HEAD START INSTRUCTIONAL PROFESSIONALS' PERCEPTIONS AND PRACTICES: FACILITATORS AND BARRIERS FOR INCLUDING YOUNG CHILDREN WITH DISABILITIES

by

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DEDICATION

To my parents, Edward and Marjorie Schoenberg, my first and best teachers.
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I am deeply indebted to more people than I could possibly list here. I couldn’t have dreamed of pursuing a graduate degree without the amazing people in my life. To the friends, colleagues, mentors, and family who supported me during my doctoral studies, thank you for your unwavering encouragement and caring. I will be forever thankful for the following:

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ABSTRACT

HEAD START INSTRUCTIONAL PROFESSIONALS’ PERCEPTIONS AND PRACTICES: FACILITATORS AND BARRIERS FOR INCLUDING YOUNG CHILDREN WITH DISABILITIES

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Inclusive education, where children with disabilities receive services in general education settings, is complex, is influenced by a variety of factors, and presents itself in unique ways in different inclusive settings. The Head Start program is currently the largest provider of inclusive services for young children with disabilities in the United States (Gallagher & Lambert, 2006). However, there is a significant lack of research focused on Head Start inclusion and the quality of inclusive experiences for preschool-aged children with disabilities. Although research asserts that inclusion is beneficial for children with and without disabilities (e.g., Hundert, Mahoney, Mundy, & Vernon, 1998; Rafferty, Piscitelli, & Boettcher, 2003), a variety of inclusion facilitators and barriers influence successful inclusion.

The purpose of this research was to examine the facilitators and barriers of successful inclusion in Head Start classrooms. Because instructional professionals are the key
personnel implementing inclusion (Kucuker, Acarlar, & Kapci, 2006; Zindler, 2009), the study examined their perceptions and practices. The research questions were as follows:

1) What are Head Start instructional professionals’ perceptions of the needed facilitators for the successful inclusion of children with disabilities?

2) What are Head Start instructional professionals’ perceptions of the availability of facilitators for the successful inclusion of children with disabilities?

3) In what ways do Head Start instructional professionals provide access, participation, and supports for children with disabilities?

4) What facilitators and barriers appear to influence Head Start instructional professionals’ perceptions of including children with disabilities in their classrooms?

5) What facilitators and barriers appear to influence the ways that Head Start instructional professionals provide access, participation, and supports for children with disabilities?

The study utilized a mixed methods design that combined survey and qualitative methodologies. Survey data were collected from 71 Head Start instructional professionals teaching in three Head Start programs. Observations and interviews took place in a subset of nine classrooms. Two observations of the practices of 20 instructional professionals were conducted using an observation rating scale and a qualitative observation protocol. Semi-structured interviews were conducted with 21 instructional professionals in these classrooms.
The major findings were (a) participants identified a high level of inclusion needs and that a wide variety of inclusion facilitators were needed; (b) participants believed they were not able to facilitate successful inclusion completely or in the most optimal fashion; (c) the inclusion facilitator/barrier categories of professional development, teacher knowledge, skills and practices, and personnel were found to be the most significant barriers to successful inclusion in these Head Start classrooms; and (d) targeted practices that specifically address the needs of the children with disabilities and build relationships were most effective for facilitating successful inclusion.

Results indicated that instructional professionals were the key to successful inclusion in Head Start settings and supported a multidimensional inclusion quality framework based on a variety of inclusion factors interacting. Study findings suggested that further study of inclusion, additional professional development for instructional professionals to effectively enact inclusion practices, and program evaluation of inclusion perceptions and practices would support high-quality inclusion for children with disabilities in the Head Start program.
CHAPTER ONE

Background for the Study

Of the 291.1 million people in the United States in 2005, 54.4 million (18.7%) reported a disability. In 2005, 18.5% of children in the United States had disabilities, of which 475,000 were 3- to 5-year-old children (Brault, 2008). As a result of national policies to ensure equal opportunities for people with disabilities, many children with disabilities participate in some form of inclusion (Odom et al., 2004; Mogharreban & Bruns, 2009). Inclusion is a philosophy and practice that supports the rights of all children, regardless of their abilities, to participate actively in everyday activities within their communities (Osgood, 2005). The inclusion of individuals with disabilities is supported by legal mandate, increasing societal acceptance of ability diversity, and research affirming the benefits of inclusive settings for children with and without disabilities (e.g., Hundert, Mahoney, Mundy, & Vernon 1998; Kalambouka, Farrell, Dyson, & Kaplan, 2007; Rafferty, Piscitelli, & Boettcher, 2003).

For young children with disabilities, inclusion also means engaging in preschool education experiences along with their peers who do not have disabilities in inclusive early childhood settings, such as Head Start programs. Head Start is a federally funded preschool program for low-income 3- to 5-year-old children and their families. The Head Start program offered opportunities for inclusion since its inception in 1965 (Schwartz &
Based on information from the 2010–2011 Head Start Program Information Report (U.S. Department of Health and Human Services, 2011a), 113,450 (12.04%) children enrolled in the Head Start program had an Individualized Education Program (IEP) for special education services. Approximately 50.4% of these children were diagnosed prior to the Head Start program year, whereas, approximately 49.6% of the children with disabilities were diagnosed during the program year through developmental screening and evaluations. Among the identified types of preschool primary disabilities, the greatest percentage of children received services for speech impairment (6.89%) and non-categorical disabilities/developmental delay (3.69%).

Children with disabilities in Head Start represent more than 15% of the preschool children served under the Individuals with Disabilities Improvement Act (IDEIA) Part B (Office of Special Education Programs, 2007), and it has been estimated that more than one quarter of 3 and 4 year olds served under IDEIA spend some time in Head Start programs (O’Brien, 2004). Currently, Head Start is the largest provider of inclusive services for young children with disabilities in the United States (Gallagher & Lambert, 2006), yet there is little empirical research on inclusion in Head Start (Macy & Bagnato, 2010; Purcell, Horn, & Palmer, 2007).

**Relevant Legislation for Inclusion Policy**

National law rooted in civil rights legislation mandates opportunities for children and adults with disabilities to participate in inclusive settings. Federal legislation in the United States, beginning with the Civil Rights Act of 1964 (PL 88-352), affirmed the rights of individuals in minority groups and gave rise to current inclusion policy and
practice. Although the Civil Rights Act did not specifically identify the rights of people with disabilities, it prohibited discrimination in public places and encouraged school desegregation. Most significantly for Americans with disabilities, the bill laid the foundation for subsequent legislation including the Rehabilitation Act of 1973 (PL 93-112). The act was the first federal statute to explicitly protect the rights of people with disabilities. Section 504 of the law prohibited discrimination against otherwise qualified individuals with disabilities in any program or activity receiving federal funds, which included public schools. Subsequently, the protections from Section 504 were expanded in 1988 with the passage of the Civil Rights Restoration Act (PL 100-259). The landmark Americans with Disabilities Act (ADA) was passed in 1990. The ADA (PL 101-336) guarantees the rights of individuals with a mental or physical disability and prohibits discrimination against Americans with disabilities in the areas of employment, public services, transportation, public accommodations, and telecommunications.

While federal legislators passed laws to advance the rights of all people with disabilities, they also crafted legislation to specifically address the education of children with disabilities in the United States. The 1975 Education of All Handicapped Children Act (PL 94-142) mandated a free and appropriate public education for every child with a disability nationwide. Prior to 1975 most children with disabilities were denied meaningful participation in public education. Congress subsequently reauthorized the law as the Individuals with Disabilities Education Act (or IDEA) in 1990 (PL 101-476), 1997 (PL 105-17), and again in 2004 (PL108-446) as the Individuals with Disabilities Education Improvement Act (IDEIA). It serves as a guide for enacting special education
programs, ensures services for children with disabilities birth to age 21, and provides some funding to enact the legislation. The 1990 reauthorization of IDEA first included preschool children under the law by requiring public school systems to provide services for 3- to 5-year old children with disabilities. As it is currently divided, infants and toddlers receive early intervention services through Part C of IDEA, whereas Part B enumerates policies and services for children ages 3 to 21.

IDEIA requires that children with disabilities are educated in the “least restrictive environment,” which is interpreted as the child with a disability being as close in proximity to children who do not have disabilities of the same age as is appropriate. However, the recognition that full inclusion is not appropriate for every student with a disability is reflected in the requirement of a “continuum of placements” available to determine the placement that is the least restrictive environment for each child with disabilities. The law also requires the development of an IEP spelling out the specific special education and related services to be provided to the child. Information from the Office of Special Education Programs Data Analysis System (U.S. Department of Education, 2010) indicated that 735,245 children ages 3 through 5 were served under IDEA Part B. Data from this source also indicated that 462,292 (62.9%) of children ages 3 through 5 served under IDEA in 2010 attended an inclusive early childhood program, while a smaller group of 190,381 (25.9%) children attended a special education program. Within the former group, 252,551 (54.6%) children were attending an inclusive early childhood program for at least 10 hours per week and 218,686 (47.3%) children received
their special education and related services in their inclusive education classrooms rather than in another location such as a separate classroom or school.

**Definition of Early Childhood Inclusion**

The joint position statement from the Division for Early Childhood (DEC) of the Council for Exceptional Children (CEC) and the National Association for the Education of Young Children (NAEYC) (2009) provides a common definition of early childhood inclusion for the first time. The definition focuses on the key facilitators of successful inclusive experiences for infants, toddlers, and preschool-aged children with disabilities. The defining components of high-quality inclusive early childhood programs and services enumerated in the position statement are *access, participation, and supports*.

Access is evident in early childhood programs where “a wide range of learning opportunities, activities, settings, and environments” (DEC/NAEYC, 2009, p. 2) are available to children with disabilities. The participation and support dimensions of the definition move beyond enrollment to encompass coordinated systems, specialized services, and individualized accommodations that enable children with disabilities to participate fully in play and learning experiences and for all children to experience a sense of belonging in these settings. The authors assert that “having a common understanding of what inclusion means is fundamentally important for determining what types of practices and supports are necessary to achieve high quality inclusion” (p. 1). The CEC/NAEYC early childhood inclusion definition provides practitioners and researchers with a framework to successfully implement and evaluate the inclusion of young children with disabilities in preschool programs such as Head Start.
**Head Start Inclusion**

The Head Start program also emerged from the Civil Rights Movement and is enacted based on federal statute. Head Start began in 1965 as a summer demonstration program designed to help break the cycle of poverty and provide comprehensive health and education services for the preschool-age children of low-income families. Since it began, Head Start has served more than 25 million children and families (Zigler & Styfco, 2010). Programs served 1,117,687 children and pregnant women during the 2010–2011 program year (U.S. Department of Health and Human Services, 2011b). Head Start families are at or below the poverty level, which is $23,050 annually for a family of four in 2012 (U.S. Department of Health and Human Services, 2012). According to the National Head Start Association (2011), the Head Start and Early Head Start programs received approximately $7.2 billion in regular appropriations during the 2010 fiscal year and $2.1 billion in funding from the American Recovery and Reinvestment Act.

Managed by the Office of Head Start within the Administration for Children and Families of the U.S. Department of Health and Human Services, grants are awarded for both community-based organizations and school systems to run the programs at the local level. In 2010 there were 2,873 grantees or delegate agencies and 56,492 classrooms with 242,782 paid staff.

Head Start legislation and the federal Head Start Performance Standards require local Head Start grantees and delegate agencies to seek out young children with disabilities and provide comprehensive educational, medical, and social services for them and their families (Ewen & Neas, 2005). The Head Start program began to mandate the
systematic inclusion of children with disabilities in 1972 with the requirement that 10% of the slots within a Head Start program needed to be available to children with disabilities. However, the directives for Head Start programs regarding children with disabilities identified within Public Law 110-134, the Improving Head Start for School Readiness Act of 2007, represent a significant shift in disability policy in Head Start. Section 640(d)(1) mandates the following:

The Secretary shall establish policies and procedures to assure that, for fiscal year 2009 and thereafter, not less than 10 percent of the total number of children actually enrolled [emphasis added] by each Head Start agency and each delegate agency will be children with disabilities who are determined to be eligible for special education and related services, or early intervention services, as appropriate, as determined under the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.), by the State or local agency providing services under section 619 or part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

Although no known research has measured the precise impact of the new legislation, the goal is to increase the opportunities for children with disabilities to participate in Head Start programs (Cortiella, 2008). Therefore, this change will likely increase the proportion of children with disabilities in Head Start classrooms. Based on this significant policy change, Head Start inclusion research is timely and necessary.
Statement of the Problem

A significant body of research (to be discussed further in Chapter Two) that examined inclusive education provides a foundation for subsequent inclusion research. Researchers identified a range of structural and contextual factors that can serve as barriers or as facilitators to successful inclusion. Particularly, researchers examined the inclusion facilitator/barrier categories (1) attitudes toward inclusion (e.g., Kossewska, 2006; Scruggs & Mastropieri, 1996); (2) families (e.g., Leyser & Kirk, 2004; Xu & Filler, 2008); and (3) classroom environment, resources, and personnel (e.g., Conderman & Johnston-Rodriguez, 2009; Tsao, Odom, Buysse, Skinner, West, & Vitztum-Komanecki, 2008). Other researchers focused on the following inclusion facilitator/barrier categories: (4) professional development (e.g., Baker-Ericzén, Mueggenborg, & Shea, 2009; Harvey, Yssel, Bauserman, & Merbler, 2010); (5) teacher knowledge, skills, and practices (e.g., DeVore & Russell, 2007; Rix, Hall, Nind, Sheehy, & Wearmouth, 2009); and (6) inclusive classroom quality (e.g., Hestenes, Cassidy, Shim, & Hegde, 2008; Knoche, Peterson, Edwards, & Jeon, 2006) and the ways in which each of the six categories affect the implementation of inclusion. A portion of this research was conducted in early childhood settings, thus representing a growing body of extant knowledge about the inclusion of young children with disabilities in general education settings.

