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1 INCLUSIVE TEACHING AS RESPONSIVE EDUCATION

LEARNING OBJECTIVES

After studying this chapter, you will be able to meet the following learning objectives:

1.1 Explain the five steps of the ADAPT Framework.

1.2 Describe four guidelines that should be applied to determine an inclusive education for each student with a disability.

1.3 Identify the nine foundational tenets of special education.

1.4 Explain the history and development of special education.

1.5 Discuss the four different perspectives of disability.

1.6 Identify the 14 special education (disability) categories outlined by the federal government.

Opening Challenge

New Beginnings

Elementary Grades. It is the week before the first day of school. Ms. Thomas, a first-year teacher, sits in her fourth-grade classroom thinking about what it will be like to finally have her own students to teach, her own classroom to organize, and a real paycheck! She remembers spending years in her teacher preparation program, taking many day and night classes, traveling across town to observe classroom after classroom, doing week after week of student teaching, staying up late revising lesson plans one more time, and being so excited when she saw the great scores she and her friends received on the state's competency and certification tests for teachers. Ms. Thomas feels well prepared to assume the responsibility of educating a class of general education students. She has waited so long for this day to arrive; she has wanted to be a teacher since she was in elementary school. Ms. Thomas begins to prepare for the school year with great excitement and anticipation. But as she looks at her class list of 24 students, matching their names with their student files, she is worried. *"The range of their academic skills is so wide; their district's benchmark test scores from the previous year are all over the map. One student has been identified for gifted education, two have IEPs* [individualized education programs] *for reading and math problems, another student has a behavior intervention plan, still another has a 504 plan because of low vision, and three students are English learners. Additionally, two of the boys will continue to receive speech therapy in a group session from the speech/language pathologist twice a week. I haven't heard about special schedules for any of my students yet. It all seems so overwhelming. I wish I could go back and take that inclusion course again!"*

Secondary Grades. Mr. Salazar, a ninth-grade English teacher, is getting ready for his first teaching assignment and the first day of his teaching career. His department has five English teachers, most of whom have many years of experience, and some of whom have offered advice about how to prepare for the first week. He is nervous but knows that his secondary preparation in English is strong and his education classes provided lots of information regarding pedagogy and classroom and behavior management. Student teaching gave him experiences working with students from many different backgrounds, including students from various historically underrepresented groups, a variety of disabilities, and several English learners. He learned about adapting instruction but hasn't had many experiences with people who provide support services to students. Now, he is reviewing the students' folders. *"I am glad for the student teaching experiences because now I have five students with LD* [learning disabilities]. *I have one student who uses an assistive technology device for accessing print. Who is going to help me with this? I took an introduction to special education course but I am still concerned. I have 250 students each day. How am I going to meet the needs of all students?"*

Ms. Smith and Mr. Salazar share similar concerns. They are first-year teachers and although their preparation was strong, they must now apply what they have learned with diverse groups of students. Are they ready for the challenge?

Reflection Questions

In your journal, write down your answers to the following questions. After completing the chapter, check your answers and revise them on the basis of what you have learned.

1. Do you think Ms. Thomas and Mr. Salazar are overly concerned about their students' varied needs? Do you think they are just having first-year-teacher jitters? Why or why not?
2. What advice would you give them about planning for their students with disabilities and for those with other special learning needs?
3. How can they learn more about the special education services their students should be receiving this year?
4. Provide some suggestions to Ms. Thomas and Mr. Salazar to help them be responsive to all their students' needs.

THE ADAPT FRAMEWORK

The ADAPT Framework is a tool for instruction and assessment of struggling learners that reflects proven best practices in the field. The framework will help you develop a mindset for the selection of effective interventions and teaching practices. The framework, discussed throughout this text, reflects and underscores this mindset we want you to take away from your course. You can use its five steps to help you make informed decisions about adapting your instruction to individual students' needs and the tasks all students must complete in school. For now, Table 1.1 gives a quick look at the ADAPT Framework.

TABLE 1.1 ■ Introducing the ADAPT Framework

A	D	A	P	T
ASK "What am I requiring the student to do?"	DETERMINE the prerequisite skills of the task.	ANALYZE the student's strengths and struggles.	PROPOSE and implement adaptations from the four categories: Instructional activity Instructional content Instructional delivery Instructional material	TEST to see whether the adaptations helped the student accomplish the task.

The five steps in ADAPT are as follows: A—Ask, "What am I requiring the student to do?" D—Determine the prerequisite skills of the task. A—Analyze the student's strengths and struggles. P—Propose and implement adaptations from the four categories (instructional activity, instructional content, instructional delivery, and instructional materials). T—Test to determine whether the adaptations helped the student accomplish the task. Thus, different instructional methods might be employed for members of a class who are all learning the same content. The ADAPT Framework assists educators in making an inclusive education more responsive to students' individual learning needs.

INCLUSIVE EDUCATION

The term ***inclusive education*** usually means that students with disabilities access the standard curriculum in the general education classroom. Miscommunication can easily occur when the term *inclusion* is used: Whereas one person might use the word to mean that a student attends a neighborhood school and receives most instruction in the general education classroom, to another it might mean *all* the student's instruction is delivered in the general education classroom. It is easy to assume everyone is truly communicating about where a student should be educated, but it is wiser to be sure everyone is using the same definition before having an in-depth discussion of students' education. To understand the concept of inclusive education better, let's review how it emerged and developed.

Origins of Inclusion

The basic concepts of inclusion and integration of students with disabilities into the public education system have their roots in the original **Individuals with Disabilities Education Act (IDEA)**, then called the Education of All Handicapped Children Act (EHA), a law passed in 1975. Before 1975 many children with disabilities were denied access to public education. To those who were instrumental in developing the original IDEA law, inclusion probably meant that children with disabilities had the right to go to public school and receive a free education. Neither the type of school nor the location where the education was delivered was the focus of those early advocacy efforts.

Even before the passage of IDEA, when education for students with disabilities became required by many states, the nation saw a rise in the number of separate schools (e.g., schools for the blind, or d/Deaf, or—as they were then called—schools for the orthopedically handicapped) built for specific

types of disabilities. Such specialized schools increased in number after IDEA's passage in 1975. Real growth also occurred in the number of special classes—sometimes on the grounds of neighborhood schools but often in basements and portable buildings—for this newly included group of students. The first model for inclusive education reflected the idea that, whenever possible, students with disabilities should be included in the public education system and **mainstreamed**, or educated together with peers without disabilities, such as in art, music, and physical education.

Was the creation of segregated programs for these students contrary to the concept of inclusion? Most likely, at that time, the answer to this question would have been a resounding "no." Special schools and special classes offered highly specialized programs to students with disabilities and their families. Some special schools offered facilities and services that are feasible to deliver only when students with similar needs are congregated. For example, when all students with severe physical disabilities in one school district attended the same school, the building included a special therapy pool and full-time services of many professionals like physical therapists, occupational therapists, and speech/language pathologists. When these students attended their neighborhood schools, they were spread across many different buildings and large geographic areas, diluting the intensity of services available to them. Many families believed the potentially negative aspects of segregation were outweighed by the highly specialized services it made possible.

Evolution of Inclusive Education

As time passed, however, dissatisfaction with segregated programs grew. Parents began to question whether separating youngsters from their siblings and neighborhood friends was the best strategy for their education. Decades ago professionals and policymakers were concerned about the **efficacy** of special education programs and practices (Finn et al., 2001; Gartner & Lipsky, 1987). Many of them came to believe separate programs were ethically and morally wrong (Sailor, 1991; Snell & Brown, 2006). In particular, advocates for students with the most substantial and complex disabilities maintain that the benefits of having so-called typical role models (illustrating how children without disabilities behave and interact with each other) that lead to community participation in adult life outweigh the benefit of intensive services that might be more readily available when groups of youngsters needing a particular program are clustered together (TASH, 2022; Turnbull et al., 2020). Across the years, educators' and advocates' thinking about special education and the students it serves evolved. To many, the **least restrictive environment (LRE)**—usually interpreted as access to the general education curriculum in the general education classroom—has emerged as the most critical variable to be considered when decisions about special education placement are made.

Of course, participation in the general education curriculum does not automatically result just because students with disabilities are placed in typical classroom settings. Something special needs to happen. Some of these approaches are less intrusive than others and benefit many learners, those with and without disabilities. One such approach, the **Universal Design for Learning (UDL)** framework, focuses on accessing the curriculum so a broad range of students with very different learning preferences can approach it and learn without an intervention being made especially for them. You will learn more about this framework throughout this text.

Another approach, **assistive technology (AT)**, focuses on helping students compensate for challenges with the instructional situation. The third and most commonly used approach today focuses not on the curriculum but on making adaptations to the instructional situation that match specific students' needs (Danielson et al., 2017; Fuchs et al., 2017). In Chapter 7 and in highlighted themes found in each chapter we discuss differentiating, adapting, and modifying instruction so struggling learners can more successfully access the general education curriculum. In Chapter 8 you also will learn about UDL and AT, both of which can be used to promote access to the general education curriculum. These approaches enable general and special education teachers to work effectively with all students to help them be successful in their classes.

DIFFERENTIATING, ADAPTING, AND MODIFYING INSTRUCTION: MODIFYING ASSIGNMENTS BY ASSIGNING A LOWER-LEVEL TEXT

What is it? Modifying instruction is not the same as making accommodations, differentiating instruction, or adapting instruction. Modifications change the expectations for learning or reduce the requirements of the task. Assessment reflects these changes or modifications.

Example: Mrs. Bowen assigns her sixth-grade class a 100-page novel and asks them to write an essay about plot and character development. However, Miguel has significant learning/language disabilities and according to his IEP requires modifications to such assignments. Mrs. Bowen finds an abridged edition of the same novel for Miguel that is written at a lower level. She asks Miguel to summarize the story and describe the main characters. Her assessment of Miguel's work is adjusted accordingly.

