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Laying the Groundwork for Preschool Inclusion

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What Is Quality Inclusion?

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TOOLS FROM THE TOOLBOX

- **Figure 1.1** National Data on the Slow Progress of Preschool Inclusion
- **Figure 1.2** Preschool Inclusion Framework
- **Figure 1.3** Inclusion For Preschool Children With Disabilities: What We Know And What We Should Be Doing
- **Form 1.1** Preschool Inclusion Self-Checklist

The purpose of this chapter is to provide several important introductory tools for your preschool inclusion toolbox. First, we briefly discuss the state of inclusion in the United States. Then, we discuss our preschool inclusion framework. Finally, as part of our inclusion framework, the empirically supported, effective components of inclusion are presented. As noted in the Introduction, the first step to establishing high-quality preschool inclusion services and systems is to create a preschool inclusion team. Chapter 3 describes specific strategies and logistics for ensuring the preschool inclusion team is focused and effective. One of the first things the team will do is review the data and research on preschool inclusion. This chapter will be helpful in that initial phase of work.

STATE OF PRESCHOOL INCLUSION IN THE UNITED STATES

As shown in Figure 1.1, a comparison of the 2012 IDEA data (which was the most recent information available at the time of printing) to the 1985 IDEA data indicates that the practice of providing special education and related services to children ages 3–5 years old in regular EC settings increased by only 5.7% in 27 years.

The limited improvement from 1985 to 2012 suggests administrators might need support for designing services, implementing systems, and crafting policies that support the inclusion of young children with disabilities in high-quality EC settings.

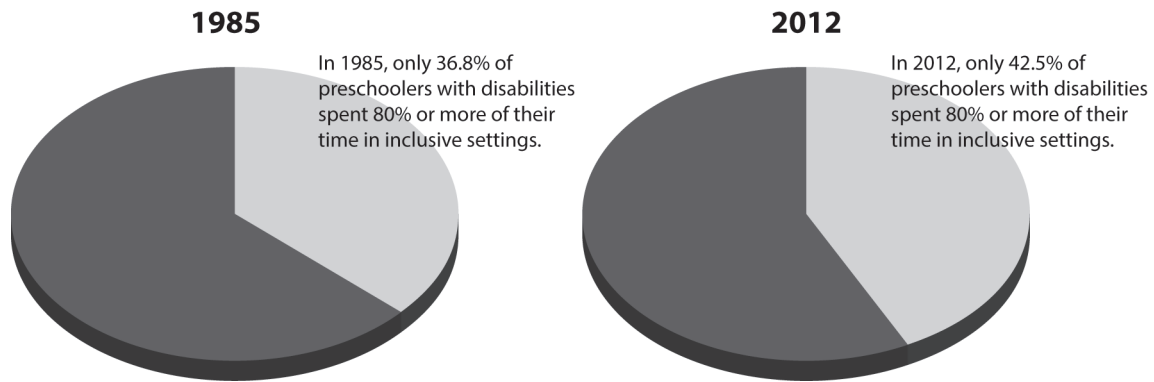


Figure 1.1. National data on the slow progress of preschool inclusion.

EMPIRICAL AND LEGAL SUPPORT FOR PRESCHOOL INCLUSION

Research consistently demonstrates that high-quality and responsive environments are associated with positive outcomes for young children, including for children with disabilities (Camilli et al., 2010; Espinosa, 2002; Pianta, Barnett, Burchinal, & Thornburg, 2009). High-quality inclusive classrooms with adequate ratios of more competent peers, in particular, are related to positive outcomes for children with disabilities (Justice, Logan, Lin, & Kaderavek, 2014). Preschool inclusion has been at the heart of policy, professional standards, and research for decades. For more than 30 years, IDEA and other federal and state policies in EC (e.g., Head Start) have promoted delivering educational services for children with disabilities in which education is delivered for typically developing children. The fact sheet on research support and the fact sheet on IDEA provisions, provided in Appendixes IA and IB, describe the academic and legal foundations for preschool inclusion.