Inclusion research supports the assertion that high-quality inclusion is unique and challenging to implement (McCormick, Noonan, Ogata, & Heck, 2001), particularly in preschool (Lieber et al., 2000; Odom, 2002). In addition, research (e.g., Lloyd & Rosman, 2005; Stapleton, O’Day, Livermore, & Imparato, 2006) underscores that
poverty interacts with disability in fundamental ways. Despite an increased understanding of inclusion for preschool-aged children with disabilities, researchers and policy-makers have called for further investigation of inclusion perceptions and practices, particularly for diverse low-income young children with disabilities (Guralnick, 2001; Odom et al., 2004; Rafferty & Griffin, 2005). Researchers (Batu, 2010; Leatherman & Niemeyer, 2005) have also called for a specific focus on the facilitators and barriers that may contribute to or impede the successful inclusion of children with disabilities in future inclusion research. Researchers have conducted a substantial majority of the extant research on preschool inclusion (e.g., Essa et al., 2008; Mulvihill, Shearer, & Van Horn, 2002; Murata & Tan, 2009) in childcare programs such as community preschools or childcare centers. Only a handful of studies (e.g., Bruns & Mogharreban, 2007; Folsom-Meek, 1994; Gallagher & Lambert, 2006) investigated Head Start inclusion. No known studies of Head Start inclusion to date have examined the full range of inclusion facilitators and barriers and their influence on the successful inclusion for children with disabilities in Head Start classrooms.

Concerns about the ability of programs like Head Start to fully meet the needs of children with disabilities are common (Bailey, McWilliam, Buysse, & Wesley, 1998; Kunstmann, 2003). Although the goal of increasing the number of children with disabilities served in the Head Start program is worthwhile, the mere increased presence of children with disabilities in a preschool classroom is not equivalent to successful inclusion (Buysse, Goldman, & Skinner, 2002; Kucuker, Acarlar, & Kapci, 2006). Using the DEC/NAEYC definition as a critical lens, many barriers to inclusion that promotes
full access and participation and provides the required supports for children with disabilities could persist in Head Start settings (Buysse, Wesley, & Keys, 1998; Purcell, Horn, & Palmer, 2007). Therefore, research must focus on how the instructional professionals in Head Start programs implement inclusion and the ways in which facilitators or barriers serve to support and/or inhibit the successful inclusion of young children with disabilities.

**Significance and Purpose of the Study**

Early childhood inclusion research is especially needed and well situated within the Head Start context. The small body of Head Start inclusion research underscores the distinctiveness of inclusive education in Head Start settings. Bruns and Mogharreban (2008) described the impetus for additional studies on inclusion in Head Start when they asserted, “It is critical to examine inclusive beliefs, skills, training needs, and participant demographic characteristics of Head Start professionals” (p. 64). The confluence of (1) the policy shift toward including more children with disabilities in Head Start classrooms, (2) the recently developed comprehensive definition of early childhood inclusion, and (3) the paucity of Head Start research on instructional professionals’ perceptions of and practices for children with disabilities mandates research exploring Head Start inclusion.

The purpose of this research was to examine the facilitators and barriers to successful inclusion in Head Start classrooms. Because instructional professionals are the key personnel implementing inclusion (Kucuker, Acarlar, & Kapci, 2006; Zindler, 2009), the study examined their perspectives and practices. The study was affiliated with a grant-funded Head Start teacher professional development research study (Grant ID #
90YR0020, Kidd, Burns, & Nasser). The long-term goal of this research study is to employ the findings to improve Head Start programs and policies for children with disabilities and their families.

Research Questions

The research questions guided the study to address the complexity of inclusion in Head Start classrooms with a focus on the facilitators and barriers to the successful inclusion of children with disabilities. Specifically, the research questions were as follows:

1) What are Head Start instructional professionals’ perceptions of the needed facilitators for the successful inclusion of children with disabilities?

2) What are Head Start instructional professionals’ perceptions of the availability of facilitators for the successful inclusion of children with disabilities?

3) In what ways do Head Start instructional professionals provide access, participation, and supports for children with disabilities?

4) What facilitators and barriers appear to influence Head Start instructional professionals’ perceptions of including children with disabilities in their classrooms?

5) What facilitators and barriers appear to influence the ways that Head Start instructional professionals provide access, participation, and supports for children with disabilities?
Definition of Terms

The following terms were critical to this study. The definitions are provided to promote a common understanding.

1. *Barriers:* Factors or categories of factors that impede or inhibit the successful implementation of inclusion for children with disabilities in the classroom.

2. *Child with a disability/child with disabilities:* Although disabilities are socially constructed, for the purpose of the study the term will be understood using the legal definition of a child who was formally evaluated and diagnosed as having mental retardation [sic], a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, another health impairment, a specific learning disability, deaf-blindness, or multiple disabilities and who, by reason thereof, needs special education and related services (Individuals with Disabilities Education Act, as amended by the Individuals with Disabilities Education Improvement Act of 2004).

3. *Delegate agency:* A public, private nonprofit, or for-profit organization or agency to which a grantee has delegated all or part of the responsibility of the grantee for operating a Head Start program (Improving Head Start for School Readiness Act of 2007).

4. *Early childhood inclusion:* Embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members
of families, communities, and society. The desired results of inclusive experiences for children with and without disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential. The defining features of inclusion that can be used to identify high-quality early childhood programs and services are access, participation, and supports (DEC/NAEYC, 2009).

5. **Facilitators**: Factors or categories of factors that support the successful implementation of inclusion for children with disabilities in the classroom.

6. **Grantee**: The agency or program who receives the federal grant to operate a Head Start program or programs (Improving Head Start for School Readiness Act of 2007).

7. **Head Start**: A comprehensive early childhood program for low-income children and their families operated at the community level by local public agencies, private organizations, Indian tribes, and school systems. The program provides a range of services in education and early childhood development; medical, dental, and mental health; nutrition; and parent involvement to eligible families administered through the federal government (Cortiella, 2008).


9. **Inclusion**: Both the philosophy and practice of encouraging the full participation of children with disabilities and their families alongside their peers who do not have disabilities (Guralnick, 2001).
10. *Individualized Education Program (IEP):* A written statement for each child with a disability that is developed, reviewed, and revised with a team of education professionals and the child’s family (Individuals with Disabilities Education Improvement Act of 2004).

11. *Instructional Professionals:* For the purposes of this study, this term refers to all staff members providing supervision, instruction, and supports for children in Head Start classrooms, including teachers, assistant teachers, special education teachers working with children in or out of the classroom, and other service providers such as speech teachers or occupational therapists. The term professional was purposely selected to acknowledge their important work with children and families in the Head Start program.

12. *Mixed methods:* Using multiple approaches and ways of knowing to develop a richer, deeper, better understanding of complex social phenomena (Greene, 2007).

13. *Special education:* Specially designed instruction, at no cost to parents, to meet the unique needs of a child with a disability (Individuals with Disabilities Education Improvement Act of 2004).

14. *Successful inclusion:* Occurs when instructional professionals engage in practices to promote access, participation, and supports for children with disabilities in early childhood settings. Practices to promote assess include removing physical barriers, providing a wide range of activities and environments, and making necessary adaptations to foster optimal development and learning for individual children. Practices to promote participation include using a range of instructional
and intervention approaches to promote engagement in play and learning activities and a sense of belonging for every child. Practices that provide supports include creating an infrastructure of systems-level supports for implementing high-quality inclusion (National Professional Development Center on Inclusion, 2011).
CHAPTER TWO

This chapter discusses the relevant inclusion research that serves as the theoretical basis for this study. The chapter begins with a discussion of early inclusion research that examined the benefits of inclusion for children with and without disabilities. Next, the literature search procedures are described, followed by a discussion of the large body of research that explored facilitators and barriers to successful inclusion. The discussion of inclusion facilitators and barriers is organized around the categories of (1) attitudes toward inclusion; (2) families; (3) classroom environment, resources, and personnel; (4) professional development; (5) teacher knowledge, skills, and practices; and (6) inclusive classroom quality. The discussion of the literature concludes with an overview of the research that investigated the intersection of disability and poverty. The chapter closes with a discussion of the limitations of existing studies, thus supporting the need for this study.

Benefits of Inclusion

Research (e.g., Hundert, Mahoney, Mundy, & Vernon, 1998; Rafferty, Piscitelli, & Boettcher, 2003) has demonstrated that inclusive education experiences (where children with disabilities are educated alongside children who do not have disabilities) could benefit all children. Baker, Wang, and Walberg (1994) examined the influence of inclusive education on the academic and social outcomes of children with and without
disabilities based on three meta-analyses comparing inclusive and self-contained special education placements. The effect sizes reported in all three analyses (ranging from 0.08 to 0.44) demonstrated a small-to-moderate positive effect for inclusive placements. The researchers found this to be significant because none of the meta-analyses found negative social or learning effects of inclusion for children with disabilities or children who did not have disabilities. Likewise, Kalambouka, Farrell, Dyson, and Kaplan (2007) conducted a systematic review of the literature related to the effects of inclusive classrooms on the achievement of students without disabilities. Findings suggested that placing children with disabilities in inclusive placements was unlikely to have a negative impact on academic and social outcomes for students without disabilities because 81% of the outcomes in the studies reviewed reported positive or neutral effects. Therefore, inclusion effectiveness research synthesized through meta-analyses indicated that inclusive education could be positive for children with and without disabilities and did not negatively affect either group of students.

Specifically pertaining to early childhood, Jenkins, Odom, and Speltz (1989) found that children with disabilities in inclusive preschool programs engaged in more interactive play, showed higher levels of language development, and demonstrated higher levels of social competence than children in segregated environments. Cole, Mills, Dale, and Jenkins (1991) also compared learning outcomes for preschool children with disabilities in integrated and segregated settings. The study results contradicted the findings of Jenkins et al. because there were no significant overall differences in student achievement, but findings suggested that students with mild disabilities did benefit more
from an inclusive classroom setting. The researchers also found that students with severe disabilities demonstrated greater gains in self-contained special education classrooms. In contrast, Hundert, Mahoney, Mundy, and Vernon (1998) found that young children with severe disabilities in inclusive preschool classrooms made greater developmental gains than children with severe disabilities in segregated preschool settings. More recently, in a study of the impact of inclusion on language development and social competence among preschoolers with disabilities, Rafferty, Piscitelli, and Boettcher (2003) found that inclusion was beneficial for children with severe disabilities. The research findings indicated that children with severe disabilities in inclusive classes had higher posttest scores in language development and social skills than children with severe disabilities in self-contained classes. These quantitative studies that examined the impact of inclusive education for preschool-age children yielded largely positive results, suggesting that inclusion could be beneficial for young children with disabilities.

Inclusion research at its inception focused heavily on the benefits of inclusive programs for children with and without disabilities (National Professional Development Center on Inclusion, 2009) as a means to support policy changes (Odom, 2000). Subsequently, inclusion researchers began to concentrate on the factors that influenced the ability of programs and instructional professionals to provide successful inclusive educational opportunities for children with disabilities (Buysse, Wesley, & Keys, 1998; Lieber et al., 2000). The focus of inclusion research shifted as the mandate for quality inclusive placements was bolstered with the reauthorization of the Individuals with Disabilities Education Act in 1997 (Public Law 105-17). Therefore, inclusive education
became more available and increasing numbers of preschool children with disabilities began receiving services in inclusive settings (Kochanek & Buka, 1999; Odom, 2002). Furthermore, researchers who examined the impact of inclusive versus noninclusive placements suggested that variability within classrooms and educational settings should be explored further (Cole, Mills, Dale, & Jenkins, 1991; Jenkins, Odom, & Speltz, 1989) because of the range of factors that appeared to influence inclusion practices. Inclusion researchers began to consider “not whether inclusion works but rather, under what circumstances it works optimally to benefit all children and families” (Gallagher & Lambert, 2006, p. 49). Acknowledging that it is complex and challenging to implement, researchers investigated the realities of inclusive education (Guralnick, 2001; Purcell, Horn, & Palmer, 2007). Inclusion researchers sought to identify factors that facilitate inclusion and factors that serve as barriers to successful and high-quality inclusion. The next section of the literature review was organized around the inclusion facilitators and barriers because they have become a major focus in inclusive education research for the past several decades and form the foundation for this dissertation study.