Inclusive Education Practices

As you have read, inclusive education has many different interpretations. The range of interpretations is the foundation for different inclusive education practices. For example, one interpretation of inclusive education is called **full inclusion** using **pull-in programs**, where students receive all educational services in the general education classroom. With this practice, speech/language pathologists would come to the general education class to work with a student who needs speech therapy, rather than removing the student for individualized work. Another interpretation is called **coteaching**, wherein special education teachers come to general education classrooms to work with students needing intervention or share instructional duties across academic content for all students in the class (Friend, 2019; Friend, & Barron, 2020). You will learn more about coteaching in Chapter 3.

A dilemma for parents and educators of high school students with severe disabilities is choosing which is more appropriate or more important: access to the standard high school curriculum leading to a standard diploma, or community-based instruction where on-the-job training, independent transportation, and home management are taught in real-life settings.

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The **array of services**, or what is often called the special education **continuum of services** (an older term is *cascade of services*), offers additional practices for serving students with disabilities when they are not receiving some or all of their education in the general education classroom. **Pull-out programs** include resource rooms, partially self-contained special classes, self-contained special classes, and special education schools (center schools). For the vast majority of students who receive most of their education in general education classes, the resource room is the option for pull-out special education services. Resource room instruction often consists of small-group instruction focused on areas most in need of intensive intervention. This instruction may occur for 30 to 60 minutes several days a week. However, the number of these classes is shrinking because many students who attend resource room settings now receive most, if not all, of their education in general education classrooms (inclusive settings), thus leaving a reduced number of options available for even short-term, intensive intervention. For example, in the 2019 school year, 95% received at least some portion of their education in general education setting and 64.8% of all students with disabilities—those with mild to moderate disabilities as well as those with severe disabilities—received at least 80% of their education at local public schools in general education classes (Office of Special Education Programs [OSEP], 2022). The participation rates for students with disabilities in general education classes have increased consistently over the past 20 years, and only 4.9% of those students attend separate schools or separate residential facilities today. Clearly, these data reflect current inclusive education practices in public schools.

An additional special education service is available to students at risk for being identified as having a disability. **Early intervening** (not to be confused with early intervention, which refers to services that are designed for young children from birth to age 5 who do have disabilities) was first outlined in 2017 and then in 2022 incorporated into the IDEA regulations. This option is for school age children, particularly children in Kindergarten through Grade 3, who have *not* yet been identified as having a disability but who need additional support to succeed. It allows school districts to use no more than 15% of their IDEA funds to provide such special education services (34 C.F.R. §300.226). The idea is, for example, to prevent reading failure before such problems compound and result in a special education referral.

The Inclusion Debate

At the heart of discussions about inclusive education, particularly full inclusion, is the dynamic tension between free appropriate public education (FAPE) and the least restrictive environment (LRE) possible: the delivery of an appropriate education and participation in the LRE must be responsive to the individual's needs at that particular time. Let's think about how some of these conversations might unfold.

For example, should full-time placement in a general education setting be a goal for every student with a disability, even if doing so means that some elements of an educational program that individuals need to achieve to their full potential would have to be sacrificed? If a high school student has severe disabilities, parents and educators might have to decide which is more appropriate or more important: access to the standard high school curriculum leading to a standard diploma (including science and foreign language requirements) or community-based instruction where on-the-job training, independent transportation, and home management are taught in real-life settings. For some students, full inclusion does not lead to a standard diploma because they do not achieve the criteria for that diploma, even if they participate in a fully inclusive setting with students without disabilities (for more information, see https://tiescenter.org/).

Some scholars argue that full inclusion, where students with disabilities receive all their education in a general education setting, is not sufficient to support those with more severe needs, whether academic, emotional, social, or physical. Other scholars believe all students have a right to fully inclusive educational practices where they can benefit from being integrated into a school setting with their peers and gain a sense of belonging and active participation in the mainstream. Thus, the role of special education services is to support all students with unique learning needs or disabilities in general education classes by designing instruction and applying adaptations that accommodate individual learning needs. The inclusion debate more often includes perspectives and discussions that range along a

continuum where professionals and parents embrace the strengths of different inclusive practices and make decisions based on individual students' needs.

Some guidelines can help when challenging decisions are being made about what comprises an inclusive and responsive education for each student with a disability. First, special education placement decisions must be individually determined because services should be tailored to the needs of each student with disabilities. Second, no single answer is possible for all students with disabilities. Third, students with disabilities need an array of services (and placements) available to them for the delivery of individualized education programs that range in intensity and duration. Experts in intensive instruction emphasize that "place" is *not* the most important aspect of a student with disabilities' education; rather, it is that the student receives instruction individually determined by data, delivered by a highly trained teacher, with only one to three students at a time, and be at least four days per week for 45 minutes per session (Danielson et al., 2017; Fuchs et al., 2017). Few professionals or parents advocate either for fully inclusive settings or for fully segregated settings. Fourth, the guiding principle must be based not on placement alone but also on how students can best access the general education curriculum, master academic targets, and develop life skills they need to succeed when they are adults. Next, we introduce you to special education.

SPECIAL EDUCATION

Special education is designed to meet the unique learning needs of each infant, toddler, preschooler, and elementary through high school student with disabilities, and individuals up to the age of 21. This instruction might be delivered in many different types of settings, such as hospitals, separate facilities, and homes, but it is most commonly provided at the student's local school in the general education class with neighborhood friends. Special education reflects a variety of instructional targets: braille for students with severe visual disabilities, manual communication systems for d/Deaf [1] students, social skills training for students with emotional or behavioral disorders, and so on.

General education and special education differ along some very important dimensions. First and foremost, they are designed for students with different learning, behavioral, social, communication, and basic functional needs (such as the need to learn daily living skills). Second, some differences are based in law—what is stated in IDEA and its regulations—and result in key components of special education. Third, general education tends to focus on groups of learners, whereas the special education approach focuses on individuals.

One way to gain a better understanding of special education is to study some of its key distinguishing features. Although we cannot put forth a single description because these services must be designed for each individual's unique learning needs, nine fundamental tenets provide the foundation:

- Free appropriate public education
- Least restrictive environment
- Systematic identification procedures
- Individualized education programs
- Family involvement
- Related services
- Access to the general education curriculum
- Evidence-based practices
- Frequent monitoring of progress

Let's examine each of these features that form the foundation of special education.

Free Appropriate Public Education

From the very beginning of IDEA, Congress stipulated that educational services for students with disabilities are to be available to parents at no additional cost to them. These students, despite the complexity of their educational needs, the accommodations or additional services they require, and the cost to a school district, are entitled to a **free appropriate public education (FAPE)**. Note that Congress included the word *appropriate* in its language. FAPE must be individually determined because what is appropriate for one student with a disability might not be appropriate for another. FAPE provisions emphasize that special education and related services must be designed to meet the unique needs of students with disabilities and prepare them for further education, employment, and independent living (Wrightslaw, 2017). FAPE guarantees, under the 2015 Every Student Succeeds Act (ESSA), that students with disabilities receive a regular high school diploma if they received a standards-based curricular education. This diploma is not aligned to the alternate academic achievement standards, which students with the most significant cognitive disabilities may receive (OSEP, 2017b). However, students with significant cognitive disabilities are still entitled to complete requirements for a high school diploma.

Least Restrictive Environment

Students with disabilities must receive their education in the least restrictive environment (LRE). In other words, special education services are not automatically delivered in any particular place. Today, LRE is often misinterpreted as meaning placement in general education classes. IDEA does not mandate that students with disabilities receive all their education in the general education setting. The U.S. Department of Education, in its 2006 rule implementing IDEA, explains LRE in this way:

> To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are nondisabled; and that special classes, separate schooling or other removal of children with disabilities from regular educational environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. (71 Fed. Reg. 46539 [2006])

The federal government identifies an array of placements, in addition to the general education classroom, that are appropriate for some students with disabilities. These placements include resource rooms, special classes, special schools, home instruction settings, and hospitals. For some students, exclusive exposure to the general education curriculum is not appropriate. For example, a secondary student with significant cognitive disabilities might need to master **functional skills** or **life skills** essential for independent living as an adult. That student might also need to receive concentrated instruction on skills associated with holding a job successfully. To acquire and become proficient in skills necessary to live and work in the community often requires instruction outside the general education curriculum, outside the general education classroom, and even beyond the actual school site. This instruction is often best conducted in the community, on actual job sites, and in real situations. In fact, **community-based instruction** is a well-researched, effective special education approach (Barczak, 2019; Rowe et al., 2020). Thus, there is no single or uniform interpretation of LRE. A balance must be achieved between inclusive instruction and a curriculum that is appropriate and is delivered in the most effective setting.

Systematic Identification Procedures

To decide which students qualify for special education—those who actually have disabilities—and to determine what that education should be requires systematic identification procedures. National data clearly show that current methods tend to overidentify culturally and linguistically diverse students (e.g., students from historically underrepresented groups, English learners) as having disabilities (OSEP, 2022). For example, American Indian or Alaska Native students are almost four times more likely to be identified as having a disability than all other racial and ethnic groups combined. Although to a lesser degree, Black, Hispanic (the term used by the federal government), and

Native Hawaiian or other Pacific Islanders are also overrepresented in higher incidence categories (e.g., learning disabilities, other health impairments), but not so in categories such as deafness or visual impairments. Interestingly, Asian and White students tend to be underrepresented in special education when compared to their percentage in the general school population. These facts concern federal, state, and local policy makers. Needless to say, educators must be careful of identifying students as having disabilities when they do not, but they also must be certain that students in need of such services actually receive them.

Concern about the traditional school assessments and the resulting education programs have given rise to other methods of identifying which students are in need of extensive special education services. For example, experts in learning disabilities are confident that individualized data-based assessments are essential for students who need intensive interventions (Lemons et al., 2018). We discuss these procedures in greater detail throughout this text, but know that the role of general education teachers in the identification process is evolving and growing.