DIVISION FOR EARLY CHILDHOOD/NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN POSITION STATEMENT ON INCLUSION

As noted in the Introduction, the two prominent EC professional associations, DEC and NAEYC, jointly developed and published a statement advocating for and supporting

interdisciplinary, inclusive early care and education for all young children. The focus on cross-sector collaboration provides new opportunities at the state and local levels to engage in meaningful dialogue around critical issues for children with disabilities within the broader EC systems (Woods & Snyder, 2009). This is especially important given the fragmented nature of the EC intervention and education system and the need to ensure quality inclusion for young children with disabilities (Buyse & Hollingsworth, 2009; Odom, Buyse, & Soukakou, 2011). The diverse EC systems (e.g., Head Start, child care, public school) need to work together to ensure sufficient support for children with disabilities, their families, *and* the practitioners who work with them (Hayden, Frederick, & Smith, 2003).

APPLICATION QUESTION

You can find state-specific information about preschool inclusion and IDEA at <http://www.ideadata.org>. What is the percentage of children with disabilities spending 80% or more of their time in inclusive settings in your state? Are you surprised with what you found? Discuss these questions with your preschool inclusion team.

The position statement, provided in Appendix IC, defines EC inclusion and identifies the relevant features and recommendations for developing quality inclusive preschool programs. Their definition of inclusion is as follows (DEC/NAEYC, 2009, p. 2):

Early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society. The desired results of inclusive experiences for children with and without disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential. The defining features of inclusion that can be used to identify high quality early childhood programs and services are access, participation, and supports.

Access refers to providing an adequate range of contextually relevant learning opportunities, activities, and settings for every child by enhancing physical accessibility, identifying and eradicating physical or structural barriers, and offering multiple and varied learning opportunities. The goal is to ensure that all children have access to effective learning environments; typical routines, activities, and settings; and general education curricula.

Participation means there is a focus on ensuring all children are active, independent participants in their families, classrooms, and communities. This means adults promote learning and engagement by using a range of instructional practices, from embedded to more explicit, to ensure all children have opportunities to engage, participate, and learn across all domains. Adults use individualized accommodations, modifications, and adaptations to promote active participation and a sense of belonging for all children in typical settings and learning environments. Participation should be driven by the needs of each individual child and his or her family.

Supports refers to broader, infrastructure-level support to the administrators, teachers, staff, and so forth, in providing high-quality programs. This means programs should ensure all adults involved have access to quality PD, effective ongoing follow-up assistance, and support for collaborative teaming. This also requires having effective policies in place that promote and incentivize high-quality preschool inclusion. See Figure 1.2 for a visual representation of the three defining features of inclusion. It is important to note that IDEA includes similar language to ensure participation and success in general education settings. These provisions are “supplementary aids and services” (34 CFR §300.42) and “technical assistance and training activities” (34 CFR §300.119). These provisions are on the IDEA fact sheet in Appendix IB.

APPLICATION QUESTION

What is your impression of the information presented in the DEC/NAEYC position statement? Who would benefit from knowing this information? How will you distribute and use this document? How will you guide discussions about preschool inclusion using this document?

EFFECTIVE COMPONENTS OF INCLUSION

Since the 1990s, the term *preschool inclusion* replaced the term *preschool mainstreaming* to promote the full acceptance of each child as an engaged and participating member of his or her family, classroom, and community. The research on inclusion has evolved, and several effective components of preschool inclusion have

