORK

Regardless of the people, the setting, or the types of inclusion support involved, collaboration is essential. In fact, a synthesis of research on preschool inclusion states that “collaboration is the cornerstone of effective inclusive programs” (Odom, Schwartz, & ECRII, 2002, p. 162). This book defines collaboration as *two or more individuals who jointly develop a program of inclusion support*. The program of inclusion support can involve indirect as well as direct support and should be tailored to meet the needs of the target child.

How does one set the stage for effective collaboration among inclusion support providers? Whether indirect or direct support is being provided to the target child, the providers must have the skills and the opportunity to develop a common

philosophy, communicate, problem solve, and plan with one another. Resolution requires more than what just one individual can provide. Applications of effective communication and problem solving are provided in Chapter 5.

It is obvious that inclusion support providers must have the opportunity to communicate. However, time to collaborate is not always incorporated into the daily activities of inclusion support providers. If itinerant professionals such as SLPs schedule time only for direct support of target children in pull-out situations, it is quite possible that they will not have the time and therefore the opportunity to consult with other inclusion support providers who could assist them or who need their assistance in adapting the program for a target child. Similarly, if ECE teachers, ECSE teachers, and paraeducators schedule only direct support time in their daily activities, they may not have the opportunity to collaborate with one another to adapt the program of a target child or collaborate with one another to plan instruction using the most effective support models and teaching strategies for the desired outcomes of a given activity.

It is critically important to establish collaborative relationships and communication that support ongoing problem solving and solutions related to teaching and learning in inclusive settings. Equally important, an ongoing collaborative climate can mitigate potential conflict.

Co-teaching: Joint Instruction Provided by Early Childhood Education and Early Childhood Special Education

A common model of *direct* support for children in inclusive settings is often referred to as *co-teaching*. A variety of terms have been used to refer to the joint instruction provided by a general (ECE) and special educator (ECSE). Examples of these terms include *team teaching* (Friend, Reising, & Cook, 1993; Salend, 2008), cooperative teaching (Hourcade & Bauwens, 2003; Idol, 2006), collaborative teaching (Harris, 1998), and co-teaching (Austin, 2001; Fennick & Liddy, 2001; Scruggs, Mastropieri, & McDuffie, 2007). This chapter uses the term *co-teaching* to refer to the direct service that is provided by the ECE teacher and an inclusion support provider when they instruct the target child together. Co-teaching is defined as two or more adults planning and instructing the same group of students at the same time and in the same place. Co-teaching is often said to have many of the same challenges as marriage!

Planning Co-teaching Structures There are many components to successful co-teaching, including planning how to arrange the physical environment, the curriculum, and activities. The following sections of this chapter focus on the classroom *structures* that co-teachers can use to instruct jointly. The use of **co-teaching structures** changes as the co-teaching partnership matures. A mature co-teaching relationship is reflected in structures that involve both co-teachers engaged in instruction. With true co-teaching, children perceive the co-teachers as a team, each member of which is equally in charge (Gately & Gately, 2001). The examples of co-teaching structures discussed in the following sections are derived from the following: Hourcade and Bauwens (2003), Friend and Cook (2003), and Walther-Thomas, Korinek, McLaughlin, and Williams (2000).

One Teaching, One Supporting In this structure, one teacher designs and delivers the activities for all the children. The second teacher (usually the ECSE

co-teacher) supports the lead teacher, providing assistance as needed. This is a simple approach used by many new co-teaching partners. It requires that both teachers know the children and the activities, but it does not take a lot of planning by the co-teachers. If this structure is used indiscriminately or exclusively, it often results in the ECSE co-teacher functioning as a “floating” assistant. With this arrangement, typical children in the class are well aware that the ECSE teacher works primarily with certain children who “need help” and is not the “real” teacher. It is not recommended that co-teachers use this structure exclusively.