The first task in the identification process is to ensure that a lack of appropriate academic instruction is not causing difficulties. The next is to collect data about the target student's performance, showing that high-quality classroom procedures do not bring about improvements in academic or social behavior for this particular student. Then, for those students who do not make expected gains with intensified interventions, further classroom evaluations are conducted. The ensuing classroom assessments include comparisons with peers who are achieving as expected, careful monitoring of the target student's progress (through **data-based individualization**), and descriptions of interventions tried, accommodations implemented, types of errors made, and levels of performance achieved (Morris-Mathews et al., 2020). The result of such evaluations may well lead to individual students receiving **intensive intervention**. You will learn about these procedures in Chapter 2.

Individualized Education Programs

At the heart of individualized programs are standards-based **individualized education programs (IEPs)** for schoolchildren ages 3 to 21 and **individualized family service plans (IFSPs)** for infants and toddlers (birth through age 2) with disabilities and their families. Each of these students is entitled to an individually designed educational program complete with supportive (related) services. In some states the guarantee of an individualized education is extended to gifted students as well, but because federal law does not protect gifted students' special education, schools are not required to address those students with individualized education.

IEPs and IFSPs are the cornerstones that guarantee an appropriate education to each student with a disability. The IEP is the communication tool that spells out what should comprise each child's individualized education. Therefore, every teacher working with a special education student should have access to the student's IEP. They should all be very familiar with its contents because this document includes important information about the required accommodations, the necessary special services, and the unique educational needs of the student. You will learn more about IEPs and IFSPs in Chapter 2.

Family Involvement

Educators' expectations of parent and family involvement are greater for students with disabilities than for their peers without disabilities, and the strength of families and their engagement with the school does make a real difference in the lives of their children (Center for Parent Information and Resources, 2019; 34 C.F.R. §300.322, 2017). For example, there is an expectation that parents participate in the development of their children's IEPs and become partners with teachers and schools. Families have the right to due process when they do not agree with schools about the education planned for or being delivered to their children. They are also entitled to services not usually offered to parents of typical learners. For example, parents of infants and toddlers with disabilities (birth to age 2) receive intensive instruction through special education along with their children.

Recognizing the challenges parents often face in raising and educating their children with unique learning needs, advocacy groups and professional organizations have formed over the years to support

Parents and family members of students with disabilities have important roles to play. Linking home and school communities is the responsibility of both families and teaching professionals.

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families and those who work with them. For example, the Learning Disabilities Association of America (LDA) has a long history of advocacy on behalf of individuals with learning disabilities and the professionals and families who work with them. The Arc of the United States is another long-standing advocacy group. Its focus includes ensuring that all students are provided appropriate public education services. CHADD (Children and Adults with Attention-Deficit/Hyperactivity Disorder [ADHD]) is made up of hardworking volunteers who provide support and resources to parents and professionals. The National Federation of Families for Children's Mental Health exists to provide national-level advocacy for the rights of children with emotional, behavioral, and mental health challenges and their families. It works collaboratively with a national network of family-run organizations. In addition, the federal government funds a national network of parent training and resource centers. In additional to one national center, the Center for Parent Information and Resources (CPIR), it makes at least one award for information and supportive services for parents in each state.

Leaders in these organizations, who often are parents themselves, have succeeded in influencing funding at the state and national levels for appropriate educational services for students with disabilities. Parent advocacy groups are very powerful, as shown by their contribution to key court cases resulting in legislation that now protects students with disabilities in all aspects of the educational system.

Related Services

Another important difference between general and special education is the array of services the latter offers to help students with disabilities profit from instruction. **Related services** are the multidisciplinary or transdisciplinary set of services many students with disabilities require if their education is to be truly appropriate. Those services are specified in the student's IEP and can include adaptive physical education (APE), AT, audiology, diagnosis and evaluation, interpretation for the deaf, family therapy, occupational therapy (OT), orientation and mobility, the assistance of paraprofessionals (paraeducators and teacher aides), physical therapy (PT), psychological services, recreation and therapeutic-recreation therapy, rehabilitative counseling, school counseling, school nursing, school social work, speech/language pathology, special transportation, vocational education, and work study (see 71 Fed. Reg. 46539, 2006). For example, in some cases a **paraprofessional**, sometimes called a paraeducator,

supports the special education program and works with a special education student in the general education classroom (Biggs et al., 2018). These professionals' services often make inclusion possible because they provide individualized assistance to students with disabilities for extended periods of the school day (OSEP, 2019).

Multidisciplinary teams of related services professionals go into action to meet the individual needs of students with disabilities. The federal government considers the cost of related services professionals—such as school nurses and school counselors—to be covered in part by funding from IDEA (see 71 Fed. Reg. 46539, 2006). You will learn more about related services in Chapter 2 and collaboration with families and paraprofessionals and how to work with students who exhibit unique learning needs or disabilities in Chapter 3.

Most related services specialists are **itinerant**, working at several schools during the same day and at many different schools across the week. Scheduling their time can be complicated, but it is vital to ensure that students with unique learning needs do not miss any educational opportunity. Multidisciplinary teams of experts not only deliver critical services to students with disabilities and their families but also serve as valuable resources to teachers as they strive to meet the needs of each student. Despite the remoteness of a school, the distance a specialist might have to travel, or the shortage of related services specialists, there is no excuse for not making these experts available to teachers and their students with disabilities.

Access to the General Education Curriculum

Another key feature of special education is access to the general education curriculum. Although rising from 62% in 2010, only 73% of students with disabilities leave school with a standard diploma (OSEP, 2022). To obtain a standard diploma students must participate in the general education curriculum and be assessed in the accountability measures (state- and district-wide tests) that monitor all students' progress. Advocates contend that students who receive their education in inclusive general education classrooms are more likely to have greater exposure to the standard curriculum and a better chance of graduating with a standard high school diploma than those students who receive their education in more restrictive environments, such as self-contained special education classrooms. Therefore, when IDEA was reauthorized in 1997 it required that all students with disabilities have access, to the fullest extent possible, to the general education curriculum and its accountability systems.

Of course, access to the curriculum and to a specific place often go hand in hand because the general education classroom is the place where students have the greatest opportunity to access the standard curriculum. The general education curriculum is not appropriate for all students with disabilities, however. Some require an alternative curriculum or intensive treatment not available or not suitable for instruction in the general education classroom. Examples include orientation and mobility training for students who are blind, job skills training in community placements, public transportation instruction, social skills training, physical therapy, and speech therapy for a student who has a stutter. Placement issues, LRE, access to the general education curriculum, and alternative curricular options are not mutually exclusive. Each can be in effect for part of the school day, school week, or school year.

Effective, Evidence-Based Practices

Passage of IDEA in 2004 emphasized that teachers should use instructional methods that are *evidence based*. Two types of effective practices must be implemented in classroom settings. One type, **evidence-based practices**, has been proven effective through systematic and rigorous research. In fact, according to IDEA, there must be documentation that evidence-based interventions were implemented before a student believed to have a learning disability can be referred. The second type, **high-leverage practices** (e.g., praise, systematic feedback), has been proven effective through years of use and success (Brownell et al., 2020–2021). The student's responses to these interventions also must be documented as part of the process of identifying the disability. This data-based individualization process, promoted and endorsed in IDEA, is incorporated into the multi-tiered systems of support (MTSS) framework, which includes response to intervention (RTI) and Positive Behavioral Interventions and Supports (PBIS), which you will learn about in Chapter 2.

EFFECTIVE PRACTICES: FOCUS ON BEHAVIOR-SPECIFIC PRAISE

What is it? Behavior-specific praise, an evidence-based practice, addresses the student or group of students, describes the desired behavior, is delivered immediately after the behavior occurs, and exceeds the use of reprimands at least 4:1.

How is it implemented? Behavior-specific praise can be public, by saying it out loud, or private, by delivering a note to the student or using a nonverbal gesture. It should be age and individual appropriate and not embarrass or stigmatize the individual or group.

Example: "All students at Table 1, thank you for remembering to bring in your homework today!" Or "Jessica, I appreciate your raising your hand to ask a question."

For more on behavior-specific praise, go to the IRIS Fundamental Skill Sheet: https://iris.peabody.vanderbilt.edu/wp-content/uploads/misc_media/fss/pdfs/2018/fss_behaviro_specific_praise.pdf.

We define special education, in part, by its practices, which are more intensive and more supportive than are practices for students without special learning needs. Years ago, researchers identified six common features of effective special education, and these features hold true today (Coyne et al., 2011; Swanson et al., 1999):

1. Validated (using practices proved effective through research)
2. Individually determined (matching teaching procedures to individuals)
3. Explicit (directly applying interventions to content and skills)
4. Strategic (helping students apply methods to guide their learning)
5. Sequential (building on previous mastery)
6. Monitored (evaluating progress frequently and systematically)

Most students with disabilities and most of those with unique learning needs do not require this intensive instruction for all their education. But when their learning is not on a par with that of their general education peers, it is time for action.

Frequent Monitoring of Progress

Even when teachers carefully select evidence-based practices, there is no guarantee individual students will respond positively or sufficiently. For this reason, teachers use **progress monitoring**—a set of evaluation procedures that assess the effectiveness of instruction on skills while they are being taught. The four key features of this approach are that students' educational progress is measured (a) directly on skills of concern, (b) systematically, (c) consistently, and (d) frequently.

One commonly applied method of data-based individualization is a progress monitoring system called **curriculum-based measurement (CBM)**. In this approach, the areas of most concern are measured directly to check progress on the curricular tasks or skills to which interventions are being directed. The foundations of CBM began long ago (Deno, 2003; Foegen et al., 2007) and have been further developed and refined across time (Fuchs et al., 2014; Stecker et al., 2005; Vanderbilt, 2022). These assessments occur often (e.g., weekly) and provide educators with useful feedback, on the basis of which they can quickly modify their instructional approaches. Because CBM results can be used to tailor the special education a student receives, by guiding the selection of practices and monitoring their effectiveness, CBM must not be omitted. You will learn more about monitoring student progress when specific curriculum targets (such as reading) are discussed in Chapter 9. We turn our attention now to discussing the origins of special education.