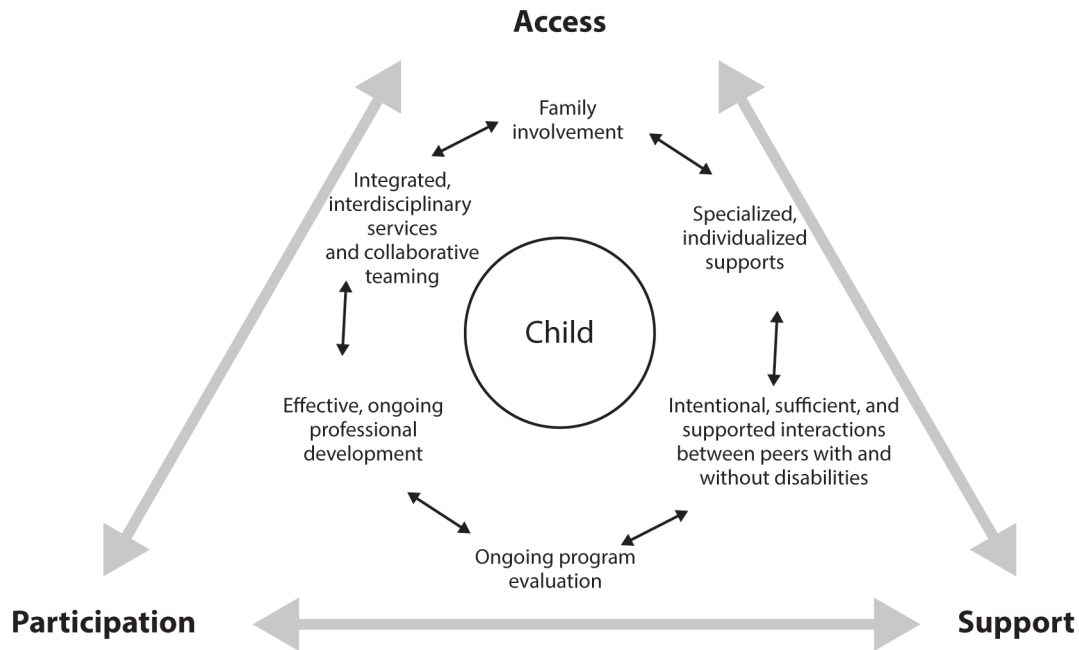


Figure 1.2. Preschool inclusion framework.

emerged. Figure 1.3 provides a summary of the research supporting preschool inclusion and some guidelines for using the research to get started implementing preschool inclusion (Strain, 2014).

Effective, empirically supported components of inclusion that have been identified in the research include: 1) intentional, sufficient, and supported interactions between peers with and without disabilities; 2) specialized, individualized supports; 3) family involvement; 4) inclusive, interdisciplinary services and collaborative teaming; 5) a focus on critical sociological outcomes; 6) effective, ongoing PD; and 7) ongoing program evaluation (Odom et al., 2011; NECTAC, 2010; Salisbury, 1990). The inclusion self-checklist provided in Form 1.1 can be used to determine where your program is in regard to the implementation of the effective components of inclusion.

The components included in the Inclusion Self Checklist are described in subsequent sections.

Intentional, Sufficient, and Supported Interactions Between Peers with and without Disabilities

Most children learn through interactions with nurturing, responsive adults and peers as well as in quality child care or preschool classrooms. A foremost developmental task of preschoolers is to become an accepted member of a peer group. Children develop relationships over time through a history of interactions with each other. However, some children with disabilities will need more intentional, systematic instruction to learn appropriate social skills. Children with disabilities should have multiple and varied opportunities to interact with typically developing peers, and vice versa. Most young children are quite reciprocal with each other

Handout

Inclusion for Preschool Children with Disabilities: What We Know and What We Should Be Doing

Phillip S. Strain, Ph.D., University of Colorado Denver, 2014

The movement toward inclusion of preschool age children with disabilities originally gained national attention with the passage of Public Law 99-457, the IDEA amendments of 1986. It addressed the inclusion of preschoolers by extending the provisions of the least restrictive environment (LRE) to children with disabilities ages three through five years. The developmental importance of inclusive services for young children with disabilities is clear. Over the last 30 years, the evidence regarding inclusive service delivery for young children with disabilities has accumulated rapidly. Based on scientific evidence, here is what we know:

What We Know

- No study that has assessed social outcomes for children in inclusive versus developmentally segregated settings has found segregated settings to be superior. This is important because one of the things that parents of young children with disabilities most desire for their youngsters is to develop friendships with their same-age, typically developing peers. And if we ask the question, "What developmental outcomes are most likely to lead to successful post-school adjustment?", social skills is always the answer.
- The positive social outcomes attributable to inclusive settings, however, have been seen only when social interaction is frequent, planned, and carefully promoted by teachers.
- Typically developing children have shown only positive developmental, educational and attitudinal outcomes from inclusive experiences.
- There is no evidence that children with particular types or severity of disabilities are poor candidates for inclusion.
- On measures of how well children maintain skills after some initial teaching, segregated settings have been shown to have a poor outcome (i.e. children tend not to use newly-learned skills in segregated settings whereas they are much more likely to use these same skills in inclusive settings).

- Programs that are characterized by inclusive service delivery tend to be state-of-the-art on a variety of other dimensions, including extensive parental involvement; highly-structured scope, sequence, and method of instruction; and attention to repeated outcome assessments.

What We Should Be Doing

How might we translate our empirical findings into an ongoing service delivery model? The results speak to the following programmatic issues: a) child referral to inclusive setting; b) continuum of service; c) personnel training; d) class organization and structure; and e) administrative practices.

Child Referral. *Though there is little scientific evidence available, what exists does not support the notion that less involved children should be preferred for inclusive services while potentially excluding more involved youngsters. When formulating policy and procedures, we must discount this popular belief and recognize that no available data exists upon which to exclude children with severe disabilities from inclusive placements. Further, programs have shown that children with severe disabilities such as autism can be successfully included. Based on the evidence to date, we should screen children away from maximally inclusive options only after these high quality, inclusive options have been tried with fidelity and with supports to the personnel and have failed.*

Continuum of Services. *Policy makers and those who design services are faced with the dilemma that it is possible for practitioners to satisfy the bureaucratic and legal requirements and yet not help, or worse, do potential harm, to the clients.*

The IDEA LRE requirements have evolved into a working definition that describes a continuum of service. This continuum allows requirements to be satisfied by instituting any of a number of options. Yet, scientific evidence shows that inclusive services produce the desired outcomes *only* when young children with disabilities are included at least several days per week into the social and instructional environment with typical peers. Any continuum of permissible services

Figure 1.3. The current state of preschool inclusion. (<http://www.pyramidplus.org/sites/default/files/images/STRAIN%20PrYC%20what%20we%20know%20%28%29.pdf>; Strain, 2014)

(continued)

Figure 1.3. (continued)

that ranges, for example, from a segregated class in a segregated building, through a segregated class in regular building, to a regular class in a regular building, is too broad to be effective and may deny children the opportunity for benefit.

Personnel Training. *A much greater emphasis on the preparation of teachers and other personnel is needed if inclusive service delivery is to fulfill its potential. Attempting any innovation like this with less than the best-prepared staff will likely yield poor services, poor outcomes, and ultimately less inclusion for children with disabilities. Successful teachers and other personnel in inclusive settings must, at a minimum, know how to do the following:*

- Assess the current educational and social needs of all children and plan instruction accordingly.
- Meet the individual goals of all children within a group-teaching format.
- Plan and arrange for daily interactions between children.
- Utilize class peers as instructional agents.
- Frequently monitor child outcomes and use this information to modify instructional procedures, if necessary.
- Communicate effectively with parents and enlist help when needed.
- Plan for child and family transition to the next educational setting.

Classroom Organization and Structure. *As noted, those programs that have been characterized by high quality inclusion and excellent child outcomes have also been state-of-the-art on a variety of other dimensions. To fully realize the potential of inclusive service delivery, programs for young children with disabilities should include:*

- Provisions for early screening, referral, and programming to insure a minimal time delay between problem development and intervention.

- Provisions for the assessment of family strengths and skill needs, and support that is planned accordingly.
- Provisions for repeated curriculum-based assessments and instruction that relates directly to the assessments.
- Provisions for overall program evaluations that include the opinions of consumers (e.g. parents, teachers, administrators).

