



Executive Summary on Preschool Inclusion Study Spring/Summer 2020

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For almost 40 years, the Individuals with Disabilities Education Act has encouraged the education of children with disabilities alongside their general education peers *to the maximum extent appropriate* (34 Code of Federal Regulations [CFR] §300.114). Additionally, the research in support of high-quality inclusion in early childhood settings, has continued to grow. Research has indicated that high-quality inclusive settings are the only environments with data consistently supporting children's superior learning, whereas non-inclusive environments have been shown to negatively impact children's learning. Fully inclusive options have been shown to work for children across disability groups and levels of "severity" (children with developmental delays, mild to severe; children with autism spectrum disorder; children with multiple disabilities; children with significant social and emotional needs; children with hearing impairment; children with limited mobility). And, fully inclusive options tend to be of higher quality in general.

According to U.S. Department of Education (USDOE) Office of Special Education Programs (OSEP), in the 2018-2019 school year in Colorado, 86.8% of Colorado children with disabilities age 3 to 5 years, received their special education and the related services in a regular early childhood classroom a majority of the time. This places Colorado highest among states for rates of inclusion. However, the OSEP data that is collected does NOT offer specific information about the actual amount of time that children are in the classroom with their general education peers, the number of learning opportunities that children have to practice skills throughout the day, how professionals distribute their time between classrooms and children on their caseload nor what policies and procedures are in place to implement high quality inclusive practices.

Based on the limitations of the OSEP data, the Positive Early Learning Experiences Center (PELE) at the University of Denver partnered with the Colorado Department of Education (CDE) to conduct a study aimed at better understanding services for children with disabilities age 3-5 in Colorado. This study was designed to understand the strengths and barriers that providers experience serving young children in fully inclusive services settings as well as the administrative beliefs, policies, and procedures that drive inclusive practices in early childhood settings. Key questions addressed in this project included:

- To what extent are special education and related services being delivered in ongoing classroom routines?
- What decision-making processes are special education and related services using to determine where services are delivered?
- What policy and procedural barriers exist to inclusive services?

This study surveyed 444 early childhood special education and related service providers including speech language pathologists (SLPs) and speech language pathology assistants (SLP-As), occupational therapists (OTs) and certified occupational therapy assistants (COTAs), physical therapists (PTs), and school psychologists who serve children age 3-5 in preschool settings. Sixteen BOCES and 48 school districts were represented in this study. The survey, administered online using Qualtrics, probed for basic demographics including geography, travel time, caseload, characteristics of services for children with disabilities, professional development



offered and accessed by early childhood special educators and related service providers, implementing inclusive practices. A second phase of the study included interviews with 23 administrators across Colorado who oversee preschool special education services and programs. Due to the COVID 19 pandemic and the subsequent closure of programs the interviews focused primarily on rural and frontier districts in Colorado. The interview questions probed for basic demographics, understanding of characteristics of placement policies and procedures for children with disabilities, access to professional development to support children with disabilities, characteristics of family partnerships and barriers experienced by administrators in supporting inclusive practices. Both phases of this project set out to identify how the quality of inclusion for young children could be enhanced through technical assistance offered by the preschool team at the Colorado Department of Education.

What follows are key findings and associated recommendations made to dismantle barriers to inclusion for young children with disabilities and their families. Recommendations are based on the National Indicators of High Quality Inclusion Initiative by the Early Childhood Technical Assistance Center (ECTA) and partners including the National Center for Pyramid Model Innovations (NCPMI), the Division for Early Childhood (DEC), the BUILD Initiative, The Children's Equity Project at Arizona State University, Child Care Aware of America, the National Association for the Education of Young Children (NAEYC), the US Department of Health and Human Services and the Office of Special Education Programs (OSEP) at the US Department of Education to name a few.

Key Findings and Recommendations

Key findings from the sample of early childhood special educators, related service providers and preschool administrators in Colorado are described below. Recommendations for providers, administrators and the Colorado Department of Education are included with each of the findings.

