

APPENDIX D

INCLUSION RESOURCES

Early Childhood Inclusion

A Joint Position Statement of the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC)

Today an ever-increasing number of infants and young children with and without disabilities play, develop, and learn together in a variety of places – homes, early childhood programs, neighborhoods, and other community-based settings. The notion that young children with disabilities¹ and their families are full members of the community reflects societal values about promoting opportunities for development and learning, and a sense of belonging for every child. It also reflects a reaction against previous educational practices of separating and isolating children with disabilities. Over time, in combination with certain regulations and protections under the law, these values and societal views regarding children birth to 8 with disabilities and their families have come to be known as early childhood inclusion.² The most far-reaching effect of federal legislation on inclusion enacted over the past three decades has been to fundamentally change the way in which early childhood services ideally can be organized and delivered.³ However, because inclusion takes many different forms and implementation is influenced by a

wide variety of factors, questions persist about the precise meaning of inclusion and its implications for policy, practice, and potential outcomes for children and families.

The lack of a shared national definition has contributed to misunderstandings about inclusion. DEC and NAEYC recognize that having a common understanding of what inclusion means is fundamentally important for determining what types of practices and supports are necessary to achieve high quality inclusion. This DEC/NAEYC joint position statement offers a definition of early childhood inclusion. The definition was designed not as a litmus test for determining whether a program can be considered inclusive, but rather, as a blueprint for identifying the key components of high quality inclusive programs. In addition, this document offers recommendations for how the position statement should be used by families, practitioners, administrators, policy makers, and others to improve early childhood services.



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Definition of Early Childhood Inclusion

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.

What is meant by Access, Participation, and Supports?

Access. Providing access to a wide range of learning opportunities, activities, settings, and environments is a defining feature of high quality early childhood inclusion. Inclusion can take many different forms and can occur in various organizational and community contexts, such as homes, Head Start, child care, faith-based programs, recreational programs, preschool, public and private pre-kindergarten through early elementary education, and blended early childhood education/early childhood special education programs. In many cases, simple modifications can facilitate access for individual children. Universal design is a concept that can be used to support access to environments in many different types of settings through the removal of physical and structural barriers. Universal Design for Learning (UDL) reflects practices that provide multiple and varied formats for instruction and learning. UDL principles and practices help to ensure that *every* young child has access to learning environments, to typical home or educational routines and activities, and to the general education curriculum. Technology can enable children with a range of functional abilities to participate in activities and experiences in inclusive settings.

Participation. Even if environments and programs are designed to facilitate access, some children will need additional individualized accommodations and supports to participate fully in play and learning activities with peers and adults. Adults promote belonging, participation, and engagement of children with and without disabilities in inclusive settings in a variety of intentional ways. Tiered models in early childhood hold promise for helping adults organize assessments and interventions by level of intensity. Depending on the individual needs and priorities of young children and families, implementing inclusion involves a range of approaches—from embedded, routines-based teaching to more explicit interventions—to scaffold learning and participation for all children. Social-emotional development and behaviors that facilitate participation are critical goals of high quality early childhood inclusion, along with learning and development in all other domains.

Supports. In addition to provisions addressing access and participation, an infrastructure of systems-level supports must be in place to undergird the efforts of individuals and organizations providing inclusive services to children and families. For example, family members, practitioners, specialists, and administrators should have access to ongoing professional development and support to acquire the knowledge, skills, and dispositions required to implement effective inclusive practices. Because collaboration among key stakeholders (e.g., families, practitioners, specialists, and administrators) is a cornerstone for implementing high quality early childhood inclusion, resources and program policies are needed to promote multiple opportunities for communication and collaboration among these groups. Specialized services and therapies must be implemented in a coordinated fashion and integrated with general early care and education services. Blended early childhood education/early childhood special education programs offer one example of how this might be achieved.⁴ Funding policies should promote the

pooling of resources and the use of incentives to increase access to high quality inclusive opportunities. Quality frameworks (e.g., program quality standards, early learning standards and guidelines, and professional competencies and standards) should reflect and guide inclusive practices to ensure that all early childhood practitioners and programs are prepared to address the needs and priorities of infants and young children with disabilities and their families.

Recommendations for Using this Position Statement to Improve Early Childhood Services

Reaching consensus on the meaning of early childhood inclusion is a necessary first step in articulating the field's collective wisdom and values on this critically important issue. In addition, an agreed-upon definition of inclusion should be used to create high expectations for infants and young children with disabilities and to shape educational policies and practices that support high quality inclusion in a wide range of early childhood programs and settings. Recommendations for using this position statement to accomplish these goals include:

- 1. Create high expectations for every child to reach his or her full potential.** A definition of early childhood inclusion should help create high expectations for every child, regardless of ability, to reach his or her full potential. Shared expectations can, in turn, lead to the selection of appropriate goals and support the efforts of families, practitioners, individuals, and organizations to advocate for high quality inclusion.
- 2. Develop a program philosophy on inclusion.** An agreed-upon definition of inclusion should be used by a wide variety of early childhood programs to develop their own philosophy on inclusion. Programs need a philosophy on inclusion as a part of their broader program mission statement to ensure that

practitioners and staff operate under a similar set of assumptions, values, and beliefs about the most effective ways to support infants and young children with disabilities and their families. A program philosophy on inclusion should be used to shape practices aimed at ensuring that infants and young children with disabilities and their families are full members of the early childhood community and that children have multiple opportunities to learn, develop, and form positive relationships.

- 3. Establish a system of services and supports.** Shared understandings about the meaning of inclusion should be the starting point for creating a system of services and supports for children with disabilities and their families. Such a system must reflect a continuum of services and supports that respond to the needs and characteristics of children with varying types of disabilities and levels of severity, including children who are at risk for disabilities. However, the designers of these systems should not lose sight of inclusion as a driving principle and the foundation for the range of services and supports they provide to young children and families. Throughout the service and support system, the goal should be to ensure access, participation, and the infrastructure of supports needed to achieve the desired results related to inclusion. Ideally, the principle of natural proportions should guide the design of inclusive early childhood programs. The principle of natural proportions means the inclusion of children with disabilities in proportion to their presence in the general population. A system of supports and services should include incentives for inclusion, such as child care subsidies, and adjustments to staff-child ratios to ensure that program staff can adequately address the needs of every child.

4. **Revise program and professional standards.** A definition of inclusion could be used as the basis for revising program and professional standards to incorporate high quality inclusive practices. Because existing early childhood program standards primarily reflect the needs of the general population of young children, improving the overall quality of an early childhood classroom is necessary, but might not be sufficient, to address the individual needs of every child. A shared definition of inclusion could be used as the foundation for identifying dimensions of high quality inclusive programs and the professional standards and competencies of practitioners who work in these settings.

5. **Achieve an integrated professional development system.** An agreed-upon definition of inclusion should be used by states to promote an integrated system of high quality professional development to support the inclusion of young children with and without disabilities and their families. The development of such a system would require strategic planning and commitment on the part of families and other key stakeholders across various early childhood sectors (e.g., higher education, child care, Head Start, public pre-kindergarten, pre-school, early intervention, health care, mental health). Shared assumptions about the meaning of inclusion are critical for determining

who would benefit from professional development, what practitioners need to know and be able to do, and how learning opportunities are organized and facilitated as part of an integrated professional development system.