Policy and Procedures. *To institutionalize quality service delivery, educational practices—not merely personnel—must be certified. We can do this by developing new program standards and using them for scrupulous monitoring, providing technical assistance and training for deficient programs and personnel, and de-certifying programs and personnel that are chronically deficient.*

Administrative Practices. *Any educational innovation, will have little hope for long-term success without the support and vigilance of competent administrators. The administrative practices needed to insure high quality preschool inclusive services include:*

- Eliminating, where necessary, state and local policies and procedures that promote separation rather than integration of all children.
- Providing personnel, time, and fiscal resources needed for necessary training and coaching for all personnel.
- Expanding options for service delivery and staff arrangements to include, for example, team teaching and consulting models.
- Providing professional leadership by encouraging innovative options for including young children with disabilities, and providing specific incentives for other administrators, leaders, and staff to promote high quality inclusive service delivery.

(Guralnick, 2001; Strain, Schwartz, & Bovey, 2007). Children with disabilities in inclusive classrooms who have opportunities to interact with typically developing peers demonstrate higher levels of social competence and better communication skills (Guralnick, Neville, Hammond, & Connor, 2007a). For example, Justice and colleagues (2014) found that children with low language skills in classrooms with more competent peers had better language skills at the end of the school year than children whose classmates had lower skills. This and previous research suggests that children's growth is positively impacted by having more competent peers (Henry & Rickman, 2007; Justice et al., 2014; Mashburn, Justice, Downer, & Pianta, 2009). However, even in inclusive classrooms, children with disabilities demonstrate fewer positive social interactions and are less likely to be included in classroom activities and games than children with typical development (Brown, Odom, Li, & Zercher, 1999; Diamond & Hong, 2010). Their limited social interaction skills might prevent them from having positive interactions with peers and eventually lead to social isolation or rejection. Peer social interactions should be supported to the extent that they occur at sufficient rates to promote the development of friendships. Furthermore, peers provide positive, competent models that allow children with disabilities to learn new skills through imitation.

Preschool Inclusion Self-Checklist

In addition to the three defining features of inclusion (access, participation, and supports) outlined in the Division for Early Childhood/National Association for the Education of Young Children joint position statement on inclusion, research has identified several effective components of quality inclusion. This self-assessment uses these empirically supported qualities of effective preschool inclusive programs. The preschool inclusion team can use this tool to track changes over time. Use a new column for each date of administration, and score how you think your program is doing in terms of its consistent, quality implementation of the inclusion component. If your program is just starting to implement preschool inclusion, expect low scores—that is okay! By completing this evaluation, you are on the road to improvement. Your scores should help you identify your specific strengths and needs, which can be used to plan your next steps. By completing this self-assessment regularly, you will be able to track your program's progress and make necessary adjustments to your plan. Good luck, and remember to enjoy the exciting and rewarding adventure you are about to embark on!

Use this key to score your program:

1	2	3
Not Implemented	Sometimes/ Occasionally Implemented	Fully/Consistently Implemented

Item		Date	Date	Date	Date
		Scores			
Interactions	1. Teachers/staff provide intentional, sufficient, and supported interactions between peers with and without disabilities.				
	2. There are a sufficient number of peer models.				
	3. Teachers/staff provide necessary supports to individual children.				
Specialized Supports	4. Teachers/staff make individual adaptations to all daily activities and routines when necessary for individual children.				
	5. Teachers/staff provide a sufficient number of embedded instructional trials to children to address the complete learning cycle (acquisition, fluency, generalization, and maintenance).				
Families	6. Teachers/staff provide intentional encouragement of family involvement, engagement, and participation in the assessment, intervention, and evaluation processes for children.				
Inclusive Services	7. Relevant individuals involved in each child's service delivery system (including families) are included as members of the child's collaborative team when developing and discussing goals and instructional plans.				
Sociological Outcomes	8. Each child's goals include those that relate to sociological outcomes such as the development of friendships, independent participation, and social acceptance.				
Professional Development	9. Teachers/staff receive administrative supports associated with high-quality implementation (i.e., technical assistance, policies to support evidence-based practice and data-based decision making, coaching, and other supports such as release time for professional development and collaboration).				
Program Evaluation	10. Staff use an evaluation process that measures the implementation fidelity of interventions to ensure that practitioners are using evidence-based practices.				
	11. Professional development systems are informed by program-evaluation data (that include input by consumers and staff).				