Key Finding #1

There is a need for special education providers to collaborate with the general education staff including teachers, paraprofessionals, and other related service providers to share knowledge about increasing learning opportunities for children with disabilities in the regular education routine. Relatedly, there is a need for administrators to intentionally create policies and procedures that support collaboration between special education and general education providers.

Evidence from Survey and Interviews

- 65% of special education providers and related service providers have a caseload of over 25 preschool-aged children. Twenty eight percent of providers have a caseload of over 50 preschool aged children.
- 28% of providers indicated that lack of collaboration with their general education and special education colleagues is the most significant barrier to implementing inclusive practices while an additional 13% cited lack of time as the primary limiting factor to implementing inclusion.
- Over 75% of early childhood special educators and speech language pathologists spend only an average of 0-5 hours in collaboration each week.



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- Of those hours of collaboration, providers indicated that collaboration was primarily informal and “on the fly” while they were in the classroom delivering direct services.
- Administrators across the state indicated that they did not have policies or procedures in their programs that specifically support collaboration between providers. Professional learning days and planning days (scheduled monthly or weekly) centered generally on curricular planning, IEP meetings and professional development to achieve compliance with licensing and regulations.

Recommendations for providers

- Providers are given strategies, time and space to support communication of information regarding children’s needs, interests, and programming goals with all staff members.
- The entire team of general education and special education providers meet formally at least to plan lessons and curricular activities, make adaptations, determine effective instructional strategies and review data, as well as engage in informal and ongoing conversations to exchange knowledge and ideas.
- Providers are encouraged to engage in dispositions that demonstrate their willingness to share their role with other team members and accept the responsibilities of other team members in order to benefit children and families.

Recommendations for administrators

- Administrators work to establish an appropriate staffing structure to ensure special education, and related service providers can support program personnel in using evidence-based inclusion practices and embedded services to meet the needs of children with disabilities and their families.
- Administrators engage in communities of practice in which they can share with and learn from other administrators about strategies to establish staffing structures and flexible scheduling to allow personnel time to meet, plan and problem solve.

Key Finding #2

There is a need for genuine and authentic family partnerships that place families at the center of the decision-making process in order to build the quality of inclusive settings for children with disabilities and ensure that placement decisions are equitable and represent the child and family regardless of ability status, race, ethnicity, culture, home language, geography, socio-economic status, family composition or other marginalizing identities.

Evidence from Survey and Interviews

- Administrators indicate varying levels, but generally minimal, of family involvement in the placement process from informing families of where their child would be placed to communicating with them about their placement desires for their families.
- With large caseloads and being pressed for time to deliver services, 83% of providers suggest that they were not able to invest the time necessary to deeply partner with families.

Recommendations for providers



- Providers use strategies that support interactions with family members that are representative of personal knowledge of and appreciation for the values, beliefs, cultural norms and intersecting identities (e.g., race and disability or gender and disability) represented by the children and families in their care.
- Providers are supported with strategies to create an environment for bi-directional and open communication with families by using a variety of strategies, reflective of family preferences, (including in-person, paper, and electronic information sharing, such as email, text or app) to communicate with families and by offering opportunities for families to share information about themselves and the child.
- Families are included and involved in activities to the extent to which families want to and are able to be involved. Providers offer a multitude of ways for families to be involved, such as observing, volunteering, and developing materials outside of the early care and education environment. Opportunities for involvement are culturally and linguistically affirming.

Recommendations for administrators

- Administrators develop a plan for how they will engage and partner with families in activities such as advocacy efforts, public awareness, inclusion forums, and conferences and obtains families' input and feedback throughout the implementation of the action plan. Families are included as a regular part of the program improvement and problem-solving processes.
- Administrators intentionally connect families to the Parent Training and Information Centers (PTIs) and other family support programs in their area.
- Administrators intentionally build personnel capacity to honor and affirm the preferences and priorities of family partners.
- Administrators implement systematic data collection and analysis related to family satisfaction with and perceptions of inclusion to inform their efforts.

Key Finding #3

There is a need for intentional and thoughtful partnerships between school district/local education agency providers and community programs to serve children with disabilities in inclusive settings. At the state level there is a need to de-silo special education and regular education initiatives when children receiving different funding streams are served in the same setting with the same providers.