6. **Influence federal and state accountability systems.** Consensus on the meaning of inclusion could influence federal and state accountability standards related to increasing the number of children with disabilities enrolled in inclusive programs. Currently, states are required to report annually to the U.S. Department of Education the number of children with disabilities who are participating in inclusive early childhood programs. But the emphasis on the prevalence of children who receive inclusive services ignores the quality and the anticipated outcomes of the services that children experience. Furthermore, the emphasis on prevalence data raises questions about which types of programs and experiences can be considered inclusive in terms of the intensity of inclusion and the proportion of children with and without disabilities within these settings and activities. A shared definition of inclusion could be used to revise accountability systems to address both the need to increase the number of children with disabilities who receive inclusive services and the goal of improving the quality and outcomes associated with inclusion.

Endnotes

- 1 Phrases such as “children with special needs” and “children with exceptionalities” are sometimes used in place of “children with disabilities.”
- 2 The term “inclusion” can be used in a broader context relative to opportunities and access for children from culturally and linguistically diverse groups, a critically important topic in early childhood requiring further discussion and inquiry. It is now widely acknowledged, for example, that culture has a profound influence on early development and learning, and that early care and education practices must reflect this influence. Although this position statement is more narrowly focused on inclusion as it relates to disability, it is understood that children with disabilities and their families vary widely with respect to their racial/ethnic, cultural, economic, and linguistic backgrounds.
- 3 In accordance with the Individuals with Disabilities Education Act (IDEA), children ages 3-21 are entitled to a free, appropriate public education (FAPE) in the least restrictive environment (LRE). LRE requires that, to the extent possible, children with disabilities should have access to the general education curriculum, along with learning activities and settings that are available to their peers without disabilities. Corresponding federal legislation applied to infants and toddlers (children birth to 3) and their families specifies that early intervention services and supports must be provided in “natural environments,” generally interpreted to mean a broad range of contexts and activities that generally occur for typically developing infants and toddlers in homes and communities. Although this document focuses on the broader meaning and implications of early childhood inclusion for children birth to eight, it is recognized that the basic ideas and values reflected in the term “inclusion” are congruent with those reflected in the term “natural environments.” Furthermore, it is acknowledged that fundamental concepts related to both inclusion and natural environments extend well beyond the early childhood period to include older elementary school students and beyond.
- 4 Blended programs integrate key components (e.g., funding, eligibility criteria, curricula) of two or more different types of early childhood programs (e.g., the federally funded program for preschoolers with disabilities [Part B-619] in combination with Head Start, public pre-k, and/or child care) with the goal of serving a broader group of children and families within a single program.

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http://community.fpg.unc.edu/resources/articles/Early_Childhood_Inclusion

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Questions & Answers about the Americans with Disabilities Act: A Quick Reference for Child Care Providers Updated February 2009

1. What is the ADA?

The Americans with Disabilities Act (ADA) is a federal civil rights law which was passed in 1990. Among other things, the ADA prohibits discrimination by child care centers and family child care providers against individuals with disabilities.¹

The ADA Amendments Act of 2008, which took effect January 1, 2009, strengthens protections for people with disabilities.² It reinforces the focus of the ADA on whether covered entities complied with the statute and not on simply whether a person has a disability.

States may provide greater protection for people with disabilities than what is guaranteed by the ADA.³ In California, the Unruh Civil Rights Act prohibits all business establishments, including child care providers, from discriminating on the basis of disability.⁴

2. Who is protected by the ADA?

Three groups of people receive protection under the ADA. They are:

- People with a **physical or mental impairment** which **substantially limits** one or more **major life activities**;
- People with a **history of** a physical or mental impairment which substantially limits one or more major life activities;
- People who are **regarded as** having a physical or mental impairment which substantially limits one or more major life activities.⁵

3. What constitutes a physical or mental impairment?

The term is defined in the Federal Code of Regulations and includes many conditions and diseases. Physical impairment includes:

- Physiological disorders or conditions;
- Cosmetic disfigurement; OR
- Anatomical loss affecting one or more bodily systems.

Mental impairment includes:

- Any mental or psychological disorder such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

The Federal Code of Regulations also contains a long list of contagious and noncontagious diseases and conditions including orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, specific learning disabilities, HIV disease (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism.⁶ Note, that an impairment that is “episodic or in remission is a disability if it would substantially limit a major life activity when active.”⁷

In the past, the mitigating effects of medications, equipment and other auxiliary aids were factored into the determination of whether or not someone qualified as having a disability. The ADA Amendments Act of 2008 changes that. With the exception of ordinary eyeglasses or contact lenses, efforts made by a person to lessen the severity of their disability should not be taken into account when determining whether a person has a disability.⁸ In other words, in determining whether someone is protected by the ADA, what matters is whether a person has a physical or mental impairment and not what that person does to mitigate the effects of that disability.

4. What is a major life activity?

The definition of a major life activity was clarified by the ADA Amendments Act of 2008. It includes, but is not limited to “caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working” as well as major bodily functions.⁹

5. Do child care providers have to comply with the ADA?

Yes. The ADA applies to all places of public accommodation under Title III.¹⁰ In most cases, child care providers are places of public accommodation. However, religious entities are exempt from the ADA.¹¹ Tribal governments and entities are covered by the ADA, but there are differences in how the law applies to tribes.¹² For a more detailed discussion of tribes and the ADA, see Endnote 10.

6. What is a public accommodation?

The ADA provides a list of specific places that are considered public accommodations including “a nursery, elementary, secondary, undergraduate, or postgraduate private school, or other place of education” and “day care center(s).” These private entities are considered places of public accommodation because they hold themselves out to the public as a business.¹³ A child care provider, whether operating out of a center or a family child care home, is a place of public accommodation.

7. My program operates as license-exempt. Am I still required to comply with the requirements of the ADA?

Yes. State law determines what programs are required to be licensed and what programs can operate as license-exempt. The ADA is a federal law and is not affected by state

licensing law. Therefore, license-exempt programs are required to comply with the ADA if they are places of public accommodations.

8. My program is run by a religious entity. Do I still have to comply with the ADA?

No. Title III of the ADA contains an exemption for religious organizations or entities controlled by religious organizations.¹⁴ Merely operating in a religious building does not meet the ADA exemption.

It is also important to note that California has a law, the Unruh Civil Rights Act, which is more expansive than the ADA and covers all business establishments. The Unruh Act contains no exemption for religious entities. A child care center or family child care home that is run as a business establishment would be required to follow the Unruh Act, which requires the same individualized assessment and reasonable accommodations for people with disabilities.