**Literature Search Procedures**

A comprehensive literature search was conducted using several methods. Initial topics for the review of the literature were identified based upon the survey research instrument used in this study (and discussed further in Chapter Three), the *Supports Scale for Preschool Inclusion* (Kucuker, Acarlar, & Kapci, 2006). The measure includes items identified as facilitators to the successful inclusion of children with disabilities in preschool general education classrooms. The items on the measure were initially
grouped into the following categories: (1) professional development, (2) teacher knowledge, (3) classroom environment/materials, (4) attitudes, (5) families, and (6) personnel. The PsycINFO, Education Research Complete, ERIC, and ProQuest Digital Dissertations databases were searched for studies related to the categories listed. Descriptors for the search included attitudes, children with disabilities, classroom environment, classroom techniques, families, educational support services, equipment, Head Start, inclusion, inclusive education, parents, poverty, preschool teachers, mainstreaming, teacher effectiveness, teacher knowledge, teacher practice, teacher skills, teachers—training of, and teaching aids and devices. The literature review confirmed that these areas were indeed the most pertinent categories within inclusion research, although the categories were refined and reorganized based on the quantitative, qualitative, and mixed methods studies reviewed. The additional category of inclusive classroom quality was added based on the review. The final categories identified were (1) attitudes toward inclusion; (2) families; (3) classroom environment, resources, and personnel; (4) professional development; (5) teacher knowledge, skills, and practices; and (6) inclusive classroom quality. In addition, a previous search related to children with disabilities and poverty was replicated. A hand search was also completed for all meta-analysis or research review papers (e.g., Odom et al., 2004; National Professional Development Center on Inclusion, 2009). Finally, an ancestry search was completed on all articles to cross-reference the articles’ reference lists. Figure 2.1 provides a visual representation of the facilitator/barrier categories discussed in the review of the literature.
Figure 2.1. Inclusion facilitator/barrier categories in the inclusion literature.

Attitudes Toward Inclusion

A substantial segment of the reviewed inclusion research investigated the attitudes of teachers, families, children, or administrators toward the inclusion of children with disabilities in a variety of educational settings (e.g., Kossewska, 2006; Scruggs & Mastropieri, 1996). The body of research in this category can be divided into three subgroups: (1) studies that explored the relationships between participants’ attitudes and their decisions or behavior, (2) research that focused on how attitudes change, and (3) research that compared the attitudes of different groups. Researchers using quantitative and mixed methods designs investigated the relationships between various stakeholders’ options and their actions, particularly related to efficacy beliefs (e.g., Esposito, Guarino, & Caywood, 2007). For example, researchers explored principals’ attitudes toward
inclusion and their classroom placement recommendations for children with disabilities (Horrocks, White, & Roberts, 2008), children’s decisions to include a peer with a disability in play based on their opinions of children with differences (Diamond, Hong, & Tu, 2008), and how teachers’ attitudes toward inclusion were reflected in their behaviors in the classroom (Leatherman & Niemeyer, 2005). Researchers also used quantitative methods to focus on how participant attitudes toward inclusive education can be changed—for example, through teacher education (Martínez, 2003) or professional development (Baker-Ericzén, Mueggenborg, & Shea, 2009). Finally, inclusion research using quantitative and qualitative methods on attitudes included a group of comparative studies—for instance, focused on differences between parents and teachers (Rafferty & Griffin, 2005), teachers in inclusive or self-contained classrooms (Rheams & Bain, 2005), or differences based on participants’ cultural perspectives (Gaad, 2004). Each of these subcategories of research focused on attitudes toward inclusion is discussed in the following subsections.

**Attitudes and behavior.** Researchers have demonstrated that the attitudes of teachers, children, and administrators influence what they do, although there can be a gap between attitudes and behaviors. Studies that examined young children’s attitudes toward peers with disabilities indicated that although children generally hold positive attitudes toward individuals with disabilities (Dyson, 2005; Tamm & Prellwitz, 2001), they may prefer to have friendships with a peer who does not have disabilities rather than a peer with disabilities (Diamond, Hong, & Tu, 2008; Diamond & Tu, 2009; Favazza, Phillipsen, & Kumar, 2000). Findings also suggested that children are more likely to
include a hypothetical friend with a disability when they do not actually have children with disabilities in their classroom (Tamm & Prellwitz, 2001). Children who did not have disabilities were more likely to decide to include a peer with a disability when they perceived that the hypothetical peer’s disability would minimally interfere with a play activity (Diamond, Hong, & Tu, 2008; Diamond & Tu, 2009).

Further, researchers have proposed that merely including children with and without disabilities in the same classroom is unlikely to increase the interactions between the children spontaneously (Dyson, 2005). Dyson reported that although the 77 kindergarten children demonstrated acceptance of children with disabilities, only half reported having a friend with a disability. Therefore, specific interventions, such as those examined by Favazza, Phillipsen, and Kumar (2000) that targeted increasing the levels of acceptance of young children with disabilities by children who do not have disabilities, may be appropriate to close the gap between children’s attitudes and their inclusion behaviors.

Studies focused on teachers and administrators have demonstrated a more significant relationship between beliefs and practices. Mulvihill, Shearer, and Horn (2002) found that the influence of childcare providers’ attitudes on behavior and behavior on attitudes was bidirectional because participants with more positive attitudes toward inclusion tended to be more willing to serve children with disabilities in their settings. Conversely, Mulvihill et al. (2002) found that participants who had children with disabilities in their childcare settings were more likely to have favorable views toward inclusion. In a 2008 study of principals’ attitudes regarding the inclusion of children with
autism in the Pennsylvania public schools, Horrocks, White, and Roberts (2008) found that principals who believed that children with autism should be included in regular education classrooms were more likely to recommend an inclusive placement. Among other factors, placement decisions were most strongly correlated with the principals’ attitudes toward children with disabilities, underscoring the influence of their attitudes on the administrators’ actions.

Leatherman and Niemeyer (2005) and Mitchell and Hedge (2007) identified a link between attitudes and practices of preservice and inservice teachers in early childhood inclusive classrooms. Results from these studies indicated that positive experiences in inclusive preschool classrooms influenced the participants’ attitudes toward inclusion and their knowledge of and comfort with working with students with disabilities. Additionally, their attitudes and beliefs influenced the teachers’ inclusive practices such as addressing children’s individual needs, facilitating family involvement, and involving children with and without disabilities in all aspects of classroom activities. Elliott (2008) pointed to a relationship between physical education teachers’ attitudes toward inclusion and teacher effectiveness because teachers with a more positive attitude provided all of their students with significantly more practice opportunities. These findings suggested that the teachers’ experiences, attitudes, and practices were linked and that teachers’ positive attitudes promoted successful inclusion.

In contrast, Bruns and Mogharreban (2007) reported a disconnect between attitudes and practices. These findings aligned with the group of studies on children’s attitudes toward peers with disabilities and their inclusion decisions described earlier.
because the teachers’ beliefs about inclusion of children with disabilities were not reflected in their behavior. The researchers examined the inclusive beliefs and resultant practices of Head Start and public prekindergarten professionals. Both groups overwhelmingly reported a belief that all young children can learn and that children with disabilities should receive services alongside peers who do not have disabilities.

However, in rating the inclusive practices in their classrooms, the teachers reported that they were less able to carry out specialized practices to facilitate successful inclusion, such as using forms of alternative communication or providing appropriate positioning for young children with motor impairments. Prekindergarten teachers were also more aware of services provided by related professionals and reported more positive attitudes about their ability to work with these professionals than the Head Start teachers who participated in the study.

Although the early childhood instructional professionals in the Bruns and Mogharreban (2007) study expressed positive attitudes toward inclusion, they were not able to translate these beliefs into practice, particularly related in terms of specialized interventions and strategies to facilitate the full inclusion of young children with disabilities. Findings from this study were especially noteworthy because it was the only research study in the subgroup of studies of attitudes and behavior with Head Start teacher participants. These findings suggested that specific training for Head Start teachers in inclusive settings could be needed to enable them to translate beliefs into practice. The research also suggested that Head Start instructional professionals represented a unique population of inclusive educators and that it might not be
appropriate to equate them with other preschool instructional professionals in inclusion research studies. Overall, the research linking attitudes to behavior was mixed. However, in general, children, teachers, and administrators exhibited positive attitudes toward inclusion and toward individuals with disabilities.

**Change in attitudes.** Another subgroup of inclusion attitudes research focused on interventions and experiences that could change participants’ inclusion attitudes. One study focused on changing children’s attitudes toward peers with disabilities (Martínez & Carspecken, 2006) through an intervention with elementary-age Latino/a children that followed the guidelines suggested by Favazza, Phillipsen, and Kumar (2000), discussed previously. Findings revealed that the brief read-aloud intervention where children who did not have disabilities were read books about children with different types of disabilities followed by a group discussion was effective in positively influencing the children’s attitudes toward children with disabilities. The researchers suggested that although inclusive settings alone were not enough to foster interaction between children with and without disabilities, incorporating children’s literature about disabilities might better support the full inclusion of children with disabilities in general education classrooms. Implications from Martínez and Carspecken (2006) and Favazza et al. (2000) highlighted that influencing children’s attitudes about children with disabilities was possible.

As a majority of the studies in this group (e.g., Baker-Ericzén, Mueggenborg, & Shea, 2009; Martínez, 2003) revealed, teachers’ attitudes can also be changed with professional development. Baker-Ericzén, Mueggenborg, and Shea (2009) examined the
impact of inclusion training on early childcare providers and found that the providers significantly changed their attitudes toward inclusion and their perceived competence for including children with disabilities with substantial effect sizes. Martínez (2003) and Henning and Mitchell (2002) also found that professional development through teacher preparation courses can improve preservice teachers’ attitudes toward inclusion, receptiveness to teaching children with disabilities, knowledge and confidence about teaching students with disabilities, and willingness to adapt instruction for children with disabilities. Along these lines, Esposito, Guarino, and Caywood (2007) found that university coursework specifically focused on the inclusion of students with disabilities for practicing general education teachers significantly increased the teachers’ efficacy beliefs for the inclusion of students with learning disabilities. These results were important in light of the fact that a majority of the respondents did not have previous training specifically related to students with disabilities. Therefore, both preservice and inservice teacher education coursework can positively influence teachers’ attitudes. Findings from all of the studies related to modification of attitudes suggested that the views of children and instructional professionals toward inclusion could be changed in a positive manner through instructional interventions or professional development courses.

**Comparative attitudes studies.** The third group of attitudes research focused on differences in inclusion attitudes based on a variety of factors. These factors included instructional setting (Rheams & Bain, 2005), cultural factors (e.g., Yssel, Engelbrecht, Oswald, Eloff, & Swart, 2007), characteristics of the participants (e.g., Nowicki & Sandieson, 2002), and the participants’ role (e.g., Knoche, Peterson, Edwards, & Jeon,
Rheams and Bain (2005) examined the attitudes of teachers in either self-contained or inclusive early childhood settings. Study results indicated no statistically significant differences between the two groups. Although findings suggested that the respondents’ attitudes toward inclusion were positive in both groups, mean differences on subscales indicated that teachers in inclusive settings were more likely to cite problems in educating children with disabilities in general education settings and both groups believed that additional training would be necessary to ensure successful inclusion.

Research on differences in attitudes toward inclusion based on cultural attitudes has yielded mixed results; some studies found that cultural differences influenced the inclusion attitudes of participants and other researchers have reported no differences. Gaad (2004) found that cultural perspectives on disabilities strongly influenced teachers’ attitudes toward including children with intellectual disabilities in classrooms with children who did not have disabilities. The study took place in the cultural contexts of Egypt, the United Arab Emirates, and England. However, Yssel, Engelbrecht, Oswald, Eloff, and Swart (2007) found remarkable similarity between the attitudes of parents of children with disabilities in South Africa and the United States, which suggested that cultural factors did not influence attitudes toward inclusion in this study. The relatively small body of comparative research focused on inclusion attitudes and culture or differences between teachers in inclusive and self-contained settings has not provided consistent results to make conclusive determinations.

Nonetheless, a larger group of studies has compared participant characteristics and yielded results suggesting that participant characteristics did influence attitudes
toward inclusion. Studies focused on children’s attitudes toward people with disabilities (Magiati, Dockrell, & Logotheti, 2002; Nowicki & Sandieson, 2002) indicated that the characteristics of the children with disabilities and characteristics of children who did not have disabilities influenced their attitudes. Nowicki and Sandieson (2002) found in a meta-analysis of studies that examined school-age children’s attitudes toward peers with disabilities that females and children in noninclusive settings had more favorable attitudes toward including children with disabilities. The findings suggested that some children reported negatively biased attitudes toward individuals with disabilities. In contrast, Magiati et al. found that the school-age children in the study reported generally positive views of inclusion, but that they reported less understanding of nonvisible disabilities as opposed to physical disabilities.

Studies that investigated teacher differences and their influence on inclusion attitudes suggested that younger and African American caregivers working in center-based programs reported a greater likelihood to attend training and to serve children with disabilities. Findings indicated that attending trainings and serving children with disabilities were positively associated with inclusion attitudes (Mulvihill, Shearer, & Van Horn, 2002). Further, Cook, Tankersley, Cook, and Landrum (2000) found that teachers with seven or more years of teaching experience in inclusive classrooms reported more positive associations with children with disabilities than teachers with less experience. Dinnebeil, McInerney, Fox, and Juchartz-Pendry (1998) found a positive correlation among early childhood teachers’ experience, knowledge, and confidence and the
teachers’ inclusion attitudes. Experienced teachers with more training were more likely to have favorable attitudes toward inclusion.

A final group of comparative studies explored differences between teacher and parent attitudes toward inclusion. The research reviewed (Rafferty & Boettcher, 2000; Rafferty & Griffin, 2005; Seery, Davis, & Johnson, 2000) indicated that both parents and teachers believed that inclusion was beneficial for children with and without disabilities. Both groups reported greater support for including children with mild and moderate disabilities than including children with severe disabilities or children with emotional or behavioral disabilities. Specifically, Rafferty and Boettcher (2000) found no statistically significant differences between parents of children with and without disabilities and teachers, but found that teachers expressed stronger support for inclusion than parents. The Rafferty and Griffin (2005) study that compared parent and childcare provider perspectives about the benefits and risks of inclusion mirrored the findings in Rafferty and Boettcher (2000). Providers had more positive attitudes toward inclusion than parents of children with and without disabilities did, but agreement was generally high among the groups. Additionally, results indicated that severity of disability was identified as a key factor influencing the attitudes of providers and parents. Similarly, Seery et al. (2000) found in a study of the hopes and concerns about inclusion of early childhood professionals and parents that the two groups showed strong commonality and that both groups indicated some concern about general education preschool teachers’ preparation to meet the needs of children with complex special needs. All of the studies reviewed indicated more similarities between parents and teachers than differences.
Collectively, study findings related to the category of comparative inclusion attitudes research suggested that attitudes toward inclusion were not universal and could vary among different groups of participants.