Evidence from Survey and Interviews

- Administrators cited limitations in physical classroom space as a significant barrier to inclusion of young children with disabilities.
- Administrators indicated that limitations in the number of child slots to maintain inclusive ratios (at least 50/50) is a challenge to implementing inclusion.

Recommendations for administrators



- Administrators develop and maintain agreements with early childhood education (ECE) programs, health partners, and behavior support personnel to provide supports and services to children with disabilities in inclusive settings and identify personnel to coordinate services for families and children with disabilities.

Recommendations for state level agencies

- A state level cross-sector leadership team exists with the ability to implement a shared vision, mission, strategic plan, and make recommendations to support high-quality inclusion across the early childhood system (including stakeholders from child care, community preschools, Head Start, state funded early childhood, licensing and regulations and higher education) with the goals of 1) addressing and promoting cross-sector collaboration by agencies and local program and 2) developing accompanying procedures or guidance that share information about implementation of the policy.

Key Finding #4

There is a need for professional development that centers on evidence-based practices that support high-quality inclusion and methods of collaboration and communication that encourage implementation of those practices across the day. Administrator and provider professional development about inclusion should also include the benefits to children with disabilities and without as well as to communities.

Evidence from Survey and Interviews

- 9% of providers indicated that lack of training and professional development on inclusion was their most significant barrier to inclusion.
- An additional 17% of special education and related service providers noted that the general education staff in the classrooms that served children with disabilities lacked the training to implement strategies for children with disabilities when special education and related service providers were not present.
- Administrators indicated formal training for staff primarily centers on licensing and regulation from the state including universal precautions, First Aid, CPR, child abuse etc. Training specific to high quality inclusive practices was more likely to occur inconsistently, informally or “on the job.”
- Administrators noted that the professional development structures, policies and procedures in their jurisdiction were generally unstructured. Professional learning days and “planning” days were designed locally and varied from monthly to quarterly depending on the district. Delivered content in professional learning was largely left up to individual programs to determine.
- Coaching is being used in some districts across the state and found to be valuable by administrators and providers in the places that it implemented.

Recommendations for providers

- Providers develop or modify the environment, materials and instruction to ensure children can engage in curricular activities and achieve their individualized goals.



- Providers use evidence-based instructional strategies including 1) embedding instruction and targeted goals into naturally occurring opportunities for learning, 2) planned repetition, 3) modeling and imitation to assist children's skill development, 4) breaking tasks into smaller steps, using a combination of familiar and less familiar materials, 5) least to most prompting and 6) intentional teaching.
- Providers create opportunities to address all stages of the learning cycle such as acquisition, fluency, maintenance and generalization for children with disabilities in targeted goal areas.
- Providers use data-based decision-making processes to understand and alter instruction for children with disabilities to ensure that placements remain inclusive.

Recommendations for administrators

- Administrators support professional development content that addresses 1) making adaptations, accommodations, and modifications to the curriculum in order to meet the needs of children with disabilities, 2) principles of universal design for learning as a framework for flexible and accessible instructional practices, materials, and environment and 3) evidence-based instructional practices for children with disabilities and 4) data-based decision-making.
- Administrators evaluate the effectiveness of professional development and its impact on the adoption and use of evidence-based inclusion practices.
- Administrators provide release time and resources necessary for personnel to engage in meaningful, on-going, and evidence-based professional development and coaching.
- Administrators have a systematic process for providing professional development to support newly hired personnel.

Recommendations for state level agencies

- State agencies work collaboratively with programs to identify and coordinate funding streams and resources for cross-sector professional development.
- Based on the needs of the providers, state agencies allow access to cross-sector professional development opportunities on evidence-based inclusion practices in order to support cross sector programs in partnership.
- State agencies coordinate access to coaches, mentors and/or consultants for local programs in order to support cross sector programs in partnership.

Key Finding #5

Both special education and general education providers need training and coaching that will support their ability to manage a wide range of challenging behavior. Administrators need to provide resources and funding to make related training and coaching accessible to providers.