Specialized, Individualized Supports

Supports should be provided to children based on their individual needs. Supports should follow each child and be provided in his or her inclusive classroom. A common finding across the research on preschool inclusion is that placement alone is not sufficient to promote learning and development (e.g., McConnell, 2002;

Rogers, 2000). Successful placements for young children with disabilities require intentional, specialized instruction and individualized adaptations to daily routines and activities. These are necessary to ensure all children successfully participate and engage in the physical and social environment. In fact, intentional teaching has been described as an integral component of developmentally appropriate practice (DAP; Copple & Bredekamp, 2009). This means teachers plan for and embed a *sufficient number of instructional trials* across the day for those children who need additional instructional support. Teachers systematically and intentionally design the environment and plan what, how, and when to embed learning trials to ensure each child receives multiple, meaningful instructional opportunities.

The first step is to assess each child's functional needs within the context. For example, the team might consider if the child has the language or adaptive skills needed to participate in daily activities and

routines. Supports are then individualized to support the child's participation. A range of specialized instructional practices have been examined in inclusive settings and have been identified as EBPs (DEC, 2014; Sandall, Hemmeter, Smith, & McLean, 2005). These are discussed in more detail in Chapter 5.

Family Involvement

A family-centered approach is central to the general philosophy and framework of early intervention/early childhood special education (EI/ECSE) services (DEC, 2014; Sandall et al., 2005). Family plays a key role in the assessment, intervention, and evaluation of services for all young children, and a goal of early intervention is to enhance the family's capacity to promote their child's development. EC programs alone cannot effectively prepare children for school; children need the support of families and communities. To acquire this support, high-quality inclusive preschools intentionally encourage family involvement, engagement, and participation.

Inclusive, Interdisciplinary Services and Collaborative Teaming

The 31st annual report to Congress on the implementation of IDEA revealed increasing trends in percentages of students served under a variety of disability categories (e.g., developmental delay, autism; U.S. Department of Education, 2012). In 2011, 745,349 preschoolers with disabilities were served across 50 states and the



APPLICATION QUESTION

Considering the effective components of inclusion, reflect on the percentages of children currently included that were listed earlier in this chapter. What do these numbers tell you about *high-quality* preschool inclusion even for those children with disabilities who are spending more than 80% of their time in inclusive settings? Should the use of quality inclusive preschool practices be measured with these statistics? Discuss this question with your preschool inclusion team.

District of Columbia (Data Accountability Center, 2011). In 2011–2012, more children than ever were served in state EC programs. In 2012–2013, although the percentages of children served in these programs stayed the same, 28% of 4-year-olds and 4% of 3-year-olds, the actual number of children enrolled in these programs decreased (Barnett, Carolan, Squires, & Clarke Brown, 2013). Nine thousand fewer 4-year-olds attended state pre-K programs. In 2012–2013, 7% of 3-year-olds and 10% of 4-year-olds were enrolled in Head Start programs. Clearly, EC systems are diverse, fragmented, and complex (Hebbeler, Spiker, & Kahn, 2012).

Research demonstrates that interdisciplinary, coordinated service delivery systems are related to better outcomes for children and families (Harbin, McWilliam, & Gallagher, 2000). No single discipline can meet the needs of the increasingly diverse groups of children and their families (Bricker & Widerstrom, 1996). In addition, children and families reside in communities that vary tremendously in size, demographics, and economic resources. Children with disabilities might be receiving services and supports from multiple practitioners across disciplines. These services are often uncoordinated and have differing definitions, eligibility criteria, and funding requirements. Families of young children with disabilities,

particularly those with high needs, interact with many different services and systems (Harbin, Rous, & McLean, 2005). These supports are most effective when they are inclusive and coordinated to ensure the child is making adequate progress.