THE FOUNDATIONS OF SPECIAL EDUCATION

Although many people believe U.S. special education began in 1975 with the passage of the national law we now call IDEA, it actually began more than 200 years ago. The legend of special education's beginnings is not only famous—it's also true. In 1799, farmers in southern France found a young boy living in the woods, and they took this "wild child" to a doctor in Paris. Jean-Marc-Gaspard Itard, the doctor who now is recognized as the father of special education, used many of the principles and procedures of explicit instruction still implemented today to teach this boy, who they named Victor and who probably had intellectual disabilities.

In the early 1800s, Edouard Seguin, one of Itard's students, came to the United States to begin efforts to educate students with disabilities in this country. In fact, these early efforts were taking root across Europe as well. For example, in Italy, Maria Montessori worked first with children with cognitive disabilities and showed they could learn at young ages through concrete experiences offered in environments rich in manipulative materials. Meanwhile in the United States, Thomas Hopkins Gallaudet began to develop Deaf education, and Samuel Gridley Howe founded the New England Asylum for the Blind (later the Perkins School for the Blind). Elizabeth Farrell initiated public school classes for students with disabilities in 1898. Although special education and the idea of educating students with disabilities are not new, they were not uniformly accepted. In the United States, it was another 75 years before education became a right, something all students with disabilities were entitled to receive. You may be surprised to learn, in the next section, that the guarantees in place today were adopted rather recently.

Inconsistent Opportunities

Although positive attitudes about the benefits of educating students with disabilities emerged centuries ago, the delivery of programs remained inconsistent for almost 200 years. In 1948, only 12% of all children with disabilities received special education (Ballard et al., 1982). In 1962, only 16 states had laws that included students with mild intellectual disabilities under mandatory school attendance requirements (Roos, 1970). In most states, these children were not allowed to attend school, and those with more severe disabilities were routinely excluded.

In the early 1970s, Congress studied the problem, and here's what it found (20 U.S.C section 1400[b] PL 94-142, 1975):

- One million of the children with disabilities in the United States were excluded entirely from the public school system.
- More than half of the 8 million children with disabilities were not receiving appropriate educational services.
- The special educational needs of these children were not being fully met because they were not receiving necessary related services.
- Services within the public school system were inadequate and forced families to go outside the public school system, often traveling great distances from their residence and at their own expense.
- If given appropriate funding, state and local educational agencies could provide effective special education and related services to meet the needs of children with disabilities.

Congress realized that special education, with proper financial assistance and educational support, was necessary to make a positive difference in the lives of these children and their families.

Early Court Cases: The Backdrop for National Legislation

The end of World War II ushered in a time of increased opportunities for all, eventually leading to the civil rights movement of the 1960s and to advocacy for people with disabilities in the 1970s. Before then, concerns about unfair treatment of children with disabilities and their limited access to education were being taken to the courts and legislatures state by state. Table 1.2 summarizes landmark state

TABLE 1.2 ■ Landmark Court Cases Leading to the Original Passage of the Individuals with Disabilities Education Act

Case	Date	Issue	Finding
Brown v. Board of Education	1954	Overturn of separate but equal doctrine; integration of Kansas public schools	The case was the basis for future rulings that children with disabilities cannot be excluded from school.
Pennsylvania Association for Retarded Children (PARC) v. Commonwealth of Pennsylvania	1972	Access to public education for students with intellectual disabilities	In the state of Pennsylvania, no child with intellectual disabilities can be denied a public education.
Mills v. Board of Education of the District of Columbia	1972	Access to special education for all students with disabilities	All students with disabilities have a right to a free public education.

and local court cases that paved the way for national special education to be consistently offered to all children with disabilities. After years of exclusion, segregation, and denial of basic educational opportunities, consensus was growing that a national civil rights law, guaranteeing students with disabilities access to the public education system, was imperative.

Next, we review some of the key laws and court decisions that protect students with disabilities. Consider the impact of these court decisions on the lives of students with disabilities and their families.

Laws and Court Decisions That Protect Today's Students With Disabilities

The nation's policymakers reacted to injustices revealed in court case after court case by passing federal laws to protect the civil rights of individuals with disabilities (Florian, 2007). Table 1.3 lists some of the important laws passed by Congress that affect individuals with disabilities. As you study these, notice how one law sets the stage for the next.

TABLE 1.3 ■ Landmark Laws Guaranteeing Rights to Individuals With Disabilities

Date	Law or Section	Name and Key Provisions
1973	Section 504	Section 504 of the Rehabilitation Act of 1973 • set the stage for IDEA and the Americans with Disabilities Act (ADA); • guaranteed basic civil rights to people with disabilities; and • required accommodations in schools and in society.
1975	PL 94-142	Education for All Handicapped Children Act (EHA) • guaranteed a FAPE in the LRE; and • was a landmark civil rights effort for students with disabilities.
1986	PL 99-457	EHA (reauthorized) • added infants and toddlers; and • provided the IFSP.
1990	PL 101-476	Individuals with Disabilities Education Act (IDEA) • changed the name of PL 94-142 to IDEA; • added individualized transition plans (ITPs); • added autism as a special education category; and • added traumatic brain injury as a category.

Date	Law or Section	Name and Key Provisions
1990	PL 101-336	Americans with Disabilities Act (ADA) ● barred discrimination in employment, transportation, public accommodations, and telecommunications; ● implemented the concept of normalization across U.S. life; and ● required phased-in accessibility in schools.
1997	PL 105-17	IDEA 1997 (reauthorized) ● added ADHD to the category of other health impairments; ● added functional behavioral assessments and behavioral intervention plans; and ● changed ITP to a component of the IEP.
2001	PL 107-110	Elementary and Secondary Education (No Child Left Behind) Act of 2001 (ESEA or NCLB) ● required that all schoolchildren participate in state and district testing; ● called for 100% proficiency of all students in reading and math by 2012; and ● called for scientifically based research for programs and interventions.
2004	PL 108-364	Assistive Technology Act of 2004 (ATA, or Tech Act) (reauthorized) ● provided support for school-to-work transition projects; ● continued a national website on AT; and ● assisted states in creating and supporting device loan programs, financial loans to individuals with disabilities to purchase AT devices, and equipment demonstrations.
2004	PL 108-446	IDEA (reauthorized; called Individuals with Disabilities Education Improvement Act [IDEIA]; commonly referred to as IDEA) ● required special education teachers to be highly qualified; ● mandated that all students with disabilities participate annually either in state and district testing with accommodations or in alternative assessments; ● eliminated IEP short-term objectives and benchmarks, except for those who use alternative assessments; ● changed identification procedures for learning disabilities; and ● allowed any student to be placed in an interim alternative educational setting for involvement in weapons, drugs, or violence.
2008	PL 110-325	Americans with Disabilities Act Amendments Act (ADAAA) (reauthorized) ● restored workplace protection diminished by previous court decisions; and ● redefined "major life activities" to enable individuals with disabilities to be protected against discrimination in the workplace.
2010	PL 111-256	Rosa's Law ● changed the terms *mental retardation and mentally retarded to intellectual disabilities and intellectually disabled* in federal laws.
2010	PL 111-148	The Patient Protection and Affordable Care Act ● prohibited exclusion for preexisting conditions; ● eliminated caps on benefits; and ● prohibited discrimination based on disability and health status.

(*Continued*)

TABLE 1.3 ■ Landmark Laws Guaranteeing Rights to Individuals With Disabilities (*Continued*)

Date	Law or Section	Name and Key Provisions
2011	PL 99-457 PL 108-446	Individuals with Disabilities Education Act: Part C-Early Intervention Program • allocated funding to states to serve infants and toddlers through age 2 with developmental delays or who have physical or mental conditions that result in developmental delays; and • ensured early intervention services for infants and toddlers with disabilities birth through age 2.
2015	PL 114-95	Every Student Succeeds Act (ESSA) (reauthorized the ESEA) • required all students be taught to high academic standards to prepare them to succeed in college and careers; • ensured annual state assessments that measure student progress toward high standards; • ensured accountability in lowest-performing schools; and • made the following changes to IDEA: • The ESSA removed "highly qualified special education teachers" and included qualifications for special education teachers as holding state certification as a special education teacher or passing the state special education licensing exam. • The ESSA revised the term *limited English proficient to English learner.* • The ESSA clarified that alternative assessments should be aligned with alternative academic achievement standards for students with the most significant cognitive disabilities who cannot participate in regular assessments even with accommodations. Expectations for achievement are modified with respect to the state grade-level academic content but alternative assessments must be aligned to grade-level content (academic) standards. • The ESSA specified that only 1% of students in special education can be given alternative tests. • The ESSA required evidence-based interventions.
2022	S 2401 – 117th Congress (2021-2022)	21st Century Assistive Technology Act (Reauthorization of the Assistive Technology Act of 2004) • Modernizes and broadens the former AT Act • Includes devices such as wheelchairs and screenreaders • Allows for technical assistive services for training and testing out (borrowing) AT devices • Expands assistance to find corporate and private funding to assist with purchases of such equipment and devices

Every Student Succeeds Act

The Every Student Succeeds Act (ESSA) was signed by President Obama on December 10, 2015. The ESSA reauthorized the Elementary and Secondary Education Act (ESEA), which has been a commitment to national education law and equal opportunity for all students for more than 50 years. Prior to the ESSA, under President George W. Bush, the ESEA was reauthorized as the **No Child Left Behind Act of 2001 (NCLB)**. One major goal of NCLB was to raise academic achievement for all students and to close the achievement gap between poor, urban, and rural schools and wealthier schools in middle-class suburban areas. Although the emphasis on school district accountability was important in ensuring a quality education for all students, difficulties were encountered in operationalizing all of the requirements for the implementation of this law. Building on successes of NCLB and recognizing that some changes were needed, the ESSA was enacted to create a law that focused on the goal of fully preparing all students for success in college and careers.