9. What does the ADA require of providers?

The ADA prohibits providers from discriminating against persons simply because they have disabilities. Instead, providers have to make a case-by-case assessment of what the person with the disability requires to be fully integrated into the program. Once they know what is needed, they must assess whether reasonable accommodations can be made.¹⁵ A provider does not have to make a reasonable accommodation if a person qualifies as a person with a disability under the “regarded as” standard described in Question 2 above.¹⁶

10. What types of accommodations does the ADA require?

The ADA sets out four primary types of accommodations:

- Admissions policies that screen out or tend to screen out persons with disabilities;¹⁷
- Changes in policies, practices, or procedures;¹⁸
- Provision of auxiliary aids and services to ensure effective communication;¹⁹ and
- Removal of physical barriers in existing program facilities.²⁰

11. How does a program determine reasonableness?

In practical terms, what is reasonable will vary. Generally, the three most important variables are (1) the needs of a person with a disability, (2) the accommodations requested, and (3) the resources available to the program. Because family child care homes generally have fewer resources and a smaller staff than centers, they may be required to do less. The accommodations, however, must be based on individualized assessments of the child’s needs and the program’s ability to make the necessary modifications.

The ADA requires child care programs to make accommodations in the areas described in Question 10 unless:

- In cases of changes in policies, practices or procedures, the accommodation would **fundamentally alter the nature of the program or services offered;**²¹

- In the case of auxiliary aids and services, the accommodation **would fundamentally alter the nature of the program or pose an undue burden** (i.e., pose a significant difficulty or expense),²²
- In the case of the removal of physical barriers, the accommodation is **not readily achievable**. The ADA allows programs to provide services to individuals with disabilities through alternative methods if physical barriers are not removed.²³

Child care providers should begin the process of identifying reasonable accommodations by talking with the parent(s) or legal guardian about the child's needs and the accommodations sought. If the child has an individualized family services plan (IFSP) or an individualized education plan (IEP) to meet his or her educational needs as required under the Individuals with Disabilities Education Act, the provider can also use that as a guide for determining reasonable accommodations, although these are only one tool and not the definitive answer to what is reasonable. An IEP can provide information about what services and accommodations a school is providing to help the child attain his or her educational goals. Both the parents and the provider should aim to reach an informal resolution whenever possible. If informal resolution is not possible, a court would ultimately decide what is reasonable.

12. Who within a particular program determines what is reasonable?

It depends on the particular program. In a private child care program, the center director or family child care provider would most likely make this determination. For a program that is run in conjunction with a school or on a school site, the answer is more complicated. A private program that is simply renting space from a school will likely have the autonomy to determine what are reasonable admissions policies, program modifications and auxiliary aids and services, but will have to consult with the school or school district about facility modifications. If the program is run by the school, then the person in charge of that school (usually a principal or superintendent) would make the reasonableness determination for the program.

It is important to note, however, that a parent or guardian can always disagree with a program's assessment of what is reasonable. Ultimately, a court of law would make a final determination about what is reasonable in a particular situation.

13. What do I do when another parent makes inquiries about a child with disabilities?

Information about a child's disability is confidential and should not be shared with others unless you have consent from the parents of the child with the disability. If you have a respectful relationship with the parents, you may be able to have a conversation with them about how they would like to see you handle inquiries about their child's disability from the parents and the children. Some parents will prefer that information about their child's disability continue to be kept confidential while others may welcome the opportunity to share with other families the nature of their child's disability. If a family chooses to share information about their child and his or her disability, it can provide valuable learning opportunities for all the children in the program.

Once again, one of the best ways to respond to other families is outside of the context of a particular child by providing general information about what quality care is all about. High quality programs will provide opportunities for parent education, which should include discussions of the benefits to all children of inclusive child care.

14. Are there a certain number of children I may care for if I care for a child with special needs?

There is no particular number of children you may care for when you care for children with special needs, as each child with special needs is different, and there are no required staffing ratios. The provider must evaluate his/her own program, keeping in mind the special needs of each child before determining how many children with special needs the program can accommodate.

Federal law, however, requires Head Start providers, to ensure that, at a minimum, at least 10% of the children served are children with disabilities.

15. Can I charge more for a child with special needs because they require more individualized attention? If I cannot, how will I survive financially?

Programs may not charge the parents of children with disabilities more for providing reasonable accommodations. Programs are free to raise their fees to all families, use tax credits or deductions available from the IRS if they are for-profit programs which pay taxes, or seek resources from outside their programs.

When an accommodation is above and beyond a reasonable accommodation, an additional fee may be imposed but a legal consultation should be made beforehand with someone knowledgeable about the ADA's requirements to both ensure that the accommodation is in fact "above and beyond" a reasonable accommodation as well as to ensure that there is sufficient documentation of agreement on this point.

Programs may charge parents for the cost of providing additional, non-child care services, such as physical therapy, occupational therapy and the like (if they are not already paid for by IDEA Part C funds or the local school district). Keep in mind that in many instances, the reasonable accommodations which are necessary are not very costly, and in some cases, such as improving staffing ratios, could benefit all the children in care. Please see our Publication, entitled "Questions and Answers about the IDEA & Child Care in California" for more information on how to apply for special education services for your child.

16. When I care for a child with special needs who receives a subsidy, may I receive any additional money?

Yes, there are special needs rates and additional funding that may be obtained when caring for "children with exceptional needs" and "severely disabled children." These terms are defined in the Education Code. To qualify as a child with exceptional needs, a child must be eligible for early intervention services or for educational services.²⁴ A "severely disabled child" is a child "who require[s] intensive instruction and training in [a] program serving

pupils with an enumerated profound disability.²⁵ However, the additional money cannot be charged to the parents, but must be billed to the funding entity. The adjustment rate for children with exceptional needs is 1.2 times the standard reimbursement rate and 1.5 times for severely disabled children.²⁶

17. I understand that programs may not discriminate, but in addition I want to be clear that my program welcomes children with disabilities. How do I say that in my brochure?

Your materials may include language that states that your “program is fully accessible” or that your teachers “have experience in caring for children with disabilities.” This goes beyond what is required by law, but is helpful to make your facility visible as one that promotes inclusion.

18. How can I care for children with disabilities if I am not trained or if I work on my own?

Many of the accommodations children need are not complicated and can be easily learned. If you work on your own, necessary accommodations can often be made without additional staffing. In other instances, where training is helpful or necessary, it may be available from the parent, early intervention or special education specialists, health professionals, disability organizations, local resource and referral agencies, or community colleges. An important first step is to identify community resources that can assist with inclusion.

19. May I automatically decline to serve a child with disabilities and simply refer them on to another provider who I think is better able to serve them?

No. A parent may prefer your care and if it is possible for you to make the reasonable accommodations necessary to serve that child he or she may not be turned away and referred to another program. If a program can document that it undertook an individualized assessment of the situation and found that accommodating the child would not be reasonable, the program may then offer suggestions for other potential care.

20. Shouldn't providers get to choose who they enroll since it is their business?

By deciding to become professional caregivers, providers become responsible for complying with many types of laws—tax laws, licensing laws—as well as civil rights laws, which in the case of ADA and the Unruh Civil Rights Law, protects people with disabilities from discrimination. It is worth remembering that any of us could become a person with a disability at any time, and we too may benefit from the protections of the ADA and the Unruh Civil Rights Act.

21. If a parent of a child with a disability has conflicts with the provider or the parent fails to comply with rules applied to all families, can the family be terminated from the program?