Station Teaching This is a common arrangement in early childhood environments. Students move among subject stations set up by the teachers. The co-teachers divide responsibility for monitoring the stations. This method reduces the teacher-child ratio and ensures that the teacher with specific ECSE expertise can lead the station activity that will pose the greatest challenges to certain students. For example, several students will need careful scaffolding or adaptations for the fine motor activity of making fruit loop necklaces; the ECSE co-teacher therefore takes responsibility for that station.

Alternative Teaching In alternative teaching, one child or a small group of children receive preteaching or reteaching of skills necessary to participate in a specific activity. All co-teachers need to be familiar with the activity and the skills needed to participate in the activity. Together they determine which students will need alternative support for skill development. Alternative teaching can provide the opportunity for children to receive one-to-one or small-group support. However, if the same children (i.e., children with disabilities) consistently receive the one-to-one or small-group support from a special educator (i.e., ECSE or paraeducator), then the co-teaching structure will segregate the target child from his or her peers and will not support real inclusion of children with disabilities. For example, in preparation for “picture day,” the co-teachers agree that several of the children with special needs in the class will benefit from some “priming” for the photography experience. The ECSE co-teacher implements this alternative teaching via creation of a new dramatic play center in which all of the children role-play the photography experience.

Complementary Teaching This co-teaching structure implements a child’s specific adaptations during the actual activity. In complementary teaching, the ECE teacher might maintain primary responsibility for implementing the activity and the ECSE teacher or the paraeducator might assume responsibility for addressing the target child’s specific goals. For example, a child with quadriplegia seated in a wheelchair has little or no access to prewriting activities such as painting as they are set up in the room. After consultation with the child’s physical therapist, several complex adaptations are implemented: the angle and height of the easel, the type of paint brush, a newly designed splint, and a support to elevate the child’s arm position. The ECSE co-teacher uses complementary teaching during the art activity for several weeks to work out any bugs in these adaptations and to task analyze the appropriate teaching steps and strategies.

In complementary teaching, all classroom staff are made aware of the activity and the goals, but the special educator takes responsibility to determine how best to support the target child. The adaptations required for the target child are incorporated into the activities done by the whole group of children. Over time, peers

may assume some of the responsibility for these more complex supports, and the target child moves toward greater independence.

Supportive Learning Activities These are educator-developed activities that supplement the primary learning activities. Typically, the early childhood teacher designs the lesson and the ECSE teacher identifies, develops, and leads the additional supportive activities designed to reinforce, enrich, and augment learning a new skill. For example, the ECE teacher might design a science experiment and the ECSE teacher might design specific prompts, materials, and adaptations so that all children, including the target children, can successfully engage in the exploration process. This co-teaching structure does require joint planning by co-teachers. Usually, both the ECE and the ECSE teachers are present and monitor all activities.

Parallel Teaching In this structure the co-teachers jointly plan instruction, but each delivers it to a heterogeneous group composed of approximately half the children in the class. This approach reduces the teacher-child ratio. However, since parallel teaching requires the co-teachers to implement the same activities, the co-teachers must have comparable skills and must carefully coordinate their efforts. The ECE teacher must feel comfortable and competent in individualizing instruction, and the ECSE teacher must be knowledgeable and effective in teaching the core curriculum. This co-teaching structure is probably best used by ECE and ECSE co-teachers who have developed a strong co-teaching relationship and have the time to plan.

Team Teaching In this co-teaching structure, both co-teachers jointly plan and present the activities using appropriate instructional strategies for all the children in the class. The two teachers, together, teach the lesson to the whole class. This co-teaching duet involves considerable planning and is particularly effective when the co-teachers possess similar areas of expertise. Team teaching is also best used by co-teachers who have developed a strong co-teaching relationship.

There are many possible co-teaching structures. It is important to realize that these are *instructional tools*. The co-teaching structure that matches the needs of the children and the skills of the co-teachers should be selected for each activity. Therefore, ECE teachers, ECSE teachers, and paraeducators should be familiar with a variety of models. They should also realize that some co-teaching structures require more planning time than do others and that, as their collaboration matures, they will be able to design and use many models effectively to best meet the needs of the students and the particular learning goals. One structure does not fit all!