High-quality inclusive preschools establish a structure and process for collaborative teaming. In fact, Lieber and colleagues (1997) purported that effective collaborative teaming was a critical feature of successful, high-quality inclusive programs. Collaborative teaming requires support from administration, common inclusive philosophy, frequent opportunities for teams and families to meet, shared goals and instructional plans, and clearly identified roles and responsibilities (Hayden, Frederick, & Smith, 2003; Hunt, Soto, Maier, Liboiron, & Bae, 2004). Collaborative teaming can take many different forms, including coaching from an individual with specialized training (e.g., speech-language pathologist, occupational therapist) or coteaching models in which the EC teacher and EC special educator share classroom responsibilities (Odom et al., 2011).



Tip for Success!

Diverse EC systems and services in a community (e.g., school district, child care, Head Start) can establish a *shared* vision statement and action plan focused on high-quality inclusive services for all young children.

Focus on Critical Sociological Outcomes

Odom and colleagues (2011) call for a focus on both developmental skills and sociological outcomes such as social acceptance, participation, and friendships. This focus on “sociological outcomes” aligns with the DEC/NAEYC position statement. High-quality preschool inclusion should result in all children forming positive, meaningful social relationships, independently participating in their classrooms and communities, and having a sense of belonging. Thus, preschool inclusion is more than a placement decision. High-quality preschool inclusion also focuses on the strategies used by the adults in that placement to ensure acceptance, participation, and friendships. Such effective strategies include teaching all children the social skills that help to promote relationships, participation, and belonging. In recognition of the importance of social skills, OSEP identified three outcomes in

which states must show progress, and one of the three is positive social emotional skills (including social relationships). For more information on the three outcomes and the measurement systems, go to the web site of the Early Childhood Technical Assistance (ECTA) Center: <http://ectacenter.org/eco/pages/faqs.asp>. The social skills outcome is defined as “positive social-emotional skills (including social relationships).” ECTA (<http://www.ectacenter.org>) describes this outcome as follows:

Positive social-emotional skills refer to how children get along with others, how they relate with adults and with other children. The outcome includes the ways the child expresses emotions and feelings and how he or she interacts with and plays with other children. For toddlers and preschoolers, these skills also include how children follow rules related to interacting with others in group situations such as in a child care center.

Effective, Ongoing Administrative Supports

IDEA calls for scientifically based research to be used to guide practices. It is known that use of such practices increases the probability of positive outcomes for children (Buysse & Wesley, 2006). Furthermore, the increased emphasis on EBPs (e.g., Dunst & Trivette, 2009; Odom, 2009b; Wong et al., 2014) should compel school district personnel to use the best available research in combination with professional expertise. Yet there is a documented disconnect between the evidence base and practices used in EC programs (McLean, Snyder, Smith, & Sandall, 2002; Odom, 2009b). Odom (2009b) and Fixsen and Blase (2009) report that EBPs are more likely to be used when administrative systems include the following: 1) technical assistance to help state and local administrators, service systems, and practitioners learn EBPs and implementation methods that help with their adoption; 2) policies to support the use of EBPs and effective implementation practices; 3) infrastructure, including data-based decision making; and 4) ongoing professional development (PD) including coaching. High-quality preschool inclusion will hinge on identifying effective, individualized supports and adequate administrative support needed to implement these practices with fidelity, sustainability, and scalability (Fixsen, Blase, Duda, Naoom, & Van Dyke, 2010a; Snyder, Hemmeter, & McLaughlin, 2011). EC providers have a variety of backgrounds, education levels, and experiences. Designing effective administrative support and PD systems to meet the diverse needs of the EC work force is a growing challenge. Typical in-service events (e.g., one-day workshops) are insufficient to support sustained growth and implementation of EBPs for the majority of EC providers (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005; Joyce & Showers, 2002). Administrative systems should include meaningful and ongoing PD, system-wide vision and leadership, recognition of staff who successfully implement inclusive practices, and foundational support (e.g., release time for PD and collaboration). Chapter 4 describes effective PD related to preschool inclusion in detail.