Studies focused on participant attitudes toward inclusion indicated that the attitudes of relevant participants in inclusive education could serve as either barriers or facilitators of inclusion in a variety of settings. Attitudes of relevant stakeholders can serve as facilitators of successful inclusion when they serve as an important foundation for inclusive practices. Diverse factors can influence participants’ attitudes toward inclusion. Attitudes can change from barriers to facilitators or become facilitators that are more impactful when they are modified through positive experiences in inclusive environments or professional development. However, research also indicated that attitudes of children, teachers, families, and administrators might not contribute in a meaningful way to facilitating inclusive education because there could be a gap between attitudes and practices. Other mediating factors can influence practices despite positive attitudes. Therefore, although attitudes can be an influential factor, other facilitators and barriers must be explored to understand inclusion research and practice more fully.

**Families**

Research on families and inclusion acknowledged the vital role that parents and siblings play in the successful inclusion of children with disabilities in general education classrooms. Although the body of research is not as large as research related to the other facilitator/barrier categories (e.g., attitudes or teacher practices) and researchers have called for further study of family experiences and perspectives (Leyser & Kirk, 2004; Xu
& Filler, 2008), a small group of reviewed studies focused on families. Buysse, Wesley, & Keyes (1998) assessed all perceived facilitators and barriers associated with early childhood inclusion and suggested that limited involvement of families in planning special services and a lack of communication with families of children with disabilities were significant barriers to successful inclusion. Conversely, Hanson et al. (2001) found that families were the most influential factor facilitating inclusive placements for their children. Family inclusion research studies can be subdivided into two main categories: (1) qualitative and quantitative studies and a review of the literature about programs and approaches to facilitate parent participation in inclusive settings and (2) qualitative and survey research studies of family perceptions of the inclusion experiences of their children with disabilities. A discussion of the research studies in each group follows.

Facilitating parent participation. A group of studies examined family-centered approaches to inclusive education based on the belief that family involvement facilitates children’s success in inclusive educational settings and improves developmental outcomes for children with and without disabilities (Levy, Kim, & Olive, 2006; Pérez-Carreón, Drake, & Barton, 2005; Salend, 2006). In an exploration of appropriate practices for including children with disabilities in early childhood education programs, Filler and Xu (2006) identified parental involvement as critical for the success of young children in inclusive settings. Programs or approaches such as the McGill Action Planning System, or MAPS (Ryan, Kay, Fitzgerald, Paquette, & Smith, 2001), effectively increased the participation of families and incorporated siblings into the services planning process for children with disabilities. Whereas Buysse, Wesley, and Keys (1998)
identified a lack of involvement of families in planning as an inclusion barrier, the MAPS researchers found that their approach for collaborating with families in the planning of services could serve as a facilitator for successful inclusion.

Explicit approaches to involve families such as the MAPS process may be especially needed. Vehkakowski (2008) found that parents can be marginalized during team planning meetings. Kozleski et al. (2008) conducted focus groups with culturally diverse parents of children in inclusive settings in the United States and South Africa and supported Vehkakowski’s findings. Families described how they felt disempowered in the planning process when teachers and administrators did not attempt to involve them and make them feel welcome. Furthermore, families, particularly those from minority cultures, experienced limited communication about special education rules and processes. Some families with positive experiences in planning reported that teachers and other practitioners created strong connections in order to collaborate with them.

Research also highlighted the effectiveness and importance of approaches to partner with parents to support the education of their children with disabilities. Murray, Rabiner, Schulte, and Newitt (2008) examined a daily report card intervention in which teachers rated a specified behavior of elementary school children with attention deficit/hyperactivity disorder (ADHD) each day and the teacher shared that information with a parent. Study findings suggested that this technique to actively involve families, including parent–teacher consultation meetings every 2 to 3 weeks, improved the children’s academic skills and productivity. Links between parent involvement and the teachers’ adherence to the intervention suggested that the level of parent involvement
could positively influence teacher practices with children with disabilities in inclusive settings and therefore improve student outcomes. Overall, studies about parent participation suggested that inclusive programs must be proactive in making families part of the process because family involvement can facilitate the successful inclusion of children with disabilities.

**Family perceptions of inclusion.** Families’ perceptions about and experiences with the inclusion of their children with disabilities comprised the second subgroup of inclusion studies focused on families. Researchers have investigated parents’ perceptions of the inclusion of their children in community settings (e.g., Gallagher, Floyd, Stafford, Taber, Brozovic, & Alberto, 2000), parents’ placement decisions for their children with disabilities (e.g., Swick & Hooks, 2005), and parents’ opinions of inclusive programs (e.g., Tichenor, Heins, & Piechura-Couture, 2000).

Research about family perspectives of inclusion in community settings identified the type of settings, availability of supports, and the extent to which children with disabilities participated. Gallagher, Floyd, Stafford, Taber, Brozovic, and Alberto (2000) examined parent and sibling perspectives on the inclusion of children with moderate or severe disabilities in educational and community settings. Interviews with parents and siblings suggested that both groups believed that their relative with disabilities could function and achieve their goals in the real world. Family members were satisfied with the amount and type of inclusion in school and in the community and wanted the child with a disability to be around children who did not have a disability. However, parents reported that their child engaged in just one activity outside of school. These findings
suggested that families could serve as significant facilitators for successful inclusion in school and community settings but that barriers persisted to limit the inclusion of children with disabilities in the community.

Jinnah-Ghelani and Stoneman (2009) examined parent perspectives on the inclusion facilitators for their school-age children with disabilities during out-of-school experiences. Data from parent interviews and focus groups suggested that mere acceptance of children with disabilities in out-of-school settings was not sufficient and that successful inclusion required intentional adaptations. Parents identified adaptations to physical settings and activities, adaptations to promote socialization with peers, adaptations for supervision and safety, adaptations focused on parent–provider communication, and adaptations focused on the attitudes and skills of providers as essential to the successful inclusion of children with disabilities in out-of-school childcare settings.

Similarly, Beckman, Barnwell, Horn, Hanson, Gutierrez, and Lieber (1998) found that deliberately planned strategies and adaptations were needed to facilitate children’s inclusion in community settings. The researchers interviewed 117 families regarding the inclusion of their children with and without disabilities in community contexts. Parents of children with disabilities reported that the availability of environmental adaptations appeared to facilitate their child’s inclusion in community settings. The parents cited negative attitudes toward disability, lack of proximity to programs, and limitations stemming from the child’s behavior or characteristics as barriers to children’s community
participation. The findings supported the contention that relationships and social networks were essential aspects of inclusion, especially from the perspective of parents.

Researchers also explored parents’ placement decisions and the underlying beliefs and perspectives that spurred their choices. Palmer, Fuller, Arora, and Nelson (2001) examined why 140 parents of children with severe disabilities supported or rejected their child’s placement in inclusive education programs. The group split almost evenly, with half of the parents in support of inclusion for their child and half opposed. Parents who supported inclusion believed that their child would learn more than they would learn if they were in self-contained settings. These parents reported that general education students would benefit from learning with students with disabilities. Opponents of inclusion cited the severity of their child’s disability and a lack of accommodations in general education classes as reasons for their opposition. Along these lines, Leyser and Kirk (2004) and Swick and Hooks (2005) found that parents believed that inclusion would have positive effects on children with and without disabilities. Parents of children with disabilities in these studies indicated that their children needed to interact with peers but expressed concerns about the quality of instruction in inclusive placements.

The variables that influenced parents’ perspectives on inclusive placements for their child with disabilities were the age of the child and the severity of the child’s disability (Leyser & Kirk, 2004). The parents in the Leyser and Kirk (2004) and Swick and Hooks (2005) studies also detailed the importance of their involvement in the children’s education, whether in inclusive or noninclusive settings. Parents of younger children and parents of children with more mild disabilities when compared to parents of
older children and parents of children with moderate and severe disabilities expressed more support of inclusion. Stahmer, Carter, Baker, and Miwa (2003) examined placement choices for parents of toddlers with developmental disabilities, and their findings indicated that the perceptions of parents of toddler-age children were very similar to those of preschool- and school-age children. Whereas some parents in the United States elected self-contained or inclusive settings for their children with and without disabilities, Flewitt and Nind (2007) found that many parents in the United Kingdom elected to combine special education and inclusive placements for their children with disabilities. The findings from all of the studies of parents’ placement choices underscored the complexity and challenge in making decisions about the appropriate educational setting for their children with disabilities.

A final group of studies examined parent perceptions about particular inclusive experiences or programs. Rafferty, Boettcher, and Griffin (2001) explored the beliefs of parents about the benefits and risks of reverse inclusion, an inclusion model where the majority of children in the class have disabilities and a smaller group of children do not have disabilities. Parents of children with and without disabilities reported satisfaction and strong support for the program. The parents who participated in the study cited many of the benefits of inclusive education mentioned by parents in the other studies discussed in this section, such as acceptance of differences by children who do not have a disability and preparation to function in the real world for children with disabilities. Parents of school-age children (Tichenor, Heins, & Piechura-Couture, 2000) supported inclusive learning environments for their children with and without disabilities and felt that their
children benefited. The parents provided their perspectives about their child’s inclusion classroom that utilized a co-teaching model, and most parents commented that they were in favor of the instructional model. Parents felt that the inclusion program enabled the instructional professionals to meet children’s individual needs and that the model was unique. High parent satisfaction, as with Rafferty et al. (2001), indicated that parents viewed inclusion favorably and supported continuation of inclusion programs in these instances.

The experiences of families related to their participation in inclusive settings and their perspectives on inclusive education represented an important category of inclusion research. The views and experiences of families are as unique and complex as inclusive education itself, but findings from this group of studies reviewed suggested important implications for facilitating successful inclusion. Researchers indicated that although parent involvement was particularly important for successful inclusion of children with disabilities, explicit programs or approaches were needed to prevent the marginalization of families. From the point of view of parents, their children’s participation in school and community settings was mediated by a variety of facilitators and barriers. Likewise, parents of children with and without disabilities generally expressed positive views toward inclusion, but both parents of children who did not have disabilities and children with disabilities voiced concerns that influenced their placement decisions for their children. Research related to family experiences and perspectives helped to provide a richer understanding of inclusion facilitators and barriers in a variety of educational and community settings.
Classroom Environment, Resources, and Personnel

In an examination of the overall factors for successful inclusion in early childhood settings, Batu (2010) cited the classroom environment as an important facilitator of inclusive education. Research studies using quantitative and qualitative methods focused on adaptations to the learning environment and the use of particular resources or materials to promote the successful and complete inclusion of children with disabilities, thereby acknowledging the importance of individual contexts. Researchers explored the ways in which elements within the classroom environment such as the use of adapted materials (e.g., Specht, Howell, & Young, 2007), the emotional climate, (e.g., Monsen & Frederickson, 2004), or opportunities for social participation (e.g., Tsao, Odom, Buysse, Skinner, West, & Vitztum-Komanecki, 2008) served as facilitators or barriers to the successful inclusion of children with disabilities. Researchers also identified instructional personnel as another influential factor within the classroom context. Lieber et al. (2000) identified key personnel as the strongest facilitator of inclusion in preschool programs across the United States. The programs examined in the study included Head Start programs. Inclusion research focused on personnel used qualitative and quantitative methods to examine the roles of key personnel within classrooms. For example, studies focused on co-teaching in inclusive classrooms (e.g., Bessette, 2008) and the role of assistant teachers (e.g., Sikes, Lawson, & Parker, 2007) and related service providers (e.g., Temple, Young, & Bolton, 2008).