THE MULTIPLE DIMENSIONS OF INCLUSION SUPPORT

It should be clear from this discussion that effective models of inclusion support are multidimensional. They can be elegantly simple or extremely complex. They can involve just two or three key players or a large entourage of specialists. There is no one best model of inclusion support service delivery. *Effective inclusion support plans are like snowflakes: no two are alike.* Each is unique and designed to meet the needs and strengths of children, communities, and key players.

Each plan must address and consider the following important dimensions of inclusive service delivery:

- Setting
- Costs
- Configuration of support service delivery (e.g., consultation, co-teaching, para-educator, multidisciplinary)
- Total number of key players and their areas of expertise:
 - number of persons interacting with classroom teacher
 - number of persons interacting with target child
- Coordination of services
- Indirect versus direct service delivery and their related lines of communication
- Degree of child access to peers; use of pull-out or push-in services

Figure 2.8 reflects four different examples of these many possibilities.

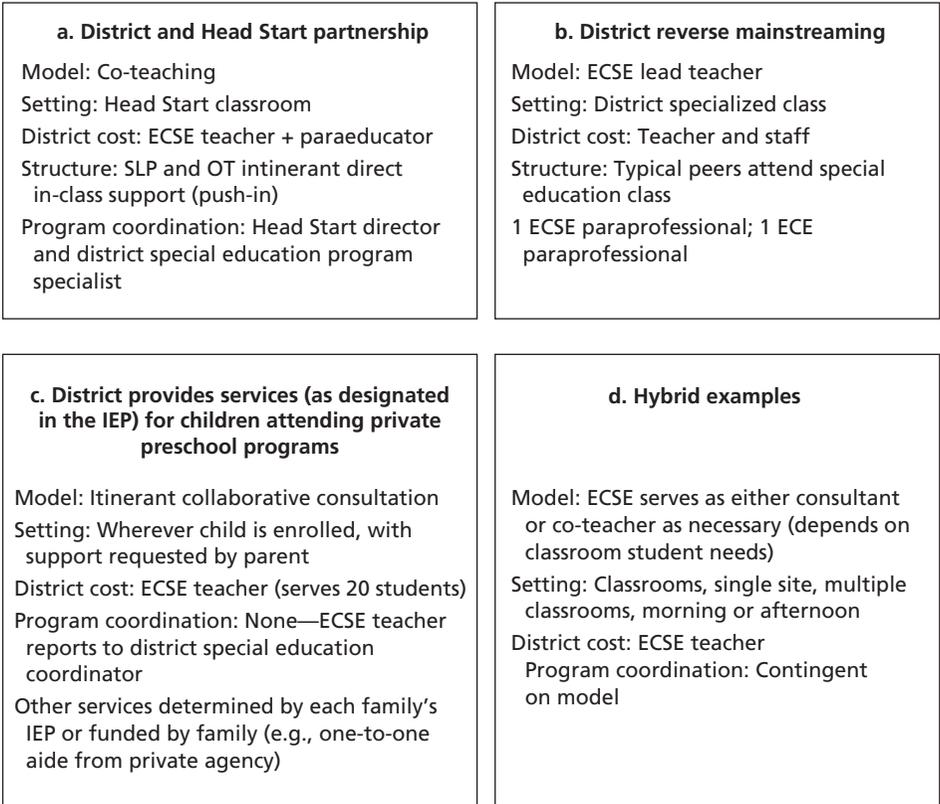


Figure 2.8. Administrative configurations and inclusion support service delivery models. Key: ECE, early childhood education; ECSE, early childhood special education; IEP, individualized educational program; OT, occupational therapist; SLP, speech-language pathologist.



Figure 2.9. *Adventures in Zipping* cartoon.

Finally, it is also important to acknowledge one more powerful source of inclusion support: the children in the classroom. One must not underestimate the positive effects of becoming valued, active participants in the classroom community. These positive effects occur for all children—with and without disabilities. (See Diamond and Innes, 2001, for a review.) The design of inclusion support models should enhance rather than impede the target child's opportunities for interactions with peers. The reason for this is delightfully represented in Figure 2.9. Ultimately, as will be discussed in Chapter 5, collaborative communication and problem solving will be the glue that holds the support plan together.