> Disability is a natural part of the human experience and in no way diminishes the right of individuals to participate in or contribute to society. Improving educational results for children with disabilities is an essential element of our national policy of ensuring equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities. (OSEP, 2017b)

Section 504 of the Rehabilitation Act

In 1973, Congress passed **Section 504 of the Rehabilitation Act**, intended to prevent discrimination against individuals with disabilities in programs that receive federal funds. Section 504 required public buildings to provide **accommodations**, such as wheelchair ramps, to allow or facilitate access by people with disabilities. This means public schools must provide accommodations to students whose disabilities or health conditions require some special attention in order to allow them to participate fully in school activities. This law set the stage for both IDEA and the Americans with Disabilities Act (ADA) because it included some protection of the rights of students with disabilities to public education and many provisions for adults with disabilities and their participation in society and the workplace. Let's direct our attention now to the law that specifically targets schoolchildren and their families.

Americans With Disabilities Act

Congress first considered the civil rights of people with disabilities when it passed Section 504 of the Rehabilitation Act of 1973. However, after almost 20 years, Congress became convinced by advocates, many of whom were themselves adults with disabilities, that Section 504 was not sufficient and did not end discrimination for adults with disabilities. Congress took stronger measures by passing yet another law. On July 26, 1990, President George H. W. Bush signed the **Americans with Disabilities Act (ADA),** which bars discrimination in employment, transportation, public accommodations, and telecommunications. Bush said, "Let the shameful walls of exclusion finally come tumbling down." Senator Tom Harkin (D-IA), the chief sponsor of the act, spoke of this law as the emancipation proclamation for people with disabilities (West, 1994).

ADA guarantees people with disabilities access to all aspects of life—not just those supported by federal funding—and implements the concept of normalization across all aspects of U.S. life. Both Section 504 and ADA are considered civil rights and antidiscrimination laws. ADA supports and extends Section 504 and ensures that adults with disabilities have greater access to employment and participation in everyday activities that adults without disabilities enjoy. It requires that employers not discriminate against qualified applicants or employees with disabilities and mandates new public transportation (buses, trains, subways) and new or remodeled public accommodations (hotels, stores, restaurants, banks, theaters) to be accessible to persons with disabilities.

ADA has had a substantial impact on the daily lives of people with disabilities. For example, it requires telephone companies to provide relay services so deaf individuals and people with speech impairments can use ordinary telephones. It is thanks to ADA that **curb cuts** for wheelchairs also make it easier for everyone to use carts, strollers, and even roller skates when crossing streets. For students making the transition from school to adult life, improvements in access and nondiscrimination practices should allow genuine participation in their communities.

Section 504 and ADA also affect the education system, but there are some important differences between those laws and IDEA. Section 504 and ADA incorporate a broader definition of disabilities than does IDEA because they guarantee the right to accommodations even to those who do not need special education services and to those beyond school age. For example, it is under the authority of ADA that college students with unique learning needs or disabilities are entitled to special testing situations (untimed tests, braille versions, someone to read the questions to them) and that schoolchildren with ADHD who do not qualify for special education receive special accommodations.

Like IDEA, the ADA law has sparked controversy. On the one hand, some members of the disability community are disappointed because they still cannot find jobs suited to their interests, training, or skills. On the other hand, many small-business owners claim that ADA requires them to make accommodations that are expensive and rarely used.

Individuals With Disabilities Education Act

Congress found widespread patterns of exclusion, denial of services, and discrimination (Knitzer et al., 1990). Therefore, it decided that a universal, national law guaranteeing the rights of students with disabilities to a FAPE was necessary. The first version of the special education law was passed in 1975 and was called the **Education for All Handicapped Children Act (EHA; Public Law (PL) 94-142**). (The first set of numbers refers to the session of Congress in which the law was passed, the second set to the number of the law. Thus, EHA was the 142nd law passed in the 94th session of Congress.) Congress gave the states 2 years to get ready to implement this new special education law, so it was actually initiated in 1977. It was to be in effect for 10 years; for it to continue after that time, a reauthorization process was required. After the first 10-year period, the law was supposed to be reauthorized every 3 years, but it has been two decades since its last independent reauthorization.

EHA was reauthorized the first time in 1986. (Congress gives itself a couple of extra years to reauthorize laws so they do not expire before the congressional committee can complete the job of rewriting them.) Congress added services to infants, toddlers, and their families in this version of the special education law. In its next reauthorization, Congress (retroactively) changed the name of the law to PL 101-476, the Individuals with Disabilities Education Act (IDEA), added autism and traumatic brain injury as special education categories, and strengthened transitional services for adolescents with disabilities. In the 1997 reauthorization of IDEA, issues such as access to the general education curriculum, participation in state- and district-wide testing, and discipline assumed prominence. When the law was reauthorized again in 2004, many changes were made in the way students with learning disabilities can be identified. The 2004 version of the law also encourages states and school districts to help all young students who are struggling to read, in hopes of preventing reading/learning disabilities and also getting help as early as possible to those who need it (see 71 Fed. Reg. 46539, 2006). IDEA has not been formally reauthorized since 2004. Instead, as part of the ESSA (2015), changes were made to some provisions of IDEA (see Table 1.2 for a list of some changes).

Federal legislation broadly defines disabilities and impairments that significantly limit one or more major life activities, including walking, seeing, hearing, and learning.

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Assistive Technology Act of 2004 and 21st Century Assistive Technology Act of 2022

On October 25, 2004, President George W. Bush signed the reauthorization of the **Assistive Technology Act of 2004 (ATA, or Tech Act)** into law, and in 2022 President Biden signed its more modern reauthorization, which includes more AT devices for older Americans. People with disabilities find this law of growing relevance because they are confident that increased community participation depends, in part, on technology. The term ***assistive technology device*** was first defined in the Technology-Related Assistance for Individuals with Disabilities Act of 1988 (PL 100-407). In this legislation, AT devices were defined as "any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain or improve the functional capabilities of individuals with disabilities" (Sec. 3). Individuals with disabilities can use technology, whether disability-specific (e.g., braille printers, speech synthesizers, wheelchairs), specialized (e.g., good grip utensils, ergonomic seating), or general (e.g., organizing tools, software including screen readers), to help them become more independent. Both AT acts apply to the education system and the federal legislation; IDEA mandates that IEP teams must consider whether the student needs AT to receive a FAPE. School districts have become increasingly aware that IEP team members need knowledge and skills to make informed AT decisions. Neither act allows for direct funds to be used for purchases; however, it does encourage and assist in locating independent private and corporate funding for such purchases on behalf of individuals with disabilities.

AT is critical to the ability of people with disabilities to participate in the workplace, in the community, and in school; it removes barriers that restrict their lives. For example, AT allows people with hearing problems to go to their neighborhood theaters and hear the movie's dialog through listening devices or to read it via captions. It allows people with physical disabilities to join friends at a local coffeehouse by using a variety of mobility options. It provides text-to-audio translations to those who cannot access printed passages because they cannot see, and it provides immediate audio-to-text translations to those who cannot hear lectures. The potential is limited only by our creativity and innovation.

However, AT is expensive and far beyond many people's budgets, particularly those who are underemployed or unemployed. For both students and adults, both acts offer (through the states' loan programs) training activities, demonstrations of new devices, and other direct services. This law enables students to test equipment and other AT devices both at school and at home before they are purchased. Access to information technology is important and unfettering to all of us, and restricted access to it results in barriers with considerable consequences.

Influential court cases, landmark legislation, and laws related to education and the greater society have paved the way for special education services as we know them today. Let's consider court decisions next.

Court Decisions Defining IDEA

It is the role of the courts to clarify laws passed by Congress and implemented by the administration. (Implementation of IDEA is the responsibility of the United States Department of Education). Although Congress thought it was clear in its intentions about the educational guarantees it believed necessary for children with disabilities and their families, no legal language is perfect. Since 1975, when PL 94-142 (EHA; name was later changed to IDEA) became law, a very small percentage of the children served have been engaged in formal disputes about the identification of students with disabilities, evaluations, educational placements, and the provision of a FAPE. Most disputes are resolved in noncourt proceedings or in **due process hearings**. Some, however, must be settled in courts of law—a few even in the U.S. Supreme Court. Through such litigation, many different questions about special education have been addressed and clarified. Table 1.4 highlights a few important U.S. Supreme Court decisions.

The issues and complaints the courts deal with are significant, and the ramifications of those decisions can be momentous. For example, a student named Garret F. was paralyzed as the result of a motorcycle accident at the age of 4. Thereafter, he required an electric ventilator (or someone manually pumping an air bag) to breathe and so to stay alive. When Garret was in middle school, his mother requested that the school pick up the expenses of his physical care while he was in school. The district

TABLE 1.4 ■ Landmark U.S. Supreme Court Cases Defining the Individuals With Disabilities Education Act

Case	Year	Issue	Finding/Importance
Rowley v. Hendrick Hudson School District	1982	Free Appropriate Public Education (FAPE)	School districts must provide those services that permit a student with disabilities to benefit from instruction.
Irving Independent School District v. Tatro	1984	Defining related services	Clean intermittent catheterization is a related service when necessary to allow a student to stay in school.
Smith v. Robinson	1984	Attorneys' fees	Parents are reimbursed legal fees when they win a case resulting from special education litigation.
Burlington School Committee v. Department of Education	1985	Private school placement	In some cases, public schools may be required to pay for private school placements when the district does not provide a FAPE.
Honig v. Doe	1988	Exclusion from school	Students whose misbehavior is related to their disability cannot be denied education.
Timothy W. v. Rochester, New Hampshire, School District	1989	FAPE	Regardless of the existence or severity of a student's disability, a public education is the right of every child.
Zobrest v. Catalina Foothills School District	1993	Paid interpreter at parochial high school	Paying for a sign language interpreter at a parochial school does not violate the constitutional separation of church and state.
Carter v. Florence County School District 4	1993	Reimbursement for private school	A court may order reimbursement to parents who withdraw their children from a public school that provides inappropriate education, even though the private placement does not meet all IDEA requirements.
Doe v. Withers	1993	FAPE	Teachers are responsible for the implementation of accommodations specified in individual students' IEPs.
Cedar Rapids School District v. Garret F.	1999	Related services	Health attendants are a related service and a district's expense if the service is necessary to maintain students in educational programs.
Arlington Central School District Board of Education v. Murphy	2006	Fees	Parents are not entitled to recover fees for expert witnesses in special education due process hearings.
Forest Grove School District v. T.A.	2009	Private school tuition reimbursement	Parents are entitled to tuition reimbursement for private school special education services regardless of whether the child had received special education services in a public-school setting and the public school had not provided a FAPE.
Endrew F. v. Douglas County School District	2017	Equal opportunity to achieve success like other kids	The school district argued that the boy who had autism had the right to only a de minimis, or minimal, benefit from the IEP. The Supreme Court unanimously ruled to send the case back to the trial level. The district judge in the case, who had initially ruled in favor of the Douglas County School District, reversed his decision and ruled in favor of the parents of a child with autism.

refused the request. Most school district administrators believed providing so-called complex health services to students was not a related service (and hence not the district's responsibility), but rather a medical service (excluded under the IDEA regulations). In other words, across the country, districts had interpreted the IDEA law and its regulations to mean that schools were not responsible for the cost of health services.