Yes, if it can be documented that the reasons for termination have to do with failure to comply with rules or standards that are uniformly applied to all families, not relevant to any potential required accommodations, and are not used as pretexts for discrimination. So for example, a recent case found that a mother's belligerence and total lack of cooperation, coupled with her failure to comply with rules imposed on everyone which had nothing to do with her child's disability, caused her ADA claim to fail.²⁷

22. Can I be sued by other parents for taking a child with disabilities?

While it is impossible to guarantee a provider will not be sued, it is extremely unlikely that a parent who sues because you are caring for a child with disabilities would be successful. The provider has an obligation to comply with the ADA and it is unlikely that a provider's lawful compliance would open them up to civil liability. It is, however, advisable for a high quality program to provide opportunities for parent education about the benefits for typically developing children and those with disabilities to be together in child care.

23. What can individuals do if they feel they have been discriminated against?

Individuals who feel they have been discriminated against may file a complaint with the Department of Justice in Washington, D.C. about a potential Americans with Disabilities Act violation. Written complaints should include the full name, address and telephone number of the person filing the complaint, the name of the person discriminated against, the name of the program which engaged in the discrimination, a description of the discrimination, the date or dates on which it occurred, the name(s) of those individuals discriminating, any other information that you believe is necessary to support your complaint, and copies of any relevant documents (originals should be kept in a safe place). This should be sent to:

U.S. Department of Justice
950 Pennsylvania Avenue, NW
Civil Rights Division
Disability Rights – NYAVE
Washington, DC 20530

There is no deadline for filing a complaint under the ADA but it is recommended that complaints be filed promptly once you decide to file. Typically, the older a case becomes, the more difficult it is to come up with reliable proof and witnesses. Additionally, there is an increased chance your case may be dismissed for failure to pursue it.

The Department of Justice (DOJ) will investigate your complaint. DOJ attempts to resolve most complaints through informal or formal settlement agreements, but is authorized to file lawsuits. If the Attorney General brings a lawsuit, she may seek monetary damages as well

as civil penalties (\$50,000 for the first violation; \$100,000 for any subsequent violation). More information is available at: <http://www.ada.gov/t3compfm.htm>.

Endnotes

These endnotes are legal citations for the information above. If you are having trouble understanding these citations, please speak with a reference librarian in your local law library. To look up the laws that apply to you, visit your local law library. Do not hesitate to look up the law and know your rights.

¹ Americans with Disabilities Act (ADA), 42 U.S.C. § 12101 et seq. (2009)

² Americans with Disabilities Amendments Act of 2008, 42 U.S.C. § 12101 et seq. (2009)

³ 28 Code of Federal Regulations § 12201(b).

⁴ California Civil Code § 51 (West 2006).

⁵ 42 U.S.C. § 12102(a)(1) (2009).

⁶ 28 CFR § 35.104(1)(i)(ii)(2008).

⁷ 42 U.S.C. § 12102(a)(4)(2009).

⁸ 42 U.S.C. § 12102(a)(4) (2009).

⁹ 42 U.S.C. § 12102(a)(2) (2009).

¹⁰ Title III of the ADA covers public accommodations, commercial facilities, and private entities that offer certain examinations and courses related to educational and occupational certification. “Places of public accommodation include over five million private establishments, such as restaurants, hotels, theaters, convention centers, retail stores, shopping centers, dry cleaners, laundromats, pharmacies, doctors' offices, hospitals, museums, libraries, parks, zoos, amusement parks, private schools, day care centers, health spas, and bowling alleys.” See U.S. Department of Justice, Civil Rights Division, Disability Rights Section, “Title III Highlights,” *available at*: <http://www.ada.gov/t3hilight.htm>.

¹¹ Note, however, if a religious entity is receiving any federal funds, it is prohibited from discriminating on the basis of disability under Section 504 of the Rehabilitation Act, as amended at 29 U.S.C. § 794.

¹² Tribes are not exempt from Title III of the ADA; however no private right of action can be brought against a tribal entity that violates the ADA. See *Florida Paralegic Association, Inc. v. Miccosukee Tribe of Indians of Florida*, 166 F.3d 1126 (1999). Only the Attorney General can bring such an action for violation of the ADA. Tribes are not amenable to private suit, because Congress did not unequivocally express intent to abrogate their tribal sovereign immunity. *Id.* Note, however, that tribes have been held to be exempt from Title I of the ADA, dealing with employment. See *Pena v. Miccosukee Service Plaza*, 2000 WL 1721806 (S.D. Fla.) (2000).

¹³ 42 U.S.C. § 12181(J) and (K)(2006).

¹⁴ 42 U.S.C. § 12187 (2005).

¹⁵ 42 U.S.C. § 12182 (2006); 28 C.F.R. § 35.130(b)(7) (2008).

¹⁶ 42 U.S.C. § 12201(1)(h) (2009).

¹⁷ 42 U.S.C. § 12182(b)(2)(A)(i) (2006); 28 C.F.R. § 36.302 (2006).

¹⁸ 42 U.S.C. § 12182(b)(2)(A)(ii) (2006); 28 C.F. R. § 36.302 (2006).

¹⁹ 42 U.S.C. § 12182(b)(2)(A)(iii) (2006); 28 C.F. R. § 36.303 (2006).

²⁰ 42 U.S.C. § 12182(b)(2)(A)(iv) (2006); 28 C.F. R. § 36.304 (2006).

²¹ 42 U.S.C. § 12182(b)(2)(A)(i)(ii) (2006); 28 C.F. R. § 36.30 (2006); 42 U.S.C. § 12134 (2006); 28 C.F.R. § 35.130(b)(7)(8)(2008)..

²² 42 U.S.C. § 12182(b)(2)(A)(iii) (2006); 42 U.S.C. § 12134 (2006); 28 C.F.R. § 35.130(f)(2008).. U.S. Dep’t of Justice, Title II Highlights (2002) available at <http://www.usdoj.gov/crt/ada/t2hlt95.htm>. U.S. Dep’t of Justice, Title III Highlights available at <http://www.ada.gov/t3hilight.htm>.

²³ 42 U.S.C. § 12182(b)(2)(A)(iv) (2006); U.S. Dep’t of Justice, Title III Highlights available at <http://www.ada.gov/t3hilight.htm>.

²⁴ Cal Educ. Code § 8208(l).

²⁵ Cal. Educ. Code § 8208(y). A profound disability includes “autism, blindness, deafness, severe orthopedic impairments, serious emotional disturbances, or severe mental retardation.”

²⁶ Cal. Educ. Code § 8265.5(b)(4)-(5).

²⁷ See *Beale v. Aardvark Day Care Center*, 2000 WL 33119418 (E.D. Pa.) (2000).