This chapter has set the stage for detailing the ways in which educational personnel in early childhood settings can combine various dimensions to provide direct and indirect inclusion support services. The following is a true story of the journey of two co-teachers, one general education early childhood teacher and one early childhood special educator, toward a truly collaborative relationship. It reflects many of these dimensions.



The Road from Me to We: A Co-Teaching Essay



By Tracy L. Eagle and Babi Gonzalez De Torres

THE BACK STORY

Before *We*

In September 2008, our urban elementary school site housed two preschool “collaborative” inclusion classes. Each combined a pre-K readiness general early childhood class and a preschool special education class. Both classes were short staffed. With only one special education teacher and one special education assistant, the classes were missing a general education co-teacher and a general education assistant. Then the school administrator, beset by budget cuts, determined that much of the special education assistant’s time would have to be spent in upper-grade classrooms. To partially compensate for this loss, the administrator hired a substitute teacher to help until a permanent general education preschool teacher could be found. The substitute teacher, Babi, was an early primary grade teacher and did not have preschool experience.

Tracy, the special education teacher, had just interviewed 30 general education students and their parents: 15 students in the morning class and 15 in the afternoon class. The students with special needs would be divided between the earlier and the later classes, creating two inclusive preschool classes with 19 students each. Tracy realized careful planning would be critical with limited personnel. Tracy and the substitute co-teacher would have to lead the learning centers alone, with only occasional help from the special education assistant.

In this district, typically a general education preschool classroom is comprised of one early childhood general education teacher, one general education assistant, and fifteen students. Because programs vary, students may attend preschool from two to six hours each day. The general education preschool classroom had worked well when the student-teacher ratio remains at 15 students to 2 adults. Formerly, this was the norm, and the two-person teaching team taught both a morning and an afternoon class. The smaller class size allowed for individualized attention; the team had time to meet each student’s differing needs.

Tracy and Babi: How *We* Got There

We believe that the successful inclusive programming that characterizes our classroom today grew out of our determination and commitment to moving, as teachers, from a *me* to a *we* point of view. It was a risky move, requiring scrupulous honesty, continuous communication, and mutual support, but the rewards for our students and ourselves have been considerable. We learned to practice parity and to treat each other as equals. We discovered the joy of sharing our gloriously teachable moments with each other. We developed the confidence to try innovative ideas, certain of the other’s feedback and support. We saw our students thrive in a well-supervised classroom with two nurturing teachers. We experienced the satisfaction of exposing our students, at an early age, to an environment as diverse as the world outside, a world in which they could learn to interact with and respect children from different backgrounds as well as

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children with special needs. Implementing the concept of we allowed us to teach caring and promote empathy among all our students—and the adults who interact with us as well. But getting there wasn't easy.

Tracy's Experience

Tracy has a doctorate in education and a credential in early childhood special education. She is a patient, caring perfectionist whose perfectionism is mitigated by a good sense of humor. She had taught long enough to have serious concerns about whether the particular curriculum adopted by the district was appropriate for use with students with IEPs. She also had strong reservations about using the pull-out method for delivering special services like adapted physical education, occupational therapy, and physical therapy. She believed this created a distinction between the general education and special education students that elicited myriad questions from all the students.

Very soon, however, those concerns were superseded by others when the school administrator hired a general education teacher to be Tracy's co-teacher. Tracy had many uncomfortable questions.

Tracy's Perspective: Don't Rock the Boat, Babi!

Who is this new teacher? What is she like? Would she agree or disagree with the way I've had organized the classes? Would she share my educational philosophy? Why hadn't she come to the preschool classroom to meet me when she met with the administrator? Babi's program at her previous school had closed, due to low enrollment. By the time she transferred to my site, classes had been in session for six weeks.