Ongoing Program Evaluation

High-quality inclusive programs include mechanisms for ongoing program evaluation that are sustainable, linked directly to the program philosophy, goals, and curricula, and encompass input from families and practitioners. Program evaluation might result in minor adjustments for an individual child or major program changes. Chapter 6 provides multiple tools that can be used as part of program evaluation. In addition, program evaluation should include measures of intervention

and implementation fidelity to ensure that practitioners are implementing EBP as intended and PD systems are implemented with fidelity. All adaptations to interventions, curricula, or PD systems must be informed by program data and continually monitored to ensure all children and families are successful and meeting their goals.

The following case study is woven throughout this toolbox to illustrate the use of the tools to support high-quality preschool inclusion. In this excerpt, the Maceo family and their son Raphael are introduced.

Case Study: The Maceo Family

The Maceo family currently has a third grader, Paul, enrolled in their neighborhood elementary school. They are requesting that their younger child, Raphael, who is eligible for special education services, be enrolled in the preschool program in Paul's elementary school. Raphael has been receiving early intervention services in the Maceos' home since he was 18 months old, and he was diagnosed with autism at 30 months. He uses gestures and some words to communicate and demonstrates few spontaneous social interactions. The preschool inclusion team at the school reviewed the research on inclusion to identify if there was empirical support for including children such as Raphael in general EC settings.

Does research support preschool inclusion? What research would you bring to the team?

Then they completed the Inclusion Self-Checklist found in this section. To accurately complete the checklist, the team engaged in a number of information-gathering activities (e.g., classroom observations, informal interviews with teachers and school staff, talking with families). Following checklist completion, the team considered the scores obtained for each inclusion component of the checklist and for their overall implementation of preschool inclusion. These are important first steps in moving toward high-quality preschool inclusion. *What did your preschool inclusion team find?*

PROPOSED NEXT STEPS

- Evaluate your program according to the components of high-quality inclusive programs using the Inclusion Self-Checklist (Form 1.1) provided in this chapter. Keep in mind that this is an initial assessment of general components that can be used to monitor your progress over time. More specific assessment and evaluation tools are provided in subsequent chapters. Remember, change will not happen overnight! It is okay to have a low score when starting. Completing this evaluation means you are on the road to quality inclusion!
- Do some preschool inclusion marketing. Get the word out to stakeholders about high-quality preschool inclusion (including families and community programs).
- Determine your program's strengths and weaknesses, and start thinking about a plan of action for implementing or improving practices associated with high-quality preschool inclusion.
- Use your strengths (i.e., strong points of leverage) when planning and implementing next steps for achieving preschool inclusion (e.g., policies and procedures, PD opportunities, administrative practices).

CONCLUSION

After examining the research on inclusion, the IDEA provisions, the DEC/NAEYC position statement, and our framework for preschool inclusion, your views about preschool inclusion might have changed. Data establishes that not much has changed in regard to the numbers of preschool children included with their peers, despite the plethora of academic, legal, and professional support for inclusion. The following chapters will provide the tools your team needs to get started on the important and exciting path to high-quality preschool inclusion for all children.

REFLECTION QUESTIONS

1. What percentage of U.S. preschoolers with disabilities spends 80% or more of their time in regular EC programs?
2. What are the three defining features of inclusion per the DEC/NAEYC position statement on inclusion?
3. What are the effective components of inclusion?
4. How well does your program implement preschool inclusion? What is the current percentage of children receiving their special education and related services in regular EC programs?
5. What empirical research exists to support preschool inclusion?
6. How will you share information regarding high-quality preschool inclusion, such as the fact sheets in this book, with others?
7. Whom will you inform about your increasing understanding of the state of preschool inclusion in your program?
8. What actions do you need to take after considering the effective components of high-quality preschool inclusion?