Helpful Web Sites on Inclusion Topics

State Resources

Partnerships for Inclusion (PFI) is a statewide technical assistance project with offices in the western, central, and eastern regions of North Carolina. PFI provides training and consultation to support the inclusion of young children with disabilities, ages birth through five, in all aspects of community life. <http://www.fpg.unc.edu/~pfi>

NC Early Intervention and Early Childhood Lending Libraries website, which houses two of North Carolina's libraries with materials related to Early Intervention and Early Childhood Education: The North Carolina Early Intervention-Early Childhood Library and The Exceptional Children's Assistance Center's Library. <http://www.ncei-eclibrary.org>

Family Support Network of North Carolina promotes and provides support for families with children who have special needs. Families are in a unique position to offer information and support to other families. An experienced family member can share the most practical advice and help a parent navigate the complex service system. Having support can make it easier for families to experience the joy and satisfaction that can come from parenting a child with special needs. This Parent-to-Parent support is available through local, affiliated Family Support Network programs across the state and through the Central Directory of Resources. <http://fsnnc.med.unc.edu/Services/CDR/cdr.htm>

The Arc of North Carolina is committed to securing for all people with mental retardation and other developmental disabilities the opportunity to choose and realize their goals of where and how they learn, live, work, and play. They provide innovative supports designed to assist people with developmental disabilities live successful, meaningful lives. www.ncarc.org

The **Clinical Center for the Study of Development and Learning (CDL)** operates in collaboration with the Family Support Network-NC. The CDL provides clinical services, training and technical assistance, research, and educational programs for professionals with a focus on how people with developmental disabilities learn, and how they can learn better. <http://www.cdl.unc.edu/>

The **Exceptional Children's Assistance Center (ECAC)** is a statewide Parent Training and Information Center (PTI) for North Carolina families of children with disabilities. They provide a variety of free services to families including a toll free Parent Info Line, website, workshops for parents and professionals, lending library, information packets, and newsletter. ECAC is a parent organization and all parent educators who answer the toll free information line or conduct workshops are themselves parents of children with disabilities. Their website and parent educators are especially helpful around issues of educational advocacy. <http://www.ecac-parentcenter.org/>

The North Carolina Council on Developmental Disabilities is a planning council that works to promote the "independence, productivity, integration and inclusion into the community" of people with developmental disabilities and their families. <http://www.nc-ddc.org/>

The **NC Department of Health and Human Services** web site is where many division sites can be located from this page, including Mental Health/Developmental Disabilities and Substance Abuse, Social Services, Medical Assistance, Vocational Rehabilitation to name a few. By accessing specific division pages you can find the local contact for the agency you are looking for, and find more thorough information on the services provided through the division. <http://www.dhhs.state.nc.us/>

NC Early Intervention Services is where you can find information on the NC Interagency Coordinating Council, the Infant-Toddler Program, Preschool Program, and more. <http://www.ncei.org/ei/index.html>

NC Health Info offers access to web sites of local health services, providers and programs serving residents of North Carolina. Through its connection with MEDLINEplus, a service of the National Library of Medicine and the National Institutes of Health, users of the site can get information about conditions, diseases and wellness, and find web sites of local health services, programs and providers throughout North Carolina. <http://www.nchealthinfo.org>

The **North Carolina Public School System** and the website for the schools' **Division for Exceptional Children**. Using the Exceptional Children Division pages can provide you with contact information for particular areas of service. <http://www.ncpublicschools.org/> and <http://www.ncpublicschools.org/ec/>

The **Office of School Readiness** prepares children for school success through high-quality early education. The office supports preschool programs throughout North Carolina, in public schools and licensed child care centers, including: Even Start Family Literacy, Head Start State Collaboration Office, More at Four Pre-Kindergarten Program, Preschool Exceptional Children, and Title I Preschool. <http://www.osr.nc.gov/>

National Resources

The **Child Care Law Center** advocates for children, families and communities facing barriers to high quality child care. <http://childcarelaw.org/>

The **Center on the Social and Emotional Foundations for Early Learning (CSEFEL)** is focused on promoting the social emotional development and school readiness of young children birth to age 5. CSEFEL is a national resource center funded by the Office of Head Start and Child Care Bureau for disseminating research and evidence-based practices to early childhood programs across the country. <http://www.vanderbilt.edu/csefel>

U.S. Department of Justice – Civil Rights Division Disability Rights Section carries out the Department’s responsibilities for enforcing the Americans with Disabilities Act (ADA) to ensure access to, and nondiscrimination by, businesses, State and local government programs and activities, and State and local government employment services. http://www.usdoj.gov/whatwedo/whatwedo_aawd.html

Americans with Disabilities Act (ADA) home page <http://www.ada.gov/>

TelAbility is a program that uses technology to improve the lives of children with disabilities. Using video-conferencing and internet technologies, TelAbility provides family centered care to children with disabilities across North Carolina and offers education, training, and peer support for people who care for them. Their website includes articles, handouts, a book store, a trading post, information on clinical trials, and access to expert resources. <http://www.telability.org/index.pl>

The National Child Care Information and Technical Assistance Center (NCCIC), a service of the Child Care Bureau, is a national clearinghouse and technical assistance (TA) center that provides comprehensive child care information resources and TA services to Child Care and Development Fund (CCDF) Administrators and other key stakeholders. <http://nccic.acf.hhs.gov/index.cfm>

Healthy Child Care America (HCCA) is supported by DHHS’s Child Care Bureau and Maternal and Child Health Bureau, and by the American Academy of Pediatrics. It is a collaborative effort of health professionals, child care providers, and families seeking to improve the health and well-being of children in child care. www.healthychildcare.org

National Early Childhood Technical Assistance Center (NECTAC) is the national early childhood technical assistance center that supports programs for young children with special needs and their families under the Individuals with Disabilities Education Act (IDEA). NECTAC is funded by the U.S. Department of Education's Office of Special Education Programs and serves all 50 States. <http://nectac.org/>

A Team Approach

Supporting Families of Children with Disabilities in Inclusive Programs

By: Louise A. Kaczmarek

(Source: <http://www.journal.naeyc.org/btj/200601/KaczmarekBTJ.asp>)

Since the first day she helped her son board the bus, Lakisha has worried. She hoped Spring Valley Preschool could give three-year-old Jeremy, who cannot speak or walk on his own, an opportunity to learn and interact with other children his age. Jeremy had been in an infant/toddler program for children with disabilities in which a developmental specialist and other therapists came to the home. Lakisha had enjoyed the trust and sharing with the developmental specialist; she looked forward to developing a similar relationship with one of the teachers or specialists at the preschool. Her son seems happy enough at day's end—maybe a little tired—but Lakisha has many questions: Is Jeremy making friends? Why are his clothes often messy? What is his day like? How are the new therapists? Should she be following up with therapy techniques at home? She has called Spring Valley several times and left messages. The teacher called back once while Lakisha was still at work, but there has been no contact with Jeremy's early intervention consulting teacher; the program hadn't given families that number. Parent-teacher conferences will not happen until October. Lakisha is making a list of questions to take with her.

LAKISHA'S ANXIETIES ABOUT SENDING HER SON TO PRESCHOOL and her many questions are not uncommon in families who have young children with disabilities. Children with special needs are increasingly enrolled in inclusive community-based settings—child care centers, Head Start, and preschool programs (U.S. Department of Education 1999). Like other parents of these children, Lakisha faces certain issues not even considered by families with a typical child.

Preschools, of course, offer families of children with disabilities the routine support given to all families, but their needs often go further. These families sometimes require more or different types of support, just as children with disabilities often require more or different types of classroom support than their typical classmates.

This article is intended for early childhood teachers and early intervention personnel serving children with special needs in community-based settings. While early care and education programs often stress creating learning environments in which all children belong, they also share the responsibility for creating a community in which all families belong. Although federal law mandates parental involvement in the special education process, such as in the development of the Individualized Education Program (IEP), there are additional strategies for supporting families of children with disabilities in inclusive settings that can be extremely useful. These strategies go beyond the requirements of the law to include deliberate, coordinated planning among early childhood and early intervention staff members, regular frequent communication between home and school, and the identification of useful community resources. This article focuses on these support strategies because when added to the mandates required by law, they can make a big difference in the lives of families of children with disabilities.