Classroom environment and resources. Assistive technology refers to “any piece of equipment, or product system, whether acquired commercially off the shelf,
modified, or customized, that is used to increase, maintain, or improve functional
capabilities of individuals with disabilities” (Dyal, Carpenter, & Wright, 2009, p. 557).
Although very little inclusion research focuses specifically on the use of assistive
technology devices (Specht, Howell, & Young, 2007), researchers described the use of
adapted materials as an important component of an inclusive environment. Specht et al.
(2007) found that barriers to the use of assistive technology were present in the classroom
environments of four children with disabilities as they transitioned from elementary to
secondary settings. Overall, the researchers concluded that assistive technology was not
being effectively used although the children had access to various forms of assistive
technology. The authors suggested that aspects of the physical environment and school
climate influenced the use of assistive technology devices. Bouck (2005) also found
access to assistive technology—in this case through the use of graphing calculators by
secondary students with disabilities—was not a useful accommodation because strategies
for use must be part of classroom instruction to make the assistive technology effective.
At the preschool level, Salmon and Sainato (2005) supported the use of puppets as
assistive technology devices in the inclusive classroom environment as a tool to facilitate
the engagement and learning of students with and without disabilities. The authors
emphasized that specific strategies were needed to effectively use the puppets to create an
effective inclusive preschool learning environment. Therefore, across the studies,
teachers played a significant role in mediating the effect of assistive technology in
inclusive settings. The presence of resources in the classroom alone did not facilitate an
effective inclusive environment.
Researchers have investigated the social climate and opportunities for social participation for children with disabilities as potentially important components of the classroom environment and the contextual influences on inclusion. Teachers contribute to setting the tone within the classroom environment and social climate. For example, Monsen and Frederickson (2004) found that elementary school students in inclusive settings whose teachers expressed highly positive views toward inclusion reported significantly higher levels of classroom satisfaction and lower levels of classroom friction than students taught by teachers with less positive emotions. The authors further asserted that positive inclusive classroom environments have been associated with positive academic outcomes. The importance for the instructional professionals to create a positive emotional and social climate was reinforced by additional studies that suggested that children with disabilities experienced reduced social participation in comparison to children who did not have disabilities. Pijl, Frostad, and Flem (2008) and Antia, Stinson, and Gaustad (2002) found that physical inclusion of children with disabilities in general education environments did not automatically facilitate the social participation of children with disabilities. These studies found that children with disabilities were less popular, experienced lower degrees of membership in their classroom communities, and had fewer friendships than children without disabilities in elementary and middle school settings. The authors of these studies asserted that successful inclusion education must include social participation and classroom membership. Based on these findings, the authors stated that teachers must actively facilitate the full inclusion of children with disabilities.
Mastropieri, Scruggs, and Berkeley (2007) affirmed that teachers could promote a positive social climate for all children using intentional strategies and could facilitate the social participation of children with disabilities in inclusive settings. Teachers who explicitly used the strategies of peer assistance, collaborative learning, and peer tutoring successfully were able to increase student membership in the classroom community and supported student learning. Children with and without disabilities benefited from a positive classroom climate. Likewise, Tsao, Odom, Buysse, Skinner, West, and Vitztum-Komanecki (2008) found that teachers significantly influenced the social participation of children with disabilities in inclusive preschool classrooms. The researchers examined the social participation of 143 preschoolers with disabilities in community-based, Head Start, public school, and blended programs. The level of overall peer social engagement did not differ across programs, yet findings indicated that teachers in blended programs engaged in more interaction with children with disabilities than teachers in the other three programs, including teachers in Head Start programs. Findings suggested that children with disabilities interacted significantly more with children who did not have disabilities in child-initiated activities than in adult-initiated activities. Researchers suggested that although adults can facilitate social participation, particular activities that allowed some child choice or peer mediation rather than adult-directed activities promoted social engagement. Collectively, findings from social participation and social/emotional climate research proposed that the teacher played a vital role in establishing a positive classroom environment to promote the full inclusion of children with disabilities and that use of explicit strategies was most beneficial.
**Personnel.** Research that examined assistive technology, classroom climate, and social participation highlighted the importance of key personnel in inclusive classrooms. Although service delivery models vary, co-teaching (where general educators and special educators jointly plan, coordinate, and implement the educational experiences for all students in the classroom) is considered a popular and effective inclusion model (Bessette, 2008; Nevin, Thousand, & Villa, 2009). Murata and Tan (2009) highlighted the benefits of instructional personnel sharing expertise and working toward a common goal in the collaborative teaching of motor skills for preschoolers with developmental delays. Nevin et al. (2009) also emphasized the benefits of co-teaching, particularly the distinct resources, information, and materials that each instructional professional provided. However, issues of parity, power, and authority within inclusive classrooms surfaced when researchers investigated co-teaching in inclusion classrooms (Bessette, 2008; Noonan & McCormick, 2000). Noonan and McCormick (2000) described how negotiating how to share responsibilities to meet the needs of all the students in the class could generate conflict between special education teachers and other related service providers and general education teachers in Head Start settings. They also found that Head Start teachers more often demonstrated teaching behaviors than early childhood special education teachers and suggested this could be indicative of the “one teaching, one supporting” co-teaching approach.

Studies that explored co-teaching practices indicated that the ways in which general education, special education, and related service providers interacted with each other influenced their classroom practices (Conderman & Johnston-Rodriguez, 2009;
Lieber et al., 1997; McCormick, Noonan, Ogata, & Heck, 2001). Conderman and Johnston-Rodriguez (2009) found that aspects of the school culture influenced beginning teachers’ views of their collaborative roles. Furthermore, beginning teachers reported considerable challenges with co-teaching because of the complexities of collaboration and its contextual nuances. McCormick et al. (2001) found that the personal relationship between co-teachers shaped their collaborative teaching practices. The authors reported that the extent to which co-teachers perceived that they were similar to one another based on their personal characteristics and personality traits, professional style, and philosophical beliefs and biases might affect their ability to provide a quality environment. Therefore, co-teacher relationships mediated the effectiveness of collaborative teaching and influenced inclusive classroom quality. Findings from this group of inclusion research studies highlighted the effect of co-teaching relationships and practices on the inclusive classroom environment.

Studies about service providers and other instructional professionals who facilitated inclusion also emphasized the importance of key personnel in inclusive classroom environments. Although relatively little research was found in the review of the literature related to instructional assistants, also called paraeducators or assistant teachers (Lifshitz & Klein, 2007), they are often important members of the learning and teaching team (Chopra, 2009) and provide valuable support for children with disabilities (Causton-Theoharis, 2009; Schuster, Hemmeter, & Ault, 2001). Sikes, Lawson, and Parker (2007) examined the perspectives of teachers and teaching assistants about inclusion in the United Kingdom. The authors elected to include teaching assistants’
perspectives in the study because they acknowledged their significant role in enacting inclusion. Although each of the teacher assistants expressed unique views related to inclusive education, the participants expressed concerns regarding the demands of inclusion and they described the tension between an educational ideal and the realities at their schools and the roles that they filled. The reviewed research related to key personnel highlighted barriers and facilitators to collaborative relationships and revealed the complexities of providing inclusive services for children with disabilities in inclusive settings.

Inclusion research focused on classroom environment, resources, and personnel emphasized the myriad of factors that must work together seamlessly for the successful inclusion of children with disabilities in educational settings with children who do not have disabilities. For children with and without disabilities to reap the benefits of inclusive education, a positive inclusive environment is essential. Instructional professionals seemed to play a vital role in constructing and maintaining successful inclusive environments—for example, by facilitating the meaningful use of assistive technology and other material resources. Instructional personnel also made use of intentional strategies to promote a positive classroom climate and increase the social participation and social membership of children with disabilities. Effective collaboration among all of the instructional professionals who served children with disabilities was another cornerstone of a successful inclusive environment. As with many of the factors that influence inclusion, the emotional climate, resources, and key personnel that
combine to create the classroom environment could either facilitate or impede the successful inclusion of children with disabilities in general education settings.

**Professional Development**

Researchers frequently cited the amount of teacher training or the number of courses the instructional professionals took as strongly influential for successful inclusion. Buysse and Hollingsworth (2009) emphasized the importance of teacher preparation and continuing education when they stated, “Professional development focused on dimensions of inclusive and global program quality represents a critical avenue for improving the quality of the early childhood workforce and early childhood programs for all children, including those with disabilities” (p.125). Lieber et al. (2000) examined the inclusion facilitators or barriers for inclusive preschool programs. The researchers found that many programs used staff training as a key strategy to facilitate successful inclusion. Similarly, Essa, Bennett, Burnham, Martin, Bingham, and Allred (2008) found that the strongest predictor of the inclusion of children with disabilities in centers or home care was whether directors, teachers, and home care providers had taken a course on providing services for children with disabilities. Conversely, Buysse, Wesley, and Keys (1998) cited a lack of personnel training and preparation of general early childhood educators and specialists as a prominent barrier to inclusion. Therefore, teacher professional development, both in the preparation of instructional professionals and in the continuing education of practicing professionals, can be an inclusion facilitator. The review of professional development literature linked to inclusion was divided into (1) studies that used survey, qualitative, and experimental designs focused on
preservice teacher training and (2) studies that used quantitative, qualitative, and mixed methods designs focused on inservice teacher training. Each group of research studies is discussed below.

**Preservice teacher preparation.** Teacher education to prepare future practitioners to enact inclusive practices was an important focus of the professional development literature reviewed. Initial teacher training can influence teachers’ comfort with inclusive education and their attitudes toward teaching students with disabilities (Harvey, Yssel, Bauserman, & Merbler, 2010; Lancaster & Bain, 2007; Sharma, Forlin, & Loreman, 2008). Features of preservice teacher education programs that led to positive attitudes and self-efficacy beliefs included opportunities for discussion and self-reflection (Mintz, 2007) and a combination of formal instruction and structured work in classrooms (Bishop & Jones, 2002; Campbell, Gilmore, & Cuskelley, 2003; Jung, 2007). Additionally, student collaboration (Bishop & Jones, 2002), focused attention on inclusion topics (Jung, 2007; Lancaster & Bain, 2007), and a process for students to set personal learning goals linked to professional standards (Malone, 2008) or to address particular concerns about implementing inclusive practices (Sharma et al., 2008) also positively influenced preservice teachers’ inclusion beliefs and practices. As similarly supported in research on teacher attitudes toward inclusion, the positive attitudes of teacher candidates could not necessarily be equated with increased confidence levels in working with students with disabilities (Jung, 2007) or elimination of concerns about inclusion (Sharma, et al., 2008). Therefore, researchers who explored preservice teacher preparation for including students with disabilities in general education classes advocated
for continuing professional development for participants (Harvey, Yssel, Bauserman, & Merbler, 2010; Lancaster & Bain, 2007; Mintz, 2007; Pearson, 2009)

**Professional development.** Researchers have also examined professional development for practicing instructional professionals to facilitate successful inclusion. Inservice professional development in the reviewed research consisted of teacher training (e.g., Leblanc, Richardson, & Burns, 2009), specific coursework (e.g., Sheehy, Rix, Nind, & Simmons, 2004), and other forms of professional development (e.g., Campbell, Milbourne, & Silverman, 2001). Professional development opportunities in the form of training on particular instructional strategies to facilitate teachers’ inclusive practices positively influenced teachers’ attitudes (Baker-Ericzén, Mueggenborg, & Shea, 2009; Folsom-Meek, 1994) and behavior (Hyatt & Filler, 2007; Rodriguez & Stowitschek, 1999). Folsom-Meek (1994) explored the effects of workshops focused on inclusion and motor development on Head Start instructional professionals. Findings suggested that Head Start teachers and assistant teachers who attended two workshops on the motor development of children with disabilities expressed positive attitudes toward inclusion, but they did not report an increase in knowledge of motor development. By contrast, in evaluating a residential workshop on inclusive science education, Kirch, Bargerhuff, Cowan, and Wheatley (2007) found that direct experience with using instructional adaptations with students with disabilities was the most beneficial facet of the professional development experience. Similarly, Head Start teachers who participated in integrated preschool classrooms as part of a professional development program focused on inclusive practices (Rodriguez & Stowitschek, 1999) increased their use of strategies
to facilitate the engagement of children with disabilities in their own classrooms. These findings indicated that hands-on experiences in representative environments could be an important component for teacher professional development.

Research related to coursework for inservice teachers that addressed inclusive education, as with preservice teacher preparation, demonstrated that professional development could positively influence teachers’ attitudes and abilities in effectively including children with disabilities. Collaborative learning (Sheehy, Rix, Nind, & Simmons, 2004) and taking into account teachers’ prior knowledge and beliefs (Evans, 2002, Symeonidou & Phtiaka, 2009) were key features of effective inservice coursework. Although these aspects of professional development could apply to preservice or inservice teacher professional development, researchers also identified key features of professional development aimed at practicing teachers. Acknowledgement of school culture and other systemic influences on inclusive education beyond the teachers’ control (Evans, 2002; Sheehy et al., 2004) was a unique component identified in studies of inservice teacher coursework. Also unique to coursework targeting inservice teachers, researchers (Leblanc, Richardson, & Burns, 2009; Symeonidou & Phtiaka, 2009) found that coursework increased teachers’ knowledge about children with disabilities and understanding of specific evidence-based practices for the inclusion of children with disabilities in general education settings.

Professional development activities beyond coursework and training sessions were also included in research on professional development for inservice instructional professionals and influenced the participants’ approaches and practices. In a professional
development activity where teachers of infants and toddlers developed portfolio projects, Campbell, Milbourne, and Silverman (2001) found that participants were more likely at the end of the program to view children in terms of their strengths. Before they created the portfolios, participants seemed to perceive children based on their deviations from caregiver expectations, but after they created the portfolios, the participants represented children in terms of their abilities. The authors described this as an important shift because of the philosophy that children with disabilities cannot be fully included without recognition of their unique gifts, talents, and contributions. Therefore, the researchers asserted that the professional development activity was a successful way to affect practicing teachers’ perspectives about children with disabilities in positive ways and thereby positively influence their inclusion practices.

Kovic (1996) explored a job-embedded staff development model that used peer coaching to facilitate the inclusion of two children with intellectual disabilities in a second grade general education classroom. The professional development experience provided a rich learning opportunity for all the participants, increased implementation of instructional strategies to facilitate inclusion, and increased collaboration. Ainscow, Booth, and Dyson (2004) also explored a professional development experience that focused on classroom practices and promoted discussion: a collaborative action research network. The researchers affirmed the importance of collaboration in developing the capacity of practitioners and in fostering participants’ greater understanding of how practices can be adapted in their own unique circumstances. In both studies, contextualized professional development and the ability to take risks were cited as
important features of the professional development experiences that improved the inclusive practices of inservice instructional professionals. Overall, professional development with prospective and current instructional professionals has been shown to serve as a facilitator of inclusion by increasing general education teachers’ positive attitudes toward children with disabilities, their perceived competency to meet the needs of all children, and their ability to engage in successful inclusive classroom practices.