The Supreme Court, however, disagreed and interpreted IDEA differently. The justices decided that if a doctor is not necessary to provide the health service, and the service is necessary to keep a student in an educational program, then it is the school's obligation to provide the related service. The implications of this decision were enormous (Katsiyannis & Yell, 2000). Not only are the services of additional staff expensive—between $20,000 and $40,000 per school year—but it adds increased liability for schools, additional considerations for IEP teams, administrative costs, and the complications of having yet another adult in a classroom.

The case of Endrew (Drew) is very different. In this case, the Supreme Court defined FAPE: what comprises an appropriate education. The crux of the case was that the school district administrators believed that any progress was sufficient, but Drew's parents argued that Drew's educational program outlined in his IEP was inadequate and the court agreed, setting forward that all IEPs must surpass **de minimis** progress from year to year. Although the courts did not precisely define the concept of de minimis, they made it clear that expectations for each student with a disability should be high, progress must be monitored, and parents should be involved in decision making about their child's educational program (OSEP, 2017a).

Next, we focus on the nature of disability as a backdrop for the remaining chapters.

THINKING ABOUT DISABILITIES

Some of you might answer the question, "What is a disability?" by expressing the notion that **disabilities** are absolutes—something an individual does or doesn't have. You might have said the concept of disability is complex and that there are many different perspectives on what it is and what it means to each individual, family, and culture. You might have included in your answer that the intensity of a disability is the result of different conditions or experiences and that the response to it—the intensity of instruction, types of services, and community supports—depends on an individual's unique needs. These answers reflect the idea that individualized adaptations and assistance can reduce the impact of the challenge presented by a disability.

Why did we ask how disability is conceptualized? First, the concept of disability is not as simple as it initially appears. Second, the way people, groups, and cultures think about what it means to have a disability affects the way they interact with people with disabilities, and those interactions, in turn, become events that influence individuals' outcomes (Artiles, 2020; Branson & Miller, 2002; Winzer, 2007). Some responses—such as low or unreasonably high expectations—can have long-term negative results. So, let's think together about various ways to conceptualize the term *disability* and also about how attitudes toward disability can influence students' lives.

Different disciplines, cultures, and individuals disagree about what disabilities are or how to explain them (Artiles, 2019; Skiba et al., 2015). For example, many psychologists, education professionals, and medical professionals describe children and youths in terms of various characteristics, such as intelligence, visual acuity, academic achievement, or behavior. In its *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition (DSM-5), the American Psychiatric Association (APA) describes many characteristics that help to describe or define a condition or a disability because they set the individual apart from what is called normal, typical, or average (APA, 2013). In this common approach, human characteristics or traits are described as a continuum; at one end, very little of the target behavior is observed, and at the other end an unusual amount of the trait is expressed. Here's an example. In DSM-5 the APA (2013) describes ADHD (hyperactivity and impulsivity) as including the following behaviors:

a. fidgets with hands or feet or squirms in seat

b. leaves seat in classroom or in other situations in which remaining seated is expected

c. experiences feelings of restlessness

d. has engaging in leisure activities quietly

e. is "on the go" or acts as if "driven by a motor"

f. talks excessively

g. blurts out answers

h. has difficulty waiting their turn

i. interrupts or intrudes on others (partially adapted from APA, 2013, p. 59)

Note that all the behaviors described in the DSM-5 account of hyperactivity are expected in children to some extent. What identifies hyperactivity is that an individual exhibits "too many" of these behaviors. Now let's think about the reverse situation, when displaying "not enough" or "too few" of the behaviors of concern (e.g., social isolation, withdrawal) leads to the identification of a disability.

Other perspectives can also provide a framework for understanding disabilities and unique learning needs. Let's turn to four different ways of thinking about disabilities:

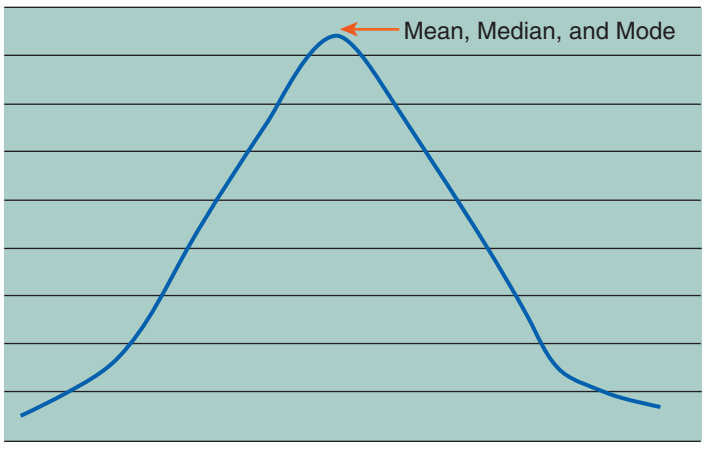
- The deficit perspective on disabilities
- The cultural perspective on disabilities
- The sociological perspective on disabilities
- People with disabilities as members of a minority group

The Deficit Perspective on Disabilities

The deficit perspective reflects the idea that behavior and characteristics people share are distributed along a continuum, with most people falling in the middle of the distribution, where they make up the average. For example, some people are short and some are tall, but most people's height falls somewhere in the middle; the average of everyone's height is at the center of the distribution. The scores from most human characteristics create such patterns, forming what we call a **normal curve**, like the one shown in Figure 1.1. Because of the way the distribution tends to fall, with the highest number of scores in the middle and proportionally fewer as the distance from the average score increases, the distribution is also referred to as the **bell-shaped curve**.

Suppose we plotted the number of students obtaining each academic achievement score on the graph in Figure 1.1. Few students would obtain low scores, and their scores would be plotted at the left-hand side of the graph. The number of students receiving higher scores increases as we move to

FIGURE 1.1 ■ A Hypothetical Distribution of Scores Creating a Normal or Bell-Shaped Curve



the right until we reach the average or mean score. Somewhere in the middle of the distribution are **typical learners**, whose behaviors and characteristics represent the average or majority of students. The progressively fewer students who obtain higher and higher scores on the test complete the right-hand side of the distribution or curve. The number of characteristics we can count in this way is infinite, and each individual student probably falls at a different point on each dimension measured. Thus, the unusually tall student might have slightly below-average visual acuity and an average score on the distance they can kick a ball. Clearly the hypothetical average student, or typical learner, does not actually exist—or exists very rarely—because the possible combinations of human characteristics are endless.

Regardless, in mainstream U.S. society, the most common way we describe individuals is by quantifying their performance. Unfortunately, this way of thinking forces us to consider everyone in terms of how different they are from the average, and half the members of any group will be below average. The deficit approach also contributes to the tendency to think about students with disabilities and also marginalized students as deficient or somehow less than their peers, placing them at an unfair disadvantage and not considering more positive approaches to help them succeed (Artiles, 2022).

The Cultural Perspective on Disabilities

A second way to think about disabilities and the people who might be affected does not use a quantitative approach; rather, it reveals a cultural perspective that reflects the diversity of our nation. Alfredo Artiles of Stanford University aptly points out that the United States today includes many different cultures, some of which embrace concepts and values that differ greatly from mainstream ideas. Nonmajority cultures often hold different views of disabilities, and many do not think about disabilities in terms of deficits or quantitative judgments of individuals (Artiles, 2022). The beliefs of teachers and other professionals who work with students are important to understand because different perspectives result in different responses to a disability.

First, education professionals and the families with whom they work might not share the same understanding of disability. Second, they might not have a common belief about what causes disabilities. Knowing this helps us understand why different families approach education professionals differently when told their child has a disability. Because disability does not have a single orientation or fixed definition, it is not thought about uniformly or universally (Skiba et al., 2016). Also, the same individual might be considered different or as having a disability in one culture but not in another. Or, the degree of difference might not be considered uniformly across cultures.

CULTURAL SENSITIVITY AND RESPONSIVENESS: USING EFFECTIVE MODES OF COMMUNICATION WITH FAMILIES

To build trust and supportive relationships with families, it is important to communicate frequently about their child's progress at school to report successes and areas of challenge and to learn of their concerns. But to do so requires knowledge and an understanding of the capabilities available to family members. During the COVID-19 pandemic, this became abundantly obvious. Many families in both rural and urban areas do not have reliable access to the Internet, so messages from school sent via e-mail may not be received. Others may not have texting capabilities. Learn about the families of each of your students in a personal and objective way, find out their communication preferences, and use those perhaps on a daily or weekly basis.

The Sociological Perspective on Disabilities

Instead of focusing on people's strengths or deficits, the sociological perspective views differences across people's skills and traits as socially constructed (Longmore, 2003; Artiles, 2019). The way a society treats individuals, and not a condition or set of traits the individual exhibits, is what makes people

different from each other. If people's attitudes and the way society treats groups of individuals change, the impact of being a member of a group changes as well. In other words, according to this perspective what makes a disability is the way we treat individuals we think of as different.

