

COMPONENT VII: PRESCHOOL SPECIAL EDUCATION

DEFINITION:

Preschool children with disabilities are defined in the Individuals with Disabilities Education Act (IDEA) and Maryland Special Education Regulations (COMAR 13A.05.01) as children ages three *through* five with one of the following identified disabilities:

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|-------------------------------------|--------------------------------|
| Autism | Emotional Disturbance |
| Deafness | Multiple Disabilities |
| Speech/Language Impairment | Visual Impairment |
| Deaf-Blindness | Hearing Impairment |
| Mental Retardation | Orthopedic Impairment |
| Specific Learning Disability | Traumatic Brain Injury |
| Developmental Delay | Other Health Impairment |

Consistent with the vision of the Judy Centers, preschool children with disabilities and their families are seen as fully included in and accessing all programs and services offered through the Judy Center and its partners: pre-kindergarten, kindergarten, child care, Head Start, Family support and involvement, service coordination, MMSR, health related services, early identification and intervention, breakfast/lunch, and full-day, full-year services, as appropriate.

Maryland Preschool Special Education services include special instruction and related services, and are delivered through its twenty four local school systems (LSSs). LSSs ensure the provision of a Free Appropriate Public Education (FAPE) to all eligible children at no cost to their families, and in the Least Restrictive Environment (LRE). In accordance with the LRE provision in IDEA/COMAR states and local school systems are charged with the responsibility of serving young children with disabilities in typical early childhood settings with their non-disabled peers. Participation in a more restrictive setting should occur only when the goals and objectives of the child’s Individualized Education Program (IEP) cannot be implemented in a particular setting, even with appropriate modifications and accommodations.

BACKGROUND:

Although federal law did not require the provision of special education and related services by all states to preschool children with disabilities until 1990, Maryland enacted state legislation in 1980 requiring that all local school systems make services available to children and youth from birth to twenty-one. Maryland, one of 5 “birth mandate” states, continued to serve infants and toddlers with disabilities under Part B of IDEA until the advent of federal legislation, P.L. 99-457 (first Part H, now Part C of IDEA), in 1986. At that time, Maryland began implementing a statewide system of early intervention services for children with disabilities, age’s birth to 3, through local lead agencies, with different eligibility criteria than IDEA Part B Preschool.

Infants and Toddlers with disabilities receive services in Natural Environments, while preschool children with disabilities continue to be provided FAPE in the LRE.

The term **Inclusion** is not specifically used in IDEA; rather it is the provision of services in the Least Restrictive Environment that is specified and which guides decision making in terms of service delivery settings along a continuum of options. A particular program or jurisdiction may adopt a philosophy of inclusion, and may accordingly define service delivery approaches in any number of ways in keeping with this local philosophy. Inclusion is most often equated with participation in the general education setting 100% of the time by 100% of eligible children regardless of disability or complexity of need. LRE stipulates that a continuum of services delivery setting be available, and that decisions regarding LRE are made on an individual basis for each child in accordance with their IEP. This is an important distinction, as the use of LRE and Inclusion interchangeably may lead to confusion and frustrated expectations for both families and providers/educators.

A discussion of the appropriate LRE for each child *does begin with the assumption* that all children will be participating fully in the typical or general education setting with their non-disabled peers and in their neighborhood school, with consideration given to a more restrictive setting only when the child’s IEP cannot be implemented in the typical/general education setting, even with appropriate modifications and accommodations.

A body of research has grown over the last decade demonstrating that young children with disabilities and more typically developing children all benefit from participation together in the

same quality early childhood settings. Young children with disabilities have typical peers to model, particularly important for language/literacy development and social-emotional/affective skills. Non-disabled children develop important social-emotional competencies such as acceptance, compassion, and tolerance for unique qualities and difference, while still achieving according to established standards in academic content areas. Working together as an early childhood team, general and special educators can implement a philosophy that integrates the best of both in terms of high expectations for all within the general curriculum, while individualizing to address a continuum of ability levels and interests.

<i>Challenges/Strategies/Solutions:</i>	
Challenges	Strategies/Solutions
Overcoming attitudes or resistance to including children with disabilities.	<ul style="list-style-type: none"> • Identify resources, either staff or equipment, such as technology devices for communication or mobility, which could support the child’s participation in the classroom/program setting; include in the IEP, as appropriate. • Hold regular team meetings of all staff who work with a child; share observations about successes and challenges and benefit from a shared “strategy” session regarding new approaches or instructional practices that could benefit this child as well as other children in the classroom or program.
Staff need additional support for individualizing instruction.	<ul style="list-style-type: none"> • Provide, either directly or by supporting staff attendance at conferences & workshops, ongoing professional development opportunities to strengthen skill in this area. • Special educators and related services personnel model intervention strategies with a child or children in the classroom setting, and provide ongoing consultation and support, as requested by the classroom staff. • Maintain adequate child-to-staff ratios that ensure a quality program is provided for all children in the

	<p>classroom.</p> <ul style="list-style-type: none"> • Set up the physical environment so that it promotes maximum mobility and access to all instructional materials and areas, making use of appropriate technology.
<p>Help staff understand children’s needs and how to design strategies to meet those needs.</p>	<ul style="list-style-type: none"> • Learn how to assess, on an ongoing basis, current educational/learning and social competency needs of all children and plan instruction according. • Utilize class peers or “buddies” as instructional support; don’t always assume that it is the non-disabled child who can or should take the lead. • Offer staff opportunities to learn to become skilled observers of children’s learning, and use observations on child outcomes to modify instructional practices. • Include Judy Center staff as a member of the IEP team. • Plan as a team, including the child’s parents, transition to the next educational setting. This team will include the child’s parents. • Learn effective communication and collaboration skills with parents to engage them as partners in their child’s education.

IMPORTANT PROGRAM SUPPORTS AND CONSIDERATIONS:

Classroom Support

Early Childhood settings should be high quality environments for all young children. Strategies that facilitate, support and maintain the meaningful participation of children with disabilities include ***THE FOLLOWING RECOMMENDATIONS:**

- Providing environmental support by arranging the physical space, offering materials that promote learning, and encourage proximity to peers;
- Adapting materials by stabilizing, enlarging, or otherwise modifying materials to increase participation by all children;
- Simplifying activities by dividing a routine into smaller parts or reducing the number of steps needed to accomplish a task;
- Using children’s preferences in identifying materials and activities that are of particular interest to individual children;
- Providing adult and peer support through feedback, prompts, or hand-over-hand assistance; and
- Providing special equipment, such as adaptive equipment or technology devices, which may also allow increased participation by all children.

Administrative Support

Administrative support strategies that are needed to ensure high quality integrated services include:

- Providing the personnel, time, and fiscal resources needed for staff training;
- Expanding the options for service delivery and teacher arrangements to include, for example, team teaching and consultative models;
- Providing professional leadership by encouraging innovative options for integrating children with disabilities, and providing specific incentives for other administrators to promote inclusive service delivery; and
- Scheduling joint planning time for general and special education staff.

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