**Teacher Knowledge, Skills, and Practices**

The teacher is at the center of inclusive education and serves as an essential facilitator or barrier to successful inclusion. Moen (2008) asserted, “There are reasons to believe that the most critical factor for inclusive education is the teacher” (p. 60). Research studies that used survey and qualitative research designs examined the knowledge teachers needed to provide quality inclusive education experiences (e.g., Dingle, Falvey, Givner, & Haager, 2004). The reviewed research also included quantitative studies that focused on the skills that inclusion teachers demonstrated (e.g., Jordan, Schwartz, & McGhie-Richmond) and that examined teachers’ specific classroom practices (e.g., DeVore & Russell, 2007) using quantitative, qualitative, and mixed methods designs. Although questions regarding whether inclusive education requires specialized teacher skills, knowledge, and practices linger (Norwich & Lewis, 2007), this group of studies examined the inclusive classroom through the lens of teaching and focused on how effective inclusion practices contribute to successful inclusion (e.g., Okolo, Ferretti, & MacArthur, 2007) or impede successful inclusion (e.g., Angelides, Vrasidas, & Charalambous, 2007).
**Teacher knowledge and skills.** Teachers’ knowledge can be difficult to measure (Paterson, 2007) and what constitutes effective teaching skills can be debated (Roll-Pettersson, 2008), but a subgroup of the reviewed studies focused on these areas. Singh (2007) and Paterson (2007) found that teachers’ knowledge about adaptations of materials and the classroom environment and their knowledge about individual students were both important forms of knowledge that can influence the teachers’ inclusive practices. Dingle, Falvey, Givner, and Haager (2004) also found that a group of general and special educators and administrators identified knowledge of instructional adaptations and specialized instruction as essential to successfully teaching in an inclusive setting. These findings highlighted the primary value of teachers’ practical knowledge for implementing inclusion within specific contexts and the importance of the teacher’s familiarity with the needs of particular children. However, Udvari-Solner (1996) found that teachers’ theoretical knowledge also influenced their inclusive practices. In discussing the findings from the study that examined strategies used by classroom teachers for including students with multiple disabilities in elementary general education classrooms, the author stated that teachers whose practices were grounded by a theoretical foundation such as constructivism or multiple intelligences theory were more successful in facilitating the inclusion of all students that teachers who did not have a theoretical grounding for their practices.

Teacher knowledge has served as an important foundation for the essential skills to promote the successful inclusion of children with disabilities. The Supporting Effective Teaching (SET) project (Jordan, Glenn, & McGhie-Richmond, 2010; Jordan,
Schwartz, & McGhie-Richmond; 2009) identified key skills for facilitating successful inclusion. Specifically, the authors identified sustaining high levels of student engagement based on good classroom and time management skills, being able to scaffold learning, engaging students in higher level thinking, and encouraging and supporting student success as effective teaching skills to facilitate inclusion. The authors asserted that effective teaching skills are beneficial for students with and without disabilities. However, the nature of the child’s disability might influence the skills that teachers perceived as necessary. Roll-Pettersson (2008) found that general education teachers felt they had the skills needed to include a student with dyslexia to a greater degree than a student with intellectual disabilities. In Bruns and Mogharreban’s (2008) study conducted in Head Start settings, teachers reported that they possessed general skills to promote the learning of all students (e.g., implementing positive guidance strategies or observing the development progress of all children) but were less confident about their skills to carry out specialized practices more traditionally associated with special education (e.g., implementing IEP goals and objectives or supporting children to use alternative forms of communication). Although whether specialized skills focused on including children with disabilities were needed to facilitate successful inclusion was inconclusive in the research reviewed, the interaction between teachers’ skills and practices was evident.

Teacher practices. Researchers have also examined specific practices that teachers carried out in a variety of educational contexts to facilitate successful inclusion. A group of studies focused on particular practices or practices that targeted particular
Coskun, Tosun, and Macaroglu (2009) and Niebling and Elliott (2005) identified developing and modifying instruction materials and providing test accommodations as important inclusive practices in elementary and secondary settings. The presence or absence of these practices served as either facilitators or barriers to inclusion. Multiage education that made use of flexible grouping, opportunities for movement, and collaborative teaching proved effective for elementary inclusion (Stuart, Connor, Cady, & Zweifel, 2006). For young children with significant disabilities, Cross, Traub, Hutter-Pishgahi, and Shelton (2004) identified functional adaptations, adaptations for play and learning, and adaptations for socialization as specific strategies that facilitated inclusion. Across these studies, adaptive and targeted practices served to meet the individual needs of children with disabilities in inclusive settings.

In a review of inclusion practices research, Rix, Hall, Nind, Sheehy, and Wearmouth (2009) identified scaffolding of instruction and social interactions, possessing strong content knowledge, encouraging students to link new knowledge to previous knowledge, and providing meaningful learning experiences that use a range of different modalities as essential practices that contributed to successful inclusion. The researchers concluded that effective approaches to include children with disabilities in general education classrooms involved a network of practitioners rather than the classroom teacher alone. Research that investigated teacher practices in elementary and secondary settings (Okolo, Ferretti, & MacArthur, 2007; Wertheim & Leyser, 2002) confirmed that adaptations to foster all students’ rich understanding, meaningful learning experiences, and individualized instruction were teacher practices that promoted
successful inclusion. Specific to early childhood settings, DeVore and Russell (2007); DeVore and Hanley-Maxwell (2000); and Brown, Bergen, House, Hittle, and Dickerson (2000) also recognized collaboration with families to establish instructional goals as an important teacher practice in inclusive early education settings. Research on teachers’ knowledge, skills, and practices for successful inclusion highlighted the importance of instructional professionals facilitating inclusive education and underscored the complex contextual factors influencing inclusion instructional professionals.

**Inclusive Classroom Quality**

Research studies that examined issues of quality in inclusive settings (e.g., Hestenes, Cassidy, Shim, & Hegde, 2008; Knoche, Peterson, Edwards, & Jeon, 2006) belong in the final facilitator/barrier category. Questions surrounding the impact of classroom quality were also important because the quality of education settings can vary significantly, particularly at the preschool level (Scarr, Eisenberg, & Deater-Deckard, 1994). Emphasis on inclusive classroom quality was also important because children with disabilities can experience low quality in otherwise high-quality classrooms (Wolery, Pauca, Brashers, & Grant, 2000). Buysse, Wesley, and Keyes (1998) also cited low early childhood classroom quality as a significant barrier that served to inhibit the inclusion of young children with disabilities in a variety of early childhood programs, including in the Head Start program. In enumerating the challenges in defining and measuring quality in inclusive settings, Aytch, Cryer, Bailey, and Selz (1999) stated, “Defining quality is a complex, value-laden process with both objective and subjective components” (p. 8). The challenge of pinpointing the particular aspects that contribute to
classroom quality in inclusive settings is correlated with the complexity of inclusion of children with disabilities in early education settings.

Although the precise components that are required for a quality inclusive setting remain undefined (Soukakou & Sylva, 2010), researchers who focus on classroom quality argued that it is an important aspect of inclusion research because high-quality learning environments have been linked to positive developmental outcomes in areas such as cognition and language for children with and without disabilities (Burchinal, Roberts, Riggins, Zeisel, Neebe, & Bryant, 2000; Lambert, Abbot-Shim, & Sibley, 2006). Inclusive classroom quality researchers have typically focused on either comparisons of classroom quality in inclusive and noninclusive settings or on defining the dimensions of classroom quality in inclusive settings using quantitative methods. Studies in each subgroup are discussed below.

Comparisons of classroom quality. One issue within this body of research pertained to whether inclusive or noninclusive classrooms provide higher quality classroom environments. La Paro, Sexton, and Snyder (1998) compared the program quality characteristics of 29 self-contained special education classrooms and 29 inclusive classrooms that served at least one child with disabilities. The classrooms in the study were located in childcare programs, Head Start programs, and kindergartens. Study results indicated that self-contained and inclusive settings were highly similar on ratings of global classroom quality on the Early Childhood Environment Rating Scale (ECERS) to measure with the level of “moderately good” in both types of settings. The researchers concluded that inclusive and self-contained programs could not be differentiated based on
measures of quality. Findings from a study of the quality of 180 community-based childcare centers in North Carolina (Buysse, Wesley, Bryant, & Gardner, 1999) partially contradicted the findings reported a year before by La Paro et al. The study also used the ECERS to measure the global program quality of inclusive and noninclusive settings. Although the study compared classrooms where students with disabilities were enrolled versus programs where there were not any children with identified disabilities, results indicated that inclusive early childhood programs scored higher for classroom quality than noninclusive programs. In the case of this study, inclusive settings were associated with higher global quality than noninclusive classrooms.

Following the trend of Buysse et al.’s (1999) research, Knoche, Peterson, Edwards, and Jeon (2006) found that the quality ratings of inclusive preschool classrooms were slightly higher than in noninclusive classrooms with only children who did not have disabilities. Findings also showed that providers who had children with disabilities in their settings rated themselves higher on most quality-related indicators and had more training than providers in settings without any children with disabilities. Likewise, Hestenes, Cassidy, Shim, and Hedge (2008) found that the global quality was higher in inclusive classrooms than in noninclusive classrooms while controlling for differences in teacher education and experience in 1,313 North Carolina preschool classrooms. Inclusive classrooms also scored significantly higher than noninclusive classrooms on two factors of quality: Activities/Materials and Language/Interactions. The study findings indicated that there was no relationship between the severity of children’s disabilities and classroom quality. In the reviewed studies that compared the
classroom quality of inclusive and noninclusive classrooms, findings suggested that classroom quality was higher in classrooms that included children with disabilities than in classrooms with only children who do not have disabilities, but that self-contained classrooms did not differ in quality compared to inclusive classrooms.

**Dimensions of classroom quality.** As researchers focused on comparing classroom quality in inclusive and noninclusive settings using global quality measures, another group of researchers conducted a variety of studies (e.g., Buysse, Skinner, & Grant, 2001; Gallagher & Lambert, 2006) to identify the dimensions of classroom quality in inclusive settings. In designing a measure of quality for early intervention programs, Aytch, Cryer, Bailey, and Selz (1999) identified a combination of structural dimensions, such as accessibility and availability of services, and process dimensions, such as parent relationships with providers, as important aspects of quality. Specific items on the early interventions services assessment scale fell into the categories of assessment, intervention planning, service provision, transition, and administration. The authors supported the operationalization of definitions of inclusion quality through quality indicators. The study also highlighted that measures of inclusion quality must account for the fact that inclusion in any context is complex and dynamic and that program structure and other unique program characteristics strongly influenced various dimensions of classroom quality.

Buysse, Skinner, and Grant (2001) also developed a framework to examine inclusion quality based on the perspectives of parents and practitioners in 19 inclusive early childhood programs, including four Head Start program centers. Findings from
questioning respondents about what quality inclusive childcare looks like encompassed aspects related to global program quality for young children in general, particularly developmentally appropriate practice, qualified personnel, and parent participation and support. Respondents also identified practices that addressed the needs of individual children such as improving staff–child ratios, integrating special services or therapies into classroom routines, and adapting the environment to accommodate the individual needs of children with disabilities. Participants also identified the key resources that supported quality inclusion as specialized training, access to additional staff and disability specialists, partnerships with external agencies, and collaboration and teamwork. The researchers posited that the study findings underscored that classroom quality in inclusive settings is multidimensional and a multipart quality framework should be utilized as a component of a comprehensive effort to improve the quality of childcare for all young children, especially for children with disabilities.

In a study that examined whether the inclusion of children with disabilities in childcare programs was predicted by factors linked to classroom quality, Essa, Bennett, Burnham, Martin, Bingham, and Allred (2008) provided a distinct perspective on the intersection of inclusion and classroom quality. The researchers relied on previous studies of the indicators of classroom quality to examine the association with certain indicators and the inclusion of children with disabilities in general education classroom settings. Rather than determining which factors contributed to quality in inclusive settings, the study instead examined which factors of quality predicted whether a classroom was inclusive. Results from data analyses signified that disability-specific
education and a larger group size in the classroom were the two strongest predictors of the likelihood that the setting would contain at least one child with a disability. The two variables emerged as significant predictors of inclusion in sets of data from all three groups of study participants (center directors, teachers, and family childcare providers). Surprising findings that contrasted with some of the studies discussed in this section were that larger rather than small group size was predictive of the inclusion of children with disabilities. In other research, smaller group size has been associated with higher quality. Additionally, the study authors were surprised that other hypothesized quality indicators such as amount of practitioner experience, staff salary, or fees paid by parents were not predictive of inclusion.

Gallagher and Lambert (2006) explored the association between classroom quality, the proportion of children with disabilities, and child outcomes in Head Start settings. The study was particularly significant because it was one of the few in the review of the literature to focus exclusively on inclusion in Head Start classrooms. The study utilized data from 70 Head Start classrooms located in rural and urban regions in the southeastern United States with the resulting sample size of 600 children. Results of the study indicated that no main effect on child outcomes for the proportion of children with disabilities was observed. No associations were found between child outcomes and class size, child-to-adult ratio, or the percentage of boys. The combination of a high-quality classroom environment and more than 20% of the children having disabilities was associated with lower child outcomes. Therefore, the benefits associated with high-quality classrooms were not evident in classrooms serving a significant proportion of
children with disabilities. These findings suggested that the concentration of children with disabilities also influenced the impact of classroom quality on children with and without disabilities, especially in Head Start settings.