Evidence from Survey and Interviews

- Both providers and administrators identified challenging behavior the major contributor to children being moved into segregated settings. Behaviors that resulted in segregation



ranged from high levels of distractibility to difficulty processing to harming self and others.

Recommendations for providers

- Providers intentionally teach a range of social emotional skills in small and large group, using a variety of materials that target social emotional skills, such as understanding emotions, problem solving, entering play, and taking turns as well as support participation in peer interactions for all children.
- Providers use a team-based approach to understand individual children's challenging behavior, adapt the environment, and plan individualized instruction to teach or strengthen the child's social emotional skills and appropriate replacement behaviors.

Recommendations for administrators

- Administrators have policies and procedures that ensure that a team-based approach to understand individual children's challenging behavior, adapt the environment, and plan individualized instruction to teach or strengthen the child's social emotional skills in the inclusive environment.
- Administrators create professional development opportunities and coaching that is specific to challenging behavior.
- Administrators implement policies and procedures for data collection to guide program evaluation and improvement specific to challenging behavior.

Key Finding #6

Administrators overwhelming stated that more and stronger guidance and public awareness was needed to drive inclusion for young children with disabilities.

Evidence from Survey and Interviews

- Providers described challenges with other special education and related service providers who do not value instruction in inclusive settings.
- Administrators described challenges with general education providers who do not value instruction in inclusive settings.

Recommendations for administrators

- Administrators know and examine the attitudes and beliefs of personnel and families about high-quality inclusion and provide opportunities for the identification of barriers and solutions.
- Administrators ensure that all personnel can articulate and demonstrate their commitment to and knowledge of the benefits and legal foundations of high-quality inclusion.
- Administrators provide regular and consistent opportunities for personnel to share information about their inclusion experiences.

Recommendations for state level agencies



- State agencies work collaboratively across agencies with stakeholder input to develop a unified public awareness plan for target audiences.
- State agencies use data to identify attitudes and beliefs, that are barriers to inclusion, for strategies to include in the public awareness plan.

Key Finding #7

Administrators overwhelmingly indicated that more funding and resources are needed to support the implementation of high-quality inclusion for young children with disabilities. Existing flow through dollars should be available for local allocation and management of services to support the context of local programs, with connections to specific work, related to inclusion for young children with disabilities.

Evidence from Survey and Interviews

- Providers noted large caseloads (and in some cases significant travel times) that prohibit them from investing time in collaboration with other service providers and partnering fully with families.
- Administrators described challenges finding inclusive placements for children age 3-5 who are diagnosed with a disability.
- Administrators described challenges maintaining even a 50/50 ratio of children with disabilities to children without disabilities in classrooms.
- Administrators described challenges in recruiting and retaining a highly qualified workforce to serve children in inclusion settings.
- Administrators described challenges in finding time to provide training for the workforce to support children in inclusive settings.

Recommendations to support administrators

- Administrators develop collaborative agreements to efficiently and effectively cost share, braid, and/or layer funding with other ECE programs to provide services in high-quality inclusive settings.
- Administrators develop a budget for needed staffing, training, and coaching to support high-quality inclusion and monitors, and evaluate the effective use of fiscal, personnel, and other resources to support high-quality inclusion practices.

Recommendations for state agencies

- State agencies work collaboratively to determine how to most efficiently and effectively utilize funds, from different funding streams, to increase access to inclusive settings including allowing the braiding of funds by state and local programs and leveraging funds and resources at state and local levels.
- State agencies provide written guidance that references policies, regulations, and requirements to local programs for braiding and coordinating resources.

Conclusion

Inclusion for children with disabilities has benefits for children with disabilities, children without disabilities and communities at large. Providers and administrators who participated in this study



indicated that they value inclusion and have worked to support it to the extent to which they know how. Nonetheless, there are opportunities at the level of the provider, administrator and state agencies that are being missed. Investments from the Colorado Department of Education as well as other state and early childhood agencies are critical in elevating inclusion for children with disabilities and ensuring positive developmental outcomes for all children.