One week later, I met Babi. Babi had a bachelor's degree in elementary education and was working on her master's degree in educational administration. She had high energy, arriving every morning ready to greet each student individually. She could bond with a frightened child in minutes, reassuring a little boy experiencing separation anxiety until he felt secure enough to wave goodbye to his parents with a smile. So far so good!

Babi's Perspective: What Have I Gotten Myself Into?

On my first day of work, the assistant principal gave me these ominous words of advice: "Watch your back!" What did she mean? Who was this dangerous person I was supposed to collaborate with? What terrible act had Tracy committed to elicit such enmity from the administrator? And why didn't she mention it before I accepted the position! I would just have to wait and see.

Tracy's Concerns

Tracy and her assistant observed Babi for a week, watching her classroom behaviors closely. Babi seemed nice and supportive; she did not criticize them, but she gave them no clue about what she was thinking. Tracy sensed her apprehension but didn't understand its source, so she gave her space and stayed out of her way. They noticed that Babi liked to rearrange the classroom furniture—a lot! But she was supportive of Tracy's creative center ideas. Was it possible that they could have similar educational philosophies? How could Tracy break the ice so that they could get to know each other? Would it be possible to start building a relationship that they both could trust?

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Tracy's Suspicion

Our first day together was very awkward. Although we went through the routine I had established, the classroom air was really oppressive and there was little conversation among the classroom staff for nearly a full week. Babi had said some nice things to me, assuring me that she considered all the students to be our students and suggesting that we should work together. This proposal sounded great, but remembering my experience with other co-teachers, I refused to get my hopes up. I'd heard those same words last year, but the teacher hadn't meant them at all. Could I really be lucky enough to have found a kindred spirit? It was hard to believe.

Babi's Impressions

Despite the administrator's warning, I was filled with excitement on that first day, beaming and confident. After all, I'd already had some successful team-teaching experiences and so was looking forward to the assignment.

There were two women in the classroom when I arrived. The blonde woman seemed to be in charge. I guessed that she was Tracy, and my first thoughts were, "Hey, Blondie, come on out and play! We're going to be creative and do wonderful things for these students." Instead, I simply said hello and introduced myself.

My new partner wasn't nearly as excited as I was, but she was polite and introduced herself and her assistant. She next informed me that there was no general education assistant assigned to the class, then carried on with what she had been doing and seemed to ignore me.

"Hmm," I thought, "this is going to be tough, but somehow it will all work out. . . . I hope!"

THE AWAKENING

The Parent Meeting

The inclusive preschool program model requires monthly parent meetings. These are particularly important because of the many family members who do not speak English. Tracy and Babi held their first joint meeting in the classroom on a Friday morning. Both teachers would speak and the special education assistant would translate. Tracy would open the meeting by introducing Babi, and the meeting would conclude with a question-and-answer period, allowing parents to ask any questions they might have about the preschool program.

That Friday, the classroom filled with parents and children of all ages, and Tracy and Babi worked their way through the agenda. By the end of the meeting, when they asked if the parents had questions, lots of hands went up. The first question seemed to express what was on everyone's mind: *Who's in charge?* The rest of the questions followed in the same vein: *Who's my child's teacher, Babi or Tracy? Which of you is responsible for my child's education?* The questions seemed to be easy ones, but the answers were unexpectedly complicated. Tracy and Babi hadn't worked that out yet! They had a lot of decisions to make, but they were barely communicating at all!

When Babi Met Harry: Babi's Perspective

In the days that followed the parent meeting, Tracy and I were still not really working things out. While the students were at their learning centers, I observed 4-year-old

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Harry working diligently at connecting interlocking LEGO blocks. Though he tried many different combinations, none of the combinations worked. Despite this, Harry never gave up. At the end of center time, Harry asked me if I would save his work so that he could continue the next day. I agreed, and together we carefully placed his blocks on the shelf behind my desk. When Harry returned the next day, he took the blocks back to the carpet and continued working with them. This went on for nearly a week until, at last, Harry called out to me proudly, saying, "Look teacher, I did it!" He had finally snapped all the blocks together to form a beautiful cohesive structure.