In conclusion, the reviewed research seemed to indicate that classroom quality in inclusive settings is complex, is influenced by a variety of factors, and presents itself in unique ways in different inclusive settings. Classroom quality can also serve as either a barrier or facilitator of successful inclusion practices, tends to be higher in inclusive rather than noninclusive settings, and is associated with a variety of indicators. Factors that seemed to contribute to program quality in early childhood inclusive settings across studies were teacher education specifically related to children with disabilities, classroom size, and developmentally appropriate practices. The connection between program quality and developmental outcomes in young children with and without disabilities may be mediated by a variety of site-specific factors. Understanding the relationship between classroom quality and inclusive education is essential to a complete perspective on inclusion research. Buysse and Hollingsworth (2009) underscored, “Determining the dimensions of high quality inclusive programs is necessary for evaluating, regulating, and improving the quality of inclusive experiences for young children with disabilities and their families” (p. 120).

**Poverty and Children with Disabilities**

In addition to reviewing the literature related to the benefits of inclusive education and the facilitators and barriers to successful inclusion for children with disabilities, a review of the literature related to the intersection of disability and poverty was warranted.
The reviewed literature is presented here because the study occurred within a program that serves children and families in poverty: Head Start. Researchers asserted, “Living in poverty is associated with a host of adverse consequences...” (Parish & Cloud, 2006, p. 223). In 2010, 16.4 million, or 22%, of children in the United States, or nearly one in five, were living in poverty (Addy & Wight, 2012). The rates of poverty, child poverty, and poverty in families with young children have been on the rise. From 2000 to 2008 the overall number of young children under age 6 increased by nine percent while the number who were low-income and poor increased by 17 percent and 30 percent, respectively (Wight & Chau, 2009).

These statistics only increase when considering marginalized groups. Child poverty is not equally distributed; the intersection of race and class is evident. Thirty-eight percent of the households of African American children and 38% of Hispanic households have children who live below the official poverty threshold. This is in comparison with 12% of white children. The United States also has one of the highest rates of intergenerational poverty, indicated by a low number of children who exit from poverty (Emerson, 2007). Results from the 2010 census also indicated that almost one-half (46%) of immigrant families with children younger than age 5 years lived in poverty. Therefore, culturally diverse children in poverty, such as those served in the Head Start program, represent a significant and troubling minority in the United States.

**Financial hardship for families of children with disabilities.** Several research studies (Lloyd & Rosman, 2005; Parish & Cloud, 2006; Parish, Rose, Grinstein-Weiss, Richman, & Andrews, 2008) examined the ways in which raising children with
disabilities affects families. Studies indicated that the families of children with disabilities experienced a constellation of factors that affected their financial well-being (Parish & Cloud, 2006) and mental health outcomes (Lloyd & Rosman, 2005). Causes for the bleak economic picture of families with children with disabilities may include the elevated cost of raising children with disabilities, parental employment limited by unavailable childcare and insufficient leave policies, and the ineffectiveness of supplementary financial support programs (TANF, etc.) to meet family needs (Parish & Cloud, 2006). Nationally representative studies indicated that families of children with disabilities experienced significantly greater hardship than families of children who did not have disabilities in terms of food insecurity, housing instability, health care access, and telephone disconnection (Parish et al., 2008).

Moreover, the likelihood of living with material deprivation is elevated for children with disabilities across income strata. These elevated rates of material hardship among families raising children with disabilities highlight the need for policies at the federal, state, and local levels to effectively target the support systems required by families facing complex financial challenges (Parish et al., 2008, p. 88).

Children with disabilities can experience increased material hardship regardless of social class.

**Children in poverty with disabilities.** Whereas the previously discussed research highlighted the increased financial challenges for families raising children with disabilities, researchers have also demonstrated how childhood disability can be sharply
overrepresented among children living in poverty (Lloyd & Rosman, 2005). For example, a British study (Emerson & Hatton, 2007) indicated that children with intellectual disabilities were “more likely to be disadvantaged on virtually all indicators of socio-economic position” (p.868). Statistics indicated that 28% of children with disabilities age 3 to 21 in the United States live below the federal poverty line (Parish, Rose, Grinstein-Weiss, Richman, & Andrews, 2008; Park, Turnbull, & Turnbull, 2002). This figure cuts across the type of disability diagnosis for the children. Researchers underscored that the federal poverty line is controversial (Parish, Rose, Grinstein-Weiss, Richman, & Andrews, 2008) and probably “…underestimate(s) actual poverty rates among disabled children (sic) (and their families) due to the failure of income based poverty thresholds to take account of additional direct and indirect costs associated with child disability” (Emerson, 2007, p. 108). Although the research highlighted the pervasive nature of poverty among children with disabilities, the scope of the challenges and the interrelated nature of the two may not be explored fully.

Studies also specified that children with disabilities will continue to live in poverty as they become adolescents (Emerson & Hatton, 2007) and working-age adults (Ball, Morris, Hartnette, & Blanck, 2006). Just 38% of working-age people with a disability in the United States were employed in 2003 compared to 78% of adults who had no reported disabilities. This was similarly evident because nearly one quarter (23.3%) of adults with disabilities included in the same study met the federal criteria for incomes below federal poverty standards (Stapleton, O’Day, Livermore, & Imparato, 2006).
Services for children with disabilities living in poverty. Another group of reviewed articles focused on the access to services for low-income families with children with disabilities and how programs identified children with disabilities in this group (Grant, 2005; Peterson et al., 2004; Ridgley & Hallam, 2006; Shapiro & Derrington, 2004; Wall et al., 2005). The majority of this research focused on early intervention programs. These studies reported that children in poverty (or families with factors associated with poverty such as being uninsured or lacking adequate insurance) were more likely to be found eligible for services but were less likely to receive these services for their child. Individualization strategies have been found to facilitate the process of connecting low-income families with services (Wall et al., 2005), but low-income families underutilized early intervention services (Shapiro & Derrington, 2004). The restructuring of early intervention programs in order to contain program costs could further reduce the access for children with limited financial resources to disability services (Grant, 2005). Therefore, the disability/poverty cycle (Stapleton, O’Day, Livermore, & Imparato, 2006) may be perpetuated through limited access to services and interventions.

The reviewed disability and poverty research indicated that “…a bidirectional relationship likely exists between poverty and disability: Poverty—through exposure to environmental hazards—leads to disability, and disability—by way of increased financial burdens—leads to poverty” (Parish, Rose, Grinstein-Weiss, Richman, & Andrews, 2008, p. 73). Park, Turnbull, and Turnbull (2002) posited that poverty is no longer a secondary topic in the field of special education services and disability policy.
Limitations of Existing Studies

The comprehensive review of the literature supported additional research related to the barriers and facilitators to the successful inclusion of young children with disabilities living in poverty. This is an area of inquiry that merited further investigation because of the various factors discussed in the review of the literature that shape inclusive education. Extant research acknowledges that the inclusive education of children with disabilities is complex and facilitators and barriers exhibit their influences concurrently on many levels (Freire & César, 2003; Ryndak, Reardon, Benner, & Ward, 2007). Inclusion researchers noted that “inclusion is influenced by a dynamic set of factors operating inside and outside of the classroom” (McCormick, Noonan, Ogata, & Heck, 2001, p. 119). Therefore, the contents of the literature review substantiated a research approach that addressed the multiple facilitators and barriers to inclusive education while recognizing the unique role of contextual factors. Previous researchers conducted a substantial portion of inclusion studies in elementary and secondary settings, and the majority of early childhood inclusion research took place in programs other than Head Start. Schwartz and Brand (2001) concluded their review of the history and policies shaping Head Start inclusion by detailing a need for “well-designed research to address issues of importance” (p. 289) in inclusive Head Start classrooms. The overall lack of research on children with disabilities in Head Start classrooms supported the need to explore Head Start teachers’ perceptions of and practices for including young children with disabilities in their classrooms.
CHAPTER THREE

Research Design

The research design supported the examination of the facilitators and barriers to successful inclusion in Head Start classrooms through the perspectives and practices of Head Start instructional professionals. The study used a mixed methods design that combined survey and qualitative research. The survey research component utilized a cross-sectional survey design (Creswell, 2008) to measure the current perceptions of Head Start instructional professionals about inclusion. A quantitative observation ratings scale of inclusive classroom quality was also utilized. The qualitative component used an applied qualitative research design (Patton, 2002) that included naturalistic observations and semi-structured interviews. A mixed methods design was selected because the approach can yield “broader, deeper, and more comprehensive social understandings by using methods that tap into different facets or dimensions of the same complex phenomenon” (Green, 2007, p. 101). As discussed in Chapter Two, the inclusion of young children with disabilities in preschool programs is inherently complex (Guralnick, 2001; Purcell, Horn, & Palmer, 2007), particularly within the Head Start context (Schwartz & Brand, 2001). Therefore, a mixed methods research design was well suited for the study.
While advocating for additional mixed methods studies of inclusion in preschool settings, Li, Marquart, and Zercher (2000) asserted that “the strengths and weaknesses of each method may be balanced out and a more complete understanding of the phenomena in question may result” (p. 131). Researchers may engage in mixed methods inquiry for a variety of purposes (Green, 2007); this study utilized mixed methods for the purposes of complementarity. According to Green, “[I]n a complementarity mixed methods study, results from the different methods serve to elaborate, enhance, deepen, and broaden the overall interpretations and inferences from the study” (p. 101). The combination of methods provided an opportunity to examine the inclusion facilitators and barriers both deeply and broadly. The survey research probed for trends among a larger group of Head Start professionals in their views on the needed facilitators and the availability of those facilitators in their settings, focusing on the breadth of inclusion factors from the instructional professionals’ perspectives. The qualitative portion of the study examined both practices and perceptions within individual classrooms and therefore provided an in-depth examination of how specific inclusion facilitators and barriers interacted in the classrooms of a small subgroup of instructional professionals. The data from each portion of the research combined to provide holistic and close-up perspectives. The mixed method research design afforded a more complete and nuanced picture of the inclusion of young children with disabilities in these Head Start settings.

A combination of direct observation or interviews and survey research has been used to understand classroom practices to account for the strengths and weaknesses in each form of data (Soukakou & Sylva, 2010). For example, in a study of childcare in
inclusive and noninclusive settings, Knoche, Peterson, Edwards, and Jeon (2006) used a mixed methods design to benefit from a larger sample size for the survey and a direct measure of classroom quality through observation. The researchers stated, “[F]uture research must include innovative methods and in-depth study to increase understanding of the complex and interrelated [inclusion] factors…” (p. 107). In an effort to answer the call in this study, there were multiple measures utilized. The measures for gathering quantitative data were a survey instrument and an observation ratings tool. The qualitative measures were a classroom observation and an interview with participants. Each of the measures was utilized conjointly to address the research questions. The research questions that guided the study were as follows:

1) What are Head Start instructional professionals’ perceptions of the needed facilitators for the successful inclusion of children with disabilities?

2) What are Head Start instructional professionals’ perceptions of the availability of facilitators for the successful inclusion of children with disabilities?

3) In what ways do Head Start instructional professionals provide access, participation, and supports for children with disabilities?

4) What facilitators and barriers appear to influence Head Start instructional professionals’ perceptions of including children with disabilities in their classrooms?

5) What facilitators and barriers appear to influence the ways that Head Start instructional professionals provide access, participation, and supports for children with disabilities?
By utilizing a combination of methods to investigate multiple aspects of inclusion in Head Start classrooms, Head Start instructional professionals’ inclusion perceptions and practices were explored.

**Setting**

The research took place in three program sites in the Head Start Region III. Region III serves children and families in several states in the Mid-Atlantic region of the United States. Site A is a private/public nonprofit delegate agency where an independent city is the grantee. The program has multiple classrooms located in public school buildings. Site B is a government agency grantee that directly operates programs and delegates service delivery. The program has classrooms located in one community center. Site C is a public school system grantee that directly operates programs and has no delegates. The classrooms are located in one public school building. Each of the program sites were participating in the Head Start professional development research study mentioned in Chapter One. Table 3.1 provides more information about each of the program sites. Program data were obtained from the 2010–2011 Office of Head Start Program Information Report (U.S. Department of Health and Human Services, 2011b, 2011d). The data in the study were collected at each of the program sites in 2011.

Table 3.1

*Classes and Teachers in Study Research Settings*
<table>
<thead>
<tr>
<th>Setting</th>
<th>Program Type</th>
<th>Total Classes Operated</th>
<th>Total Preschool Classroom Teachers</th>
<th>Total Preschool Assistant Teachers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head Start Nationally</td>
<td>Various</td>
<td>47,283</td>
<td>45,700</td>
<td>47,691</td>
</tr>
<tr>
<td>Site A</td>
<td>Community-based</td>
<td>17</td>
<td>17</td>
<td>22</td>
</tr>
<tr>
<td>Site B</td>
<td>Community-based</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Site C</td>
<td>School-based</td>
<td>17</td>
<td>17</td>
<td>17</td>
</tr>
</tbody>
</table>

Each participating site also operates an Early Head Start program serving pregnant women, infants, and toddlers, but this study only included the programs’ preschool classrooms. Site B also operates three classrooms using state public preschool funding. These classrooms were not separated in the data collection and analysis for the study because the classrooms only differed by funding source. All other aspects of the classroom such as the curriculum, instructional professionals’ salaries, and the qualifications for the children and families served were identical between the Head Start and public preschool classrooms. Table 3.2 provides information about the children with disabilities served at each site during the 2010–2011 program year (U.S. Department of Health and Human Services, 2011a, 2011c).