Coordinated planning

Key to success in collaborating with families of young children with special needs is a commitment to coordinated planning and communication between teachers and early intervention staff. Only with teamwork can we reach out and support families.

Let's look at another scenario:

Two weeks before Marta's first day of preschool, Pine Hollow Center holds an orientation for new families. Rosa welcomes the invitation; she is a bit apprehensive about Marta's enrollment. Marta has cerebral palsy as a result of a stroke in utero. She is unable to walk independently and is delayed in other areas of development as well. On orientation night, Rosa meets Marta's preschool teacher, her assistant, the early intervention consulting teacher, and two therapists. She enjoys seeing the classroom and meeting other parents, including another mother whose child also had a disability and several families who also speak Spanish.

The families receive a Family Handbook with information about the program's general schedule, its approach to curriculum, a schedule of upcoming field trips, and general arrival/departure procedures. The handbook also includes an addendum from the early intervention program with the phone numbers and best times to call for all the personnel who will be supporting Marta's development and learning. Rosa leaves the meeting feeling welcomed and reassured. She is a little worried that Marta might not be able to maneuver her wheelchair into all of the activity centers available in the classroom and plans to call Kate, the early intervention consulting teacher, about that the next day. Overall, she feels welcomed by the staff and families and looks forward with excitement to Marta's first day in preschool.

Contrast Rosa's experience with Lakisha's. Although both mothers felt similar anxieties about preschool, many of Rosa's fears were allayed at orientation. Rosa got to meet both early intervention and preschool personnel, explore her daughter's classroom, hear about the curriculum and typical day, and converse with other parents. She left armed with a packet of information, including the phone numbers of all the preschool and early intervention professionals who would be providing services in Marta's program. (See "Planning an Orientation to Help Families Understand Their Child's Program.")

Such a successful meeting for families requires careful planning by preschool and early intervention personnel who serve different functions and often operate under different programs/agencies. Their team efforts demonstrate sensitivity to the needs of parents of children with disabilities and a willingness to provide coordinated joint support to the child and the family. Although not all collaborations will look exactly the same as this example, the underlying goal of any collaboration should be to make sure that parents have the information they need to understand the totality of their child's experiences in the preschool setting.

Establishing ongoing communication

After Marta's first day at preschool, Rosa can tell that her daughter has enjoyed the experience. Rosa is pleased, even though her daughter's new clothes are stained with paint and food. In Marta's bookbag is a communication notebook. In it, Eliza, the head teacher, explains that the book is for sending information back and forth between school and home and that the early intervention and preschool staff will frequently write in it to keep Rosa informed. Eliza describes Marta's first day and notes Marta playing particularly well in the housekeeping area with another little girl. Eliza apologizes for the state of Marta's clothes; they forgot Marta's smock when it came time to paint. She suggests that Rosa send in an apron for Marta to wear at snack time. She encourages Rosa to write in the notebook, but also points out that phone calls or meetings can be scheduled, if Rosa prefers. Rosa writes back thanking Eliza for the report on Marta's first day. She indicates she will probably dress her daughter in older clothes—not an apron—so that Marta will not stand out from the other kids.

Marta's first day of preschool began in much the same way as Jeremy's. However, Marta and her mother were better prepared, thanks to the efforts of the teacher/specialist team. With the information Rosa received at orientation, she could talk to Marta about preschool, even show her photos of her teachers in the Family Handbook. The orientation and the resources from the meeting, along with the communication notebook, set the stage for regular and frequent open communication between school and home, a hallmark of successful partnerships between professionals and families (Dinnebeil, Hale, & Rule 1996; McWilliam, Tocci, & Harbin 1998).

The structure of classroom programs is not always conducive to easy communication. Teachers and other early intervention specialists must create an environment in which ongoing communication between home and school is valued. Many parents of children with disabilities need regular contact with their children's teachers and other service providers to monitor progress or an ongoing problem, inform each other of issues that arise, or seek information or advice (Soodak & Erwin 2000).

Communication with parents of typical children often occurs when children are brought to school by their parents. These brief face-to-face exchanges serve to update families and staff about noteworthy events, activities, and concerns. Even for parents who drop off and pick up their children with disabilities, these informal exchanges are sufficient most of the time. However, parents whose children are transported to school by bus do not have these daily communication opportunities and others may require more in-depth communication than can be conveyed at arrival and dismissal. Further, pertinent personnel are not always present when a parent arrives to drop off or pick up a child. In such cases, alternative forms of communication are necessary.

Early intervention and preschool personnel should talk with families to determine what strategies will work best for coordinating their services to a child and keeping the parents informed. Potential communication strategies include notebook exchanges, telephone calls, conferences, e-mails, or home visits (see "Modes of Ongoing Communication"). Families should have an opportunity to express their preferences. This gesture lets families know that ongoing communication is a valued and expected part of their children's preschool experience. A coordinated effort between both preschool and early intervention staff members is invaluable in developing a joint communication system.

Linking families to community resources

Rosa arrives early for her parent-teacher conference so she can browse the Parent Resource Lending Library. She had heard about the library at the orientation, but because of her work schedule and Marta taking the bus to school, Rosa had not had a chance to take a look. Now she needs a sitter for Marta while she attends an upcoming church event. Because Marta can be a challenge at bedtime, Rosa wants someone with experience, preferably with children with disabilities. In the resource literature, Rosa notices a notebook assembled by the early intervention and classroom staff. In one pocket are pamphlets from three respite care agencies. Rosa is perusing them when Eliza approaches to welcome her. After they join Kate, Marta's early intervention consulting teacher, for the conference, Eliza mentions that perhaps Kate could look into potential funding for respite care.

As they talk further, Rosa says she'd been thinking about what the future holds for Marta: when she enters elementary school, during adolescence, and throughout adulthood. Rosa knows some people with severe disabilities hold jobs and live in group homes or even independently. Kate tells her about an area support group for parents of children with disabilities that might be a source of information on the functional potential of children with disabilities as they grow older. Rosa asks for the phone number and e-mail address.

Through the use of the preschool's small resource library and in her interactions with Eliza and Kate, Rosa acquired information helpful to her and her family. Gathering information about community resources and parenting issues (such as TV watching or sleeping challenges) is often part of the support that early childhood centers provide to families. Classroom libraries, the public library, newsletters, and speakers can all inform families about resources (see "Strategies for Accessing Community Resources"). In addition to the usual topics of interest to all families of young children (such as recreational programs, special fairs and activities, child care resources, library information, government-supported programs), families of children with disabilities may be interested in parent support groups, disability-related organizations, respite care services, advocacy and other policy-making groups, specialized clinics and disability-related medical programs, and groups supporting siblings of children with special needs.

Probably the easiest way for programs to provide information is to collect pamphlets and other materials from local, state, and national resources. In addition, the Internet is an incredible source of information for families and programs alike. For families who have computer access, the program can collect a list of useful Web site addresses for the resource library. If there is a computer available in classroom, invite families to peruse bookmarked sites. (See "Online Resources for Families" for sites of particular interest to families of children with disabilities.) For families without computer access, print out selected Web pages to keep on file; update the information periodically.