Some scholars and advocates hold a radical view, suggesting that disabilities are a necessity of U.S. society, structure, and values. Years ago, Herb Grossman posited a theory that when societies are stratified, variables such as disability, race, and ethnicity become economic and political imperatives (Grossman, 2002). They are needed to maintain a hierarchical class structure. Classifications result in restricted opportunities that force some groups of people to fall to the bottom. Clearly, this rationale or explanation for disabilities is controversial, but let's see how the sociological perspective might apply to at least one disability. Using this perspective, intellectual disabilities (referred to as mental retardation in the IDEA, 2004; see Rosa's Law in Table 1.2) exist because society and people treat these individuals poorly. If supporting services were available to help every individual when problems occur, then people with intellectual disabilities would not be negatively treated. In other words, if individuals with significant differences are treated like everyone else, problems associated with intellectual disabilities will disappear.

Serious issues have been raised about sociological perspectives on disabilities. Some special education scholars maintain that disabilities are real, not just sociologically constructed, and significantly affect the people who have them no matter how they are treated (Anastasiou & Kauffman, 2017). To these critics, sociological perspectives arise from a need for sameness, in which everyone is truly alike. They contend that this position is dangerous because it (a) minimizes people's disabilities, (b) suggests that individuals with disabilities do not need special services, and (c) implies that needed services can be discontinued or reduced. All three scenarios leave individuals with disabilities vulnerable to diminished outcomes. Whether or not you believe the sociological perspective can be used to explain disabilities, it does explain why people with disabilities and their advocates believe they experience bias and discrimination, just like members of many other historically underrepresented groups. For these reasons, many of the laws that protect children, youth, and adults with disabilities are considered civil rights laws.

People With Disabilities as Members of a Historically Underrepresented Group

The late Paul Longmore—a founder of the disabilities studies movement, former director of the Paul K. Longmore Institute on Disability at San Francisco State University, and also a person with disabilities—maintained that, like other historically underrepresented groups, individuals with disabilities receive negative treatment because of prejudice (Longmore, 2003). The ways in which people are treated by society and by other individuals erect real barriers that influence their outcomes. Many individuals with disabilities believe that this perception of disabilities **handicaps** them by presenting unnecessary challenges and barriers. This belief leads many people to think of people with disabilities as belonging to a historically underrepresented group, much as the concepts of race and ethnicity have resulted in Blacks, Hispanics, American Indians or Alaskan Natives, and Native Hawaiian and other Pacific Islanders being considered part of historically underrepresented groups.[2] Difficult situations occur not because of a condition or disability, but rather because people with disabilities are denied full participation in society as a consequence of their status. In fact, IDEA is often referred to as a civil rights law. This places IDEA in the same category as the Voting Rights Act of 1965, which prohibited discriminatory practices that had denied some citizens their right to vote in state and national elections. The U.S. Department of Health and Human Services (2022) reinforced this concept through its guidance about civil rights protections for people with disabilities who were not receiving health protections during the COVID-19 pandemic.

DISABILITIES DEFINED

We have just discussed four very different perspectives on disabilities. Let's return to more traditional views of disabilities and the conditions that cause them. (We discuss other special learning needs that schools and society do not consider disabilities, including those prompted by giftedness, social and economic inequities, and cultural and linguistic differences, in Chapter 4.)

Causes of Disabilities

One way to organize the causes of disabilities is to divide them into three groups by time of onset, whether before birth, during the birth process, or after birth. **Prenatal** or **congenital** causes occur before or at birth and are often genetic or inherited. Heredity is responsible for Down syndrome and congenital deafness. Diseases and infections in expectant mothers, such as measles and HIV/AIDS, can devastate an unborn baby, and such events are also considered prenatal. **Perinatal** causes occur during the birthing process. They include low birth weight and injuries due to oxygen deprivation, umbilical cord accidents, obstetrical trauma, and head trauma. One common perinatal cause of disabilities is cerebral palsy. **Postnatal** causes occur after birth, and here the environment is a major factor. A few examples of postnatal causes are child abuse and neglect, environmental toxins, and accidents. Another way to consider why disabilities and unique learning needs arise is to classify the reasons in terms of biological causes, environmental causes, and other risk factors. Many of these causes occur during all three periods of onset.

Biological Causes of Disabilities

Heredity is a biological cause of disabilities, as are diseases and health conditions. Thus, a virus that results in a severe hearing loss is considered a biological cause of disability. Seizure disorders such as epilepsy are biological reasons for special healthcare needs, as are diseases such as juvenile arthritis and polio. In Chapters 5 and 6, where we present information about specific disabilities, we will have more to say about some types of conditions that students bring to school.

Environmental Causes of Disability

In addition to biological factors, other situations can cause challenges that result in educational difficulties. Some of these are environmentally based. Many are preventable, but many others cannot be prevented. Toxins abound in our environment. All kinds of hazardous wastes are hidden in neighborhoods and communities. For example, one toxin that causes intellectual disabilities is lead. We can pinpoint (and, you would think, eliminate) three major sources of lead poisoning in the United States today: water pipes made out of lead, lead-based paint, and leaded gasoline. Lead-contaminated water systems, such as the now famous one in Detroit, have poisoned thousands of children. Finally, in 2021–2022, Congress set an ambitious agenda to replace all such lead pipes that deliver water to many neighborhoods. Unfortunately, that effort will take years to accomplish. Neither lead-based paint nor leaded gasoline is sold today, but unfortunately lead has remained in the dirt children play in and on the walls of older apartments and houses where they breathe it directly from the air and household dust, eat paint chips, or put their fingers in their mouths after touching walls or windowsills. Low-income children in the United States have a much higher risk of having lead poisoning, with a result of lowered cognition, than children whose families are more affluent (Marshall et al., 2020). Lead is not the only source of environmental toxins government officials worry about; other concerns include pesticides, industrial pollution from chemical waste, and mercury found in fish (Centers for Disease Control [CDC], 2021).

Other Risk Factors

Other environmental issues can trigger problems for children as well. Asthma, a health condition covered in our discussion of Section 504 in Chapter 2, is the leading cause of school absenteeism and is the leading cause of chronic illness in children (Asthma and Allergy Foundation of America, 2022). Teachers and schools can reduce problems with asthma through the use of simple interventions. For example, asthma is often triggered by exposure to specific allergens. For some students, the chance of an asthma attack is reduced when the classroom is free of chalk dust, plants that generate pollen or mold, cold and dry air, smoke, paint fumes, and chemical smells. For others, the fur of classroom pets can cause an episode. Clearly, exposures to toxins are preventable, and the effect of a condition can be reduced.

Categories of Students With Disabilities

Nationally in 2019, almost 6.5 million children and youths ages 6 to 21 and an additional 806,319 children ages 3 through 5 received services through IDEA (OSEP, 2022). For school-age children ages 6 to 11, this number reflects 12.7% of the resident population and for students 12 to 16, it represents 12.2%. The federal government describes 13 disability-specific categories that (the original IDEA law described deafness and hard of hearing as two separate special education categories) can be used to qualify infants, toddlers, preschoolers, and young students eligible to receive special education services. It also described a 14th category for young children, developmental delay, that does not require a specific disability identification. This action allows states and school districts to use the term *developmental delay* for children birth to age 3 (IDEA Part C, 2004) and children ages 3 through 9 (IDEA Part B, 2004) who have delays in physical development, cognitive development, social or emotional development, or adaptive (behavioral) development. However, young children can be identified with a specific disability if they have a diagnosed condition (physical or intellectual) that is identified early in their lives. Children under the age of 3 might also be identified as at risk for developmental delays, bringing them intervention services early and preventing or reducing the impact of their delayed behaviors. In Chapters 5 and 6, we discuss each of the disability categories, including their prevalence rates.

Within these categories are many conditions. For example, stuttering is included as a speech impairment, ADHD is included in the category of other health impairments, and Tourette's syndrome is included in the emotional disturbance category.

People think about these **special education categories**, or disabilities requiring specialized educational responses, in different ways. First, the names for these categories differ slightly from state to state, and parent and professional groups do not necessarily prefer the terms. Second, some categories—such as deafness and hard of hearing—are often combined. And categories are often ordered and divided by **prevalence**, or the size of the category: **high-incidence disabilities** occur most frequently and **low-incidence disabilities** occur the least often. States and local school systems tend not to use this demarcation system. One reason is that some people mistakenly think incidence or prevalence relates to the severity of the disability. Remember, however, that all disabilities are serious, and mild to severe cases occur within each special education category. Check carefully to see how your state views these determinations about prevalence.

Some students exhibit problem behaviors and need exemplary teachers. How do federal laws distinguish between students who exhibit problem behaviors and students with attention issues or learning disabilities?

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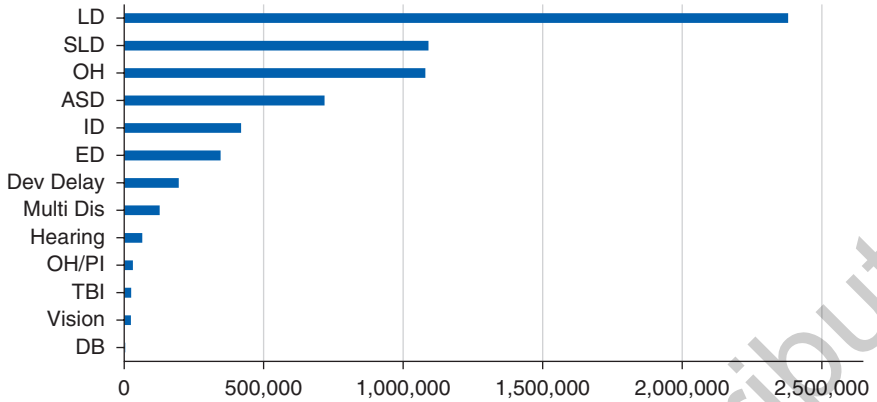
Table 1.5 shows an overview of the 14 special education categories used by the federal government and most states and the different ways they are referred to in school settings. IDEA requires states to use these disability areas to qualify children and youths for special education services. Figure 1.2 shows the prevalence data for each special education category. We provide more detailed information about each of these special education categories or disabilities in Chapters 5 and 6.