Watching Harry work so conscientiously that week had made me think about the power of perseverance. If Harry could succeed at what had to seem to him like a Herculean task, I should be able to succeed in forging a connection with my aloof partner. I wanted to share this with Tracy. Before I lost my courage, I asked Tracy to have lunch with me. She accepted.

We went to a quaint little cafe near school and began our conversation with a brief chat about Harry's achievement. Having broken the ice, I took a risk and told Tracy what was really on my mind: neither the classroom setup nor the classroom schedule was working for me. To my surprise, Tracy felt exactly the same way! She had been reluctant to approach me with her concerns because of her negative experience with last year's teacher. That teacher had invalidated Tracy's learning and experience and left her feeling silenced. The habit of silence had continued because, unwittingly, I had been hired under similar circumstances.

After confessing our misgivings about each other, we began to talk about our educational philosophies and discovered that, although we differed in a few areas, we agreed on almost every key issue. What an unexpected and welcome meeting of minds that was!

The Epiphany: Tracy Speaks

After my lunch with Babi, I began to reflect on our purpose as teachers, reviewing the questions we had raised and the barrage of questions we had encountered at the parent meeting. I was especially focused on "Who's in charge?" That crucial question made me think about the purpose of inclusion. I began to wonder how Babi and I might change the culture and climate in and around our school.

Then I had an epiphany. One word resounded as the answer to every question that the parents had asked; one word clarified every idea I'd been mulling over. That word was *we*. Who's in charge? We are in charge! Who's my child's teacher, Babi or Tracy?

We are your child's teachers, Babi and Tracy. Who's responsible for my child's education? We are all responsible—parents, teachers, students, assistants, support services providers, administrators, the entire community—and we must all accept responsibility for every child's education.

I dubbed my insight "The Concept of We," knowing that it must begin with a transformation at the roots that are Babi and Tracy—no longer I, me, or you, but we.



GLOSSARY

Selected terms excerpted from Heron and Harris (2001, pp. 565–576)

collaborative consultation An interactive process that enables people with diverse expertise to generate creative solutions to mutually defined problems; it often produces solutions that are different from those that individual team members would produce independently.

collaborative problem solving A strategy for dealing with conflict that preserves the goals and relationships of group members faced with solving a problem.

collaborative relationship An interactive relationship between the consultant and consultee that connotes parity, reciprocity, mutual problem solving, shared resources, responsibility, and accountability.

conflict management techniques A general class of problem-solving strategies that includes majority vote, third-party arbitration, and authoritative rule; collaborative problem solving is the preferred strategy for conflict management because it preserves goals and relationships.

consultation Has several definitions, varying in substance and context, depending upon the setting, target, or intervention; in the main, consultation should be voluntary, reciprocal, and mutual, and it should lead to the prevention and/or resolutions of identified problems.

co-teaching Two or more teachers planning and instructing the same group of students at the same time and in the same place.

co-teaching structures The mechanisms by which co-taught instruction is delivered; co-teaching structures change as the co-teaching partnership matures.

direct services Training or assistance provided by a teacher, therapist, specialist, etc., directly to the child with special needs. In some cases, direct services may also be provided to adults, as when a therapist provides direct training to teachers, who then implement the procedures with the child.

inclusion Like other terms related to integrating students with disabilities in general education settings (e.g., mainstreaming, least restrictive environment), inclusion has multiple definitions, connotations, and meanings; no single meaning exists in the literature.

indirect service Service provided by a consultant who works with a mediator (e.g., teacher, parent), who in turn works to change a student's behavior. Indirect services to students are accomplished by providing direct service to the mediator.

least restrictive environment By federal rule, the environment where the student with disabilities is to receive instruction with his or her general education peers to the maximum extent possible, to be removed only when he or she cannot achieve, even with supplemental learning aids; it may also be that educational setting that maximizes a student's opportunity to respond and achieve, permits proportional interaction with the teacher, and fosters acceptable social relationships between students with and students without disabilities.

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