Connecting within the program

The parents of children with disabilities are a particularly valuable classroom source of information and emotional support (Santelli et al. 1997; Santelli, Poyadue, & Young 2001). They can direct new families to community resources, share their experiences, and offer advice on issues that they themselves have confronted. In addition to social events or orientations, programs can purposefully connect families. This usually takes a little preparation to avoid violating family confidentiality. Enlist the support of veteran families of children with disabilities to be potential mentors to incoming families of children with disabilities. When a new family arrives, offer to make such a connection. If the offer is accepted, then the program contacts the parent mentor who then calls the new family.

Connecting outside the program

Many communities have parent-to-parent networks and support groups. In some, parents meet and talk with each other regularly, often about a selected issue. Other groups connect an individual family with a mentor whose child has a similar disability. Many groups sponsor newsletters, activities for children, emergency hotlines, and support for siblings. Many national organizations offer Web pages, e-mail updates, chat rooms, and Listservs on children and families with disabilities. Library and Internet resources can open up a whole new world for many families. (See "Online Resources for Families.")

Summary

Only by working together can early childhood and early intervention agencies provide the kind of coordinated, coherent support that best serves families of children with disabilities. We must recognize that some families in inclusive early childhood programs require more or different support than do families of typical children. With a shared and coordinated approach, developmentally appropriate programs can meet their needs.

Planning an Orientation to Help Families Understand Their Child's Program

Advantages	Challenges	Suggestions
<ul style="list-style-type: none"> • Allows parents of children with disabilities to meet early intervention and classroom personnel as well as other parents of children with and without disabilities. • Enables families to explore classroom layout, equipment, and materials. • Informs families about curriculum, routines, activities, classroom procedures, and policies. • Gives teachers and specialists an opportunity to learn family concerns and preferences. 	<ul style="list-style-type: none"> • Difficulty scheduling so that all parents and all early intervention and classroom staff can attend. • Requires some extra preparation by staff before school actually starts. • Overcoming language barriers. 	<ul style="list-style-type: none"> • Prepare and pass out a Family Handbook; arrange for translations if necessary • Include biographical sketches of staff in handbook. • Prepare a family survey to find out concerns, communication needs and preferences, and volunteering interests. • Provide phone numbers and best times to call for all members of the child's team. • Find volunteers to serve as translators in families' home languages.

Follow-ups to Families Who Miss the Orientation

Phone Calls		
Advantages	Challenges	Suggestions
<ul style="list-style-type: none"> • Lets parents know they were missed. • Convenient form of communication. 	<ul style="list-style-type: none"> • Some families may not have phones. • Could be problematic for families of limited English proficiency. 	<ul style="list-style-type: none"> • Schedule another phone call if the time called is inconvenient for the family. • Send home printed materials distributed at the orientation before the call. • Use a translator if appropriate. • Keep call friendly and informal; encourage parents to talk and ask questions.
Home Visits		
Advantages	Challenges	Suggestions
<ul style="list-style-type: none"> • Lets parents know they were missed. • Allows staff to learn more about a family and child than through other methods. 	<ul style="list-style-type: none"> • May make some families feel ill at ease. • May be redundant if home visits are a routine part of the program. 	<ul style="list-style-type: none"> • Offer options for meeting places other than the home. • Encourage parents to talk and ask questions; listen.

Modes of Ongoing Communication

<u>Classroom Visits</u>		
Advantages	Challenges	Suggestions
<ul style="list-style-type: none"> • Allows parents to see classroom in action. • May provide opportunities for talking with personnel. • Enables families to observe child's interactions with staff and other children. 	<ul style="list-style-type: none"> • May not be convenient if child is transported by bus to school, if family transport is limited, or if work schedules conflict. • Can be disruptive for some children. 	<ul style="list-style-type: none"> • Consider making a videotape of child to send home as an alternative. (See Audio/Visual Recordings.) • Follow up tape with a phone call or joint viewing opportunity. • Ask for suggestions for making classroom visits and scheduling easier for parents and educators.
<u>Newsletters</u>		
Advantages	Challenges	Suggestions
<ul style="list-style-type: none"> • Keeps families informed of ongoing events and changes. • Educates families about childrearing, development practices, community events, and available classroom and community resources. 	<ul style="list-style-type: none"> • May not reach families with limited literacy or English proficiency. • Can be time consuming to produce 	<ul style="list-style-type: none"> • Try a quarterly newsletter: start of school; December; late February; May/June. • Use simple publishing software. • Ask for a volunteer parent to help. • Include a Meet the Teacher column in each issue.
<u>Communication Notebooks</u>		
Advantages	Challenges	Suggestions
<ul style="list-style-type: none"> • Informs families of child's progress, activities, and demeanor; upcoming events; other issues and concerns. • Keeps staff informed about home progress, including health updates, emerging skills, family events. • Encourages back and forth interaction, asking and respond to questions. • Provides a forum for emotional support to families and staff. • Provides a permanent ongoing record of the child, "snapshots of history." 	<ul style="list-style-type: none"> • Reaching families with limited literacy or English proficiency. • Some families may prefer more direct contact. • May be inconvenient for some families. • Reluctance of some families to write in the book, even though they may value the information. 	<ul style="list-style-type: none"> • Use bound composition books or journals so the book stays intact. • Date entries. • Begin the book with an introduction and explanation of use. • Stress that grammar and spelling are not an issue. • Schedule a regular time to write in the books. • Encourage use by all staff who serve the child. • Do not get discouraged if parents don't respond; most will appreciate your efforts.

<u>Phone Calls</u>		
Advantages	Challenges	Suggestions
<ul style="list-style-type: none"> • Is convenient form of communication. • More direct and interactive than handouts, other written communication, or recordings. 	<ul style="list-style-type: none"> • Problematic for families of limited English proficiency or for families who do not have phone service. • Offers less frequent communication than communication books. • May be difficult to schedule with busy family schedules. 	<ul style="list-style-type: none"> • Set up a regular calling schedule at mutually convenient times. • Provide families with numbers and best times to call. • Ask families for best times and locations to call them. • Strive for two-way communication, not just a professional report.
<u>E-mail</u>		
Advantages	Challenges	Suggestions
<ul style="list-style-type: none"> • Can be written at convenience of staff. • Delivery method independent of child. 	<ul style="list-style-type: none"> • Internet not available to all families or staff. • Subject to technical problems. • May require a teacher's time outside of classroom day. 	<ul style="list-style-type: none"> • Exchange e-mail addresses in family survey. • Agree on an e-mail plan: how often, when, etc. • Find out how often families read e-mail.
<u>Audio Recordings</u>		
Advantages	Challenges	Suggestions
<ul style="list-style-type: none"> • Use an audio cassette for sending and receiving messages from home • Faster than writing messages. • Includes more information than written communication (such as through intonation). • Might be useful for parents with limited literacy skills. 	<ul style="list-style-type: none"> • Requires technology (tape player) in home. • Listening to messages is more time-consuming than reading. • Does not provide a permanent record of information. 	<ul style="list-style-type: none"> • Find a quiet part of the classroom and schedule to record and listen to messages. • Ask a bilingual parent to translate.
<u>Routine Conferences</u>		
Advantages	Challenges	Suggestions
<ul style="list-style-type: none"> • Usually a standard part of many programs. • Offers an opportunity to discuss child's progress, program activities, and concerns of both parents or staff. 	<ul style="list-style-type: none"> • Infrequent--usually held only once or twice per year. • May include only a limited number of early intervention and/or classroom personnel. 	<ul style="list-style-type: none"> • Encourage staff and families to schedule conferences as the need arises. • Celebrate accomplishments, don't just deal with concerns. • Hold at least one conference with teachers and specialists together for