TABLE 1.5 ■ Special Education Categories Explained and Ordered by Prevalence

Federal Term	Other Terms	Comments
Specific learning disability	Learning disabilities	Includes reading, language, writing, and mathematics disabilities. Includes dyslexia, dysgraphia, dyscalculia.
Speech or language impairments	Speech disorders or language disorders; communication disorders	Includes articulation, fluency, and voice problems.
Other health impairment	Health impairments; special health-care needs	Under IDEA, it includes ADHD.
Autism	Autism spectrum disorder (ASD)	DSM-5 defines ASD that it previously identified with five subcategories separately: Autistic Disorder, Asperger's Disorder, Pervasive Developmental Disorder, Not Otherwise Specified (PDD_NOS), Rett's Disorder, and Childhood Disintegrative Disorder (CDD). The first three are no longer separately identified and are considered as ASD. The last two are no longer included in the ASD diagnosis. While national prevalence numbers have been increasing dramatically, ASD is not a high-incidence disabilities, but rather in the medium range.
Intellectual disability	Cognitive disabilities; developmental disabilities	Ranges from mild to severe but often overlaps with low-incidence disabilities.
Emotional disturbance	Emotional and behavioral disorders	Includes schizophrenia. Does not include children who are socially maladjusted unless it is determined they have an emotional disturbance.
Developmental delay		Allows for noncategorical identification from birth to age 9.
Multiple disabilities	Multiple-severe disabilities	Does not include all students with more than one disability. Criteria vary by state.
Hearing impairment	Hard of hearing and d/Deafness	Includes full range of hearing losses. Deafness is a hearing impairment so severe that processing linguistic information through hearing, with or without amplification, is impaired and adversely affects a child's educational performance. The term *Deaf* is used to signify those who consider themselves part of the Deaf community.
Orthopedic impairment	Physical impairments; physical disabilities; developmental disabilities	Is often combined with health impairments because there are many overlapping conditions.
Visual impairment [includes blindness]	Visual disabilities; low vision and blind	Includes full range of vision loss.
Deaf-blindness	Deafblind	Causes severe communication and other developmental and educational needs.
Traumatic brain injury		Must be acquired after birth.

FIGURE 1.2 ■ Number of Children Ages 3–21 Served Through IDEA by Special Education Category



Source: OSEP fast facts: School aged children 5 through 21 served under Part B, of the IDEA (2021 May 26). https://sites.ed.gov/idea/osep-fast-facts-school-aged-children-5-21-served-under-idea-part-b-21/.

SUMMARY

You have now embarked on what we believe is an exciting course of study. You have begun to learn about the challenges that exceptionalities and unique learning needs present to the individuals involved and to their families, teachers, and friends. You have already learned that many of these challenges can be overcome when the educational system is responsive to the individual needs of these students. You also know that responses to such challenges must be rich with validated practices that are supported by teams of professionals working together in collaborative partnerships. For students with disabilities, the education system should be inclusive but also flexible enough to strike an intelligent balance between FAPE and LRE—types of education, services, and placement—for each individual. As you are learning, many provisions, requirements, and legal mandates guide your role as an inclusive educator. Sometimes, these principles can seem overwhelming and confusing, but when all of the hard work pays off, and students soar, their accomplishments are everyone's to share. As you read this text, the puzzle of inclusive education will come together as you reach an understanding about how to teach and accommodate every academic and social area where students with disabilities and unique learning needs require intervention.

REVIEW THE LEARNING OBJECTIVES

Let's review the learning objectives for this chapter. If you are uncertain about and cannot talk through the answers provided for any of these questions, reread those sections of the text.

1.1 Explain the five steps outlined in the ADAPT Framework.

The five steps of the ADAPT Framework are (1) Ask, (2) Determine, (3) Analyze, (4) Propose, and (5) Test. In the first step, I am figuring out what I am requiring the student to do. In the second, I am determining the prerequisites of the skills needed to execute the task. In the third, I am analyzing the student's strengths and weaknesses. In the fourth, I am proposing and implementing the adaptions needed in the instructional activity, the instructional content, the instructional delivery, and the instructional materials. Finally, in the fifth step I am assessing whether the adaptions helped the student accomplish the task.

1.2 Describe four guidelines that should be applied to determine an inclusive education for each student with a disability.

For education to be both inclusive and responsive, a delicate balance must be maintained between an appropriate education and placement in the least restrictive environment possible.

Therefore first, special education placement decisions must be individually determined because services should be tailored to the needs of each student with disabilities. Second, no single answer is possible for all students with disabilities. Third, students with disabilities need an array of services (and placements) available to them for the delivery of individualized education programs that range in intensity and duration. Fourth, the guiding principle must be based not on placement alone but also on how students can best access the general education curriculum, master academic targets, and develop life skills they need to succeed when they are adults.

1.3 Identify the nine foundational tenets of special education.

Nine fundamental tenets provide the foundation for special education: (1) a free (at no cost to the parents) appropriate public education, (2) delivered in the least restrictive environment possible, (3) provided as a response to systematic identification procedures, (4) guided by specified individualized education programs (IEPs), (5) involving the family, (6) comprehensively involving related service professionals who provide expertise related to the impact of the disability, (7) with maximum access to the general education curriculum, (8) reliant on the implementation of evidence-based practices, and (9) frequently monitored for progress.

1.4 Explain the history and development of special education.

Many people believe U.S. special education began in 1975 with the passage of the national law we now call IDEA, but it actually began more than 200 years ago. In 1799, farmers in southern France found a young boy living in the woods, and they took this "wild child" to a doctor in Paris. Jean-Marc-Gaspard Itard, the doctor who now is recognized as the father of special education, used many of the principles and procedures of explicit instruction still implemented today to teach this boy, who they named Victor and who probably had intellectual disabilities. In the early 1800s Edouard Seguin, one of Itard's students, came to the United States and began efforts to educate students with disabilities. It was another 75 years before education became a right in the United States, something all students with disabilities were entitled to receive.

1.5 Discuss the four different perspectives of disability.

Different lenses can be used to understand or conceptualize disabilities. The perspective used influences the response to the disability. If one applies a deficit perspective, then individuals with disabilities are "less than average," deficient, or somehow less than their peers without disabilities. One result can be low expectations. Another way to think about disabilities is to consider culture and acknowledge that the same individual might be considered different or as having a disability in one culture but not in another. It is important for educators to understand that families from various cultures bring their values and understandings to school. The third perspective about disabilities is sociological and holds that a person is considered to have disabilities not because of the traits the individual exhibits, but because of society's treatment of that individual, their background, and life situation. Finally, some believe that people with disabilities belong to a historically underrepresented group, like other historically underrepresented groups in America. Therefore, people with disabilities are denied full participation as a consequence of their status, and the appropriate response is to end discriminatory practices through civil rights protections.

1.6 Identify the 14 special education (disability) categories outlined by the federal government.

The federal government and most states group students with disabilities into 14 special education categories (13 exceptionalities but 14 categories): specific learning disability, speech or language impairments, intellectual disability, emotional disturbance, multiple disabilities, hearing impairment (hard of hearing), deafness, orthopedic impairment, other health impaired, visual impairment, autism, deaf-blindness, traumatic brain injury, and developmental delay.

REVISIT THE OPENING CHALLENGE

Check your answers to the Reflection Questions from the Opening Challenge and revise them on the basis of what you have learned.

1. Do you think Ms. Thomas and Mr. Salazar are overly concerned about their students' varied needs? Do you think they are just having first-year-teacher jitters? Why or why not?
2. What advice would you give them about planning for their students with disabilities and for those with other unique learning needs?
3. How can they learn more about the special education services their students should be receiving this year?
4. In what ways can Ms. Thomas and Mr. Salazar be responsive to all their students' needs?

KEY TERMS

accommodations
Americans with Disabilities Act (ADA)
array of services
assistive technology (AT)
Assistive Technology Act of 2004 (ATA, or Tech Act)
assistive technology device
bell-shaped curve
community-based instruction
congenital
continuum of services
coteaching
curb cuts
curriculum-based measurement (CBM)
data-based individualization
de minimis
disabilities
due process hearings
early intervening
Education for All Handicapped Children Act (EHA)
efficacy
evidence-based practices
free appropriate public education (FAPE)
full inclusion
functional skills
handicap
high-incidence disabilities
high-leverage practice
inclusive education
individualized education program (IEP)
individualized family service plan (IFSP)
Individuals with Disabilities Education Act (IDEA)
intensive intervention
itinerants
least restrictive environment (LRE)
life skills
low-incidence disabilities
mainstreamed
multidisciplinary teams
No Child Left Behind Act (NCLB)
normal curve
paraprofessional
perinatal
postnatal
prenatal
prevalence
progress monitoring
Public Law (PL) 94-142
pull-in programs
pull-out programs
related services
Section 504 of the Rehabilitation Act of 1973
special education
special education categories
typical learners
Universal Design for Learning (UDL)

PROFESSIONAL STANDARDS AND LICENSURE

For a complete description of Professional Standards and Licensure, please see the appendix.

CEC Initial Preparation Standards

Standard 1: Learner Development and Individual Learning Differences

INTASC Core Principles

Standard 1: Learner Development

Standard 2: Learning Differences

Praxis II: Education of Exceptional Students: Core Content Knowledge

I. Understanding Exceptionalities: Basic concepts in special education

II. Legal and Societal Issues: Federal laws and legal issues

III. Delivery of Services to Students with Disabilities: Background knowledge

NOTES

1. In this text, we refer to students who are part of the Deaf community and use ASL as their primary means of communication as *Deaf*. We refer to students who have profound hearing loss as *deaf; d/Deaf* refers to both groups.
2. Although regional and personal preferences about specific terms used to identify ethnic and racial groups vary, these terms are the ones used by the federal government. Throughout this text, we use a variety of terms in an attempt to achieve balance.