<ul style="list-style-type: none"> • Often includes a written summary of child's progress or status. 		<p>family.</p> <ul style="list-style-type: none"> • Engage translators for families of limited English proficiency.
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Strategies for Accessing Community Resources

<u>Parent Resource Lending Library</u>		
Advantages	Challenges	Suggestions
<ul style="list-style-type: none"> • Contains items that reflect topics of interest to families. • Includes national, state, regional, and local resources of interest to all families, not just those who have children with disabilities. • Offers a variety of different kinds of materials: books, booklets, videotapes, audiotapes, training materials. • Allows family members to browse at their leisure. • Lets families know that you are there to support them as well as their children. 	<ul style="list-style-type: none"> • Finding appropriate space. • Keeping the library up-to-date. • Setting up and maintaining a checkout system. • Finding/creating identical resources in Spanish or other home languages. 	<ul style="list-style-type: none"> • Brainstorm and compile initial resources through team effort; then assign one or more staff members to keep the library up-to-date. • Ask families what information they are especially interested in. • Make a basic list of contents that tells where items can be found in the collection. • Include local resource directories. • Collect pamphlets from agencies and programs in your area. • Look for and collect information from agencies that serve specific ethnic or language communities. • Collect and organize pamphlets in binders using pocket inserts, or house in file boxes or drawers. • Post upcoming community events on bulletin boards, or send home information with children. • At classroom computer station, bookmark addresses of useful Web sites. • Print out information from Web sites or lists of URLs to add to library.
<u>The Public Library</u>		
Advantages	Challenges	Suggestions
<ul style="list-style-type: none"> • Often has more resources and 	<ul style="list-style-type: none"> • May not be easily accessible or 	<ul style="list-style-type: none"> • Work with your local library in setting up

<p>more up-to-date items than a center can acquire.</p> <ul style="list-style-type: none"> • Usually offers public access to the Internet. • Has knowledgeable staff to assist family members in finding information. 	<p>convenient for some families.</p> <ul style="list-style-type: none"> • May not have resources available in other languages. 	<p>a resource section for young children, including children with disabilities.</p> <ul style="list-style-type: none"> • Provide families with library hours of operation, resources available, and other information. • Regularly visit the library to see what's new and available.
Parent Meetings		
Advantages	Challenges	Suggestions
<ul style="list-style-type: none"> • Invite speakers from local resources. • Conduct a resource fair with individuals from multiple agencies. 	<ul style="list-style-type: none"> • Not always convenient for parents to attend. 	<ul style="list-style-type: none"> • Advertise well, including personal invitations. • Participate in a community resource fair and advertise that to families. • Invite families and staff members other programs or centers to hear your speaker(s).

Directories of Parent-to-Parent Organizations by State

Exceptional Parent Magazine—www.eparent.com/resources/directories/p2p.html

The Waisman Center Family Village—www.familyvillage.wisc.edu/cof_p2p.htm

Family Voices—www.familyvoices.org/states.htm

Directories of National Organizations Focusing on Disabilities

NICHCY Database of Disability Organizations (state and national)—www.nichcy.org/search.htm

Exceptional Parent Magazine—www.eparent.com/resources/associations/associationlinks.htm

Listservs, Chatrooms, and Discussion Boards

Developmental Disabilities Forum—www.nwlancia.com/list.php?f=7

The ARC of the United States—<http://thearc.org/wwwboard/wwwboard.html>

ERIC—<http://ericeac.org/maillist.html>

Waisman Center Family Village—www.familyvillage.wisc.edu/coffee.htm

Comprehensive Disability-related Web Sites

DRM Guide to Disability Resources on the Internet—www.disabilityresources.org/

The Family Village—www.familyvillage.wisc.edu

National Information Center for Children and Youth with Disabilities—www.nichcy.org/

Center for Disease Control and Prevention—www.cdc.gov/node.do/id/0900f3ec8000e01a

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The Benefits of an Inclusive Education: Making It Work

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In an increasing number of early childhood programs around the country, teachers, children, and parents are discovering the benefits of educating young children with special needs together with their same-age peers. Since learning is so important in the early years, this is the best time for children to begin to respect all people's differences and the contributions each individual makes. The key to creating a successful inclusive program is educating ourselves and others about how to ensure every student in the classroom has the chance to reach his or her fullest potential.

Children with disabilities are, first and foremost, children, and then children who may need support or adaptations for learning. The term "special needs" refers to a wide range of developmental disabilities or learning needs that may occur in different areas and to varying degrees. Traditionally, children with special needs were pulled out of regular classrooms and grouped together as if all their needs were alike. Relatively few children with disabilities were served in community-based early childhood programs apart from Head Start or public school programs.

In 1992, the Americans with Disabilities Act (ADA) established equal rights for people with disabilities in employment, state and local public services, and public accommodations including preschools, child care centers and family child care homes. The ADA has helped more and more educators recognize that developmentally appropriate classrooms are places where all children can and should learn together.

Early childhood teachers' strong knowledge of child development helps them to successfully teach young children with all talents, interests, and abilities. In effective inclusive programs, teachers adapt activities to include all students, even though their individual goals may be different. At times, early childhood professionals and children may benefit from the assistance of related professionals such as physical therapists and other school personnel who recognize children's individual interests and strengths.

Some raise concerns about the advisability of creating inclusive environments: Will inclusive classrooms hinder the academic success of children without special needs? How will an inclusive environment meet the needs of children with disabilities? Will children without special needs lose out on teacher time? How can early childhood professionals access resources, support and training? While these questions are valid, parents and teachers will find that creative modifications help all children's learning. According to the director of one NAEYC-accredited center, "Inclusion has helped us better focus on meeting the needs of every child in our program."

Research shows that the benefits of inclusive classrooms reach beyond academics. This is particularly important for young children, who learn best when they feel safe, secure, and at home in their classrooms. An environment that encourages young children's social and emotional development will stimulate all aspects of their learning.

Children in inclusive classrooms:

- demonstrate increased acceptance and appreciation of diversity;
- develop better communication and social skills;

- show greater development in moral and ethical principles;
- create warm and caring friendships; and
- demonstrate increased self-esteem.

Early childhood professionals who have successfully included young children with special needs note that, contrary to some expectations, they needed few adaptations to meet the needs of all children. They report not necessarily needing more staff, money, or expertise, but rather support from peers and specialists, willingness to adapt to new environments, and positive relationships with families.

Professional development programs, supplemental support staff, and teamwork by parents and school personnel will help achieve inclusion's ultimate goal: to provide a challenging and supportive educational experience for all children.

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