Table 3.2

Disability Statistics for Study Head Start Programs
The different sites served a significant but varied proportion of young children with disabilities. Site A and Site C, served a smaller percentage of children with disabilities than the national median of 12.04%, and Site B served a greater percentage of children with disabilities than the national median. Table 3.3 shows demographic information for the children in each of the three research sites (U.S. Department of Health and Human Services, 2011b, 2011d).

Table 3.3

Demographics of Children Served in Study Research Settings

<table>
<thead>
<tr>
<th>Percentage of Program Enrollment by Race</th>
<th>Black or African American</th>
<th>White</th>
<th>Asian</th>
<th>American Indian/ Native Alaskan</th>
<th>Biracial or Multiracial</th>
<th>Other Race</th>
<th>Unspecified Race</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head Start Nationally</td>
<td>30.04</td>
<td>39.79</td>
<td>1.83</td>
<td>3.84</td>
<td>7.82</td>
<td>10.7</td>
<td>5.27</td>
</tr>
<tr>
<td>Site A</td>
<td>48.16</td>
<td>7.08</td>
<td>3.68</td>
<td>0.00</td>
<td>5.10</td>
<td>6.80</td>
<td>29.18</td>
</tr>
</tbody>
</table>
As indicated, the Head Start program sites that were the research settings for the study served different populations of students and families, different percentages of students with disabilities, and were programs of different sizes and configurations. The diversity of the programs highlighted the contextual differences within the Head Start program.

Participants

A group of 71 instructional professionals (teachers, assistant teachers, and a special education teacher) from the three program sites participated in the survey research portion of the study. Two observations of the practices of 20 instructional professionals took place in a subset of nine classrooms. Interviews were conducted with 21 instructional professionals in the nine observation classrooms. Table 3.4 provides a breakdown of the Head Start instructional professionals who participated in each portion of the study.

Table 3.4

<table>
<thead>
<tr>
<th>Study Participants at Each Research Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site</td>
</tr>
<tr>
<td>Site B</td>
</tr>
<tr>
<td>Site C</td>
</tr>
</tbody>
</table>

Note. Hispanic or Latino was not included as a category in the reporting system.
Survey research participants. The survey instrument the *Supports Scale for Preschool Inclusion* (SSPI; Kucuker, Acarlar, & Kapci, 2006) was administered with participants in the three Head Start program sites. The survey was conducted in person at staff meetings at Site A and Site C and distributed and collected by the program’s assistant director at Site B. It was intended that the survey would be completed by all of the instructional professionals (teachers and assistant teachers) at each site. Although it was not the original intent to have special education teachers as survey research participants, one special education teacher at Site C completed the survey and the data from this participant were included in the analysis. The survey response rate across the three sites was 78%, with a 71.8% response rate at Site A, a 72.2% response rate at Site B, and a 88.2% response rate at Site C. Calculations \( N_s = \frac{(N_p)(p)(1-p)}{(N_p - 1)(B/C)^2 + (p)(1-p)} \) (Dillman, Smyth, & Christian, 2009) to determine the appropriate sample size for the survey research portion of the study (\( N = 85 \) total instructional professionals across the three sites) indicated that a sample size of 65 or more participants was needed at the 90% confidence level. Therefore, the sample size of 71 survey participants was appropriate to represent the population of the instructional professionals at the three Head Start program sites. Table 3.5 lists the number of survey respondents at each site.
Table 3.5

Survey Respondents at Each Research Site

<table>
<thead>
<tr>
<th>Site</th>
<th>Teachers</th>
<th>Assistant Teachers</th>
<th>Special Education Teachers</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site A</td>
<td>15</td>
<td>13</td>
<td>0</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(39.4%)</td>
</tr>
<tr>
<td>Site B</td>
<td>6</td>
<td>7</td>
<td>0</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(18.3%)</td>
</tr>
<tr>
<td>Site C</td>
<td>15</td>
<td>14</td>
<td>1</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(42.3%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>36</td>
<td>34</td>
<td>1</td>
<td>71</td>
</tr>
<tr>
<td></td>
<td>(50.7%)</td>
<td>(47.9%)</td>
<td>(1.4%)</td>
<td></td>
</tr>
</tbody>
</table>

The survey research participants included 69 females and 2 males. They reported a wide range of teaching experience, amount of experience with children with disabilities, and amount of education and training. Figure 3.1 identifies the number of years that the survey research participants reported they had been teaching and the number of years they reported that they had been teaching in the Head Start program.
Data were missing from three participants on the number of years they had been teaching and the number of years they had been teaching in Head Start. The greatest percentage of participants reported that they had been teaching between less than 1 and 5 years (29.4%), although a substantial minority (26.5%) reported that they had been teaching 11 to 15 years. The largest group of participants (54.9%) reported teaching between less than 1 and 5 years in the Head Start program, and the next highest group (21.1%) reported that they had been teaching 6 to 10 years in the Head Start program.

Figure 3.2 shows the highest level of education for the survey research participants. The data are displayed for all participants and then subdivided by teachers and assistant teachers. The data for teachers include all teachers (general education teachers and the special education teacher).
Figure 3.2. Highest levels of education of survey research participants.
The majority of teachers in the survey research portion of the study obtained a bachelor’s degree, whereas the majority of assistant teachers had obtained a Child Development Associate (CDA) credential as their highest level of education.

Along with a range of levels of educational attainment, survey research participants also reported participating in a different number of training sessions specifically related to children with disabilities. Figure 3.3 shows survey respondents’ answers to the question of how many training courses they had completed that specifically addressed children with disabilities. This question may have been unclear to participants because 37% of respondents left this item blank or did not answer with a numerical response. From the responses provided, the greatest percentage of instructional professionals (26%) reported that they participated in one to two training sessions specifically about children with disabilities. The next largest group of participants (20%) reported that they participated in no courses or took six to eight courses.
As indicated in the figures, the survey respondents reported diverse levels of experience and education. The range of the number of years the participants had been teaching was from less than 1 year to 39 years ($M = 12.13$ years, $SD = 8.79$ years). The number of years teaching in Head Start ranged from less than 1 year to 37 years ($M = 7.79$ years, $SD = 8.26$ years). The range of the percentage of children with disabilities in participants’ classrooms reported was from 0% to 50% ($M = 10.48\%$, $SD = 10.72$). The percentage was computed from the participants’ responses to the number of children with disabilities in their classroom divided by the total number of children in their classroom that the participant reported. These two items might have been unclear to participants, however, because more than one-third (37%) either left the item blank or provided a non-numerical or numerically invalid response. Therefore, this item was not included in the comparisons of participant characteristics. Participants also reported that they had
completed between 0 to 20 training courses that specifically addressed children with disabilities.

**Observation and interview participants.** Observation classrooms needed to contain at least one child with a disability identified through the IEP process with instructional professionals who were willing to participate in the study. Program or center directors or assistant directors identified the classrooms and instructional professional participants at each site. Eleven total classrooms staffed by 25 instructional professionals were identified for the potential pool of observation and interview research participants. Of this identified sample, two classrooms were not included in the observations because the parents of the children with disabilities did not provide consent for their child to participate in the study. For the interviews, three assistant teachers declined to be interviewed and one special education teacher was not available. Therefore, 16 instructional professionals participated in both the observations and interviews, 5 instructional professionals participated in interviews only, and 4 instructional professionals (including 1 substitute assistant teacher in classroom C1) participated in the observations only. Information about the classrooms where observations were conducted and instructional professionals who participated in the interviews can be found in Table 3.6.

### Table 3.6

*Observation and Interview Classroom Characteristics*

<table>
<thead>
<tr>
<th>Classroom</th>
<th>Number of Children with Disabilities</th>
<th>Disability Categories</th>
<th>Teacher</th>
<th>Assistant Teacher</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>Developmental delay</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>A2</td>
<td>Speech, developmental delay, emotional/behavioral</td>
<td>1</td>
<td>1</td>
<td>Declined to be interviewed</td>
</tr>
<tr>
<td>A3</td>
<td>No observation conducted</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>A4</td>
<td>Speech</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>B1</td>
<td>Speech</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>B2</td>
<td>Speech, developmental delay</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>B3</td>
<td>Speech, autism</td>
<td>1</td>
<td>2</td>
<td>1 assistant teacher pulled into another classroom during observation</td>
</tr>
<tr>
<td>C1 Inclusion classroom</td>
<td>Orthopedic impairment, visual impairment, developmental delay, speech</td>
<td>2</td>
<td>2</td>
<td>1 Head Start assistant teacher and 1 special education assistant teacher</td>
</tr>
<tr>
<td></td>
<td>4 children with disabilities absent during observation</td>
<td>1 general education teacher, 1 special education teacher in the classroom 3 mornings a week</td>
<td>Special</td>
<td>Head Start assistant teacher declined to be</td>
</tr>
<tr>
<td></td>
<td>Education Teacher</td>
<td>Interviewed and Was Absent During Observation</td>
<td>Interview with Teacher and Assistant Teacher Conducted Together</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>------------------</td>
<td>---------------------------------------------</td>
<td>---------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>C2</td>
<td>2 1 child with disabilities absent during observation</td>
<td>Speech, developmental delay</td>
<td>1 declined to be interviewed</td>
<td></td>
</tr>
<tr>
<td>C3</td>
<td>2</td>
<td>Speech, emotional/behavioral</td>
<td>1 Interview conducted with teacher and assistant teacher together</td>
<td></td>
</tr>
<tr>
<td>C4</td>
<td>No observation conducted</td>
<td></td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**Data Sources**

Four quantitative and qualitative data sources provided evidence about the Head Start instructional professionals’ perceptions of and practices for including young children with disabilities in their classrooms. Quantitative data sources included self-reported survey data that measured participants’ perceptions of which facilitators were necessary for successful inclusion and the availability of those facilitators and data from an observation ratings scale on quality inclusive practices. Qualitative data sources
included field notes from a semi-structured observation and interviews with instructional professionals from a subset of Head Start classrooms.

**Quantitative measures.** The *Supports Scale for Preschool Inclusion* developed by Kucuker, Acarlar, and Kapci (2006) is a survey instrument designed to assess preschool instructional professionals’ views of which facilitators are needed for the successful inclusion of children with disabilities and their perceptions of the availability of these facilitators in their settings. The survey instrument identifies facilitators as “needs” and the availability of these facilitators as “supports.” The researchers created the instrument items based on a review of the research literature to identify the facilitators and barriers to a successful inclusion and consulted with experts and practitioners in the field. The instrument contains 34 items related to inclusion facilitators in the following categories: (1) *attitudes toward inclusion*; (2) *families*; (3) *classroom environment, resources, and personnel*; (4) *professional development*; and (5) *teacher knowledge, skills, and practices*. For each item, respondents rate the item along the dimensions of needs and supports on a 4-point Likert-type scale from 1 (not at all) to 4 (to a great extent). The instrument requires that respondents indicate “how necessary each statement is for successful inclusion” and the “degree you have this support/source” for each item. The total scores range from 34 to 136 for both dimensions. There is also an open-ended item at the end where respondents are asked to write down any other situation that facilitates or complicates the successful implementation of inclusion.

The Cronbach alpha coefficient and the Guttman split-half reliability were found to be 0.94 and 0.89 for the needs dimension and 0.94 and 0.91 for the supports dimension.
(Kucuker, Acarlar, & Kapci, 2006). For item validity, item-total correlations were high for the needs and supports dimensions and were all significant ($p < 0.001$). Results from reliability and validity analyses by the measure developers showed that the 34-item respondent-based scale is a reliable and valid instrument to assess preschool instructional professionals’ perceptions of the necessities and availabilities of supports for successful inclusion. There is no known research in which the instrument was utilized in Head Start settings. Nine items were added to the survey to collect data on the participants’ characteristics including their site, role, highest level of education, teaching experience, proportion of children with disabilities, and number of courses related to children with disabilities taken. The survey instrument as administered to participants appears in Appendix A.

The *Inclusive Classroom Profile* (ICP) developed by Soukakou (2007) is a structured observation rating scale with a focus on classroom practice and the quality of instructional support that instructional professionals provide to promote the active engagement of children with disabilities in classroom activities while meeting their individual needs (Appendix B). This measure was selected over other more general measures of classroom quality such as the Early Childhood Environment Rating Scale (ECERS) (Harms, Clifford, & Cryer, 1998) or the Classroom Assessment Scoring System (CLASS) (La Paro, Pianta, & Stuhlman, 2004) because global measures of classroom quality could inadequately address aspects of inclusive classroom practice that specifically pertain to the children with disabilities (Soukakou & Sylva, 2010).
The measure uses a 7-point Likert-type scale with the lowest degree of quality (1) representing practices that are considered harmful or highly inappropriate and the highest degree of quality (7) reflecting practices that are thought to promote inclusion and meet individual needs. On the scale, each of the odd numbers has a label (the even numbers are not labeled), where a score of 1 indicates an inadequate level of classroom quality, a score of 3 indicates a minimal level of classroom quality, a score of 5 indicates a good level of classroom quality, and a score of 7 indicates an excellent level of classroom quality. Therefore, low quality inclusion practices are signified by low scores (1–3) on the measure’s items and high quality inclusion practices are signified by high scores (5–7). The scores reflect an aggregate of the practices of all of the instructional professionals observed. Soukakou created the instrument through a multiphase process including exploratory research, conceptualization of quality of inclusive classroom practices, item generation, expert review, piloting, and validation research. The ICP contains 11 items focused on a range of inclusive classroom practices related to the feedback, support, and adaptations that the instructional professionals provide. Item 11 on the measure was excluded from the data collection because it required reviewing each child’s IEP, and permission for this was not obtained. Table 3.7 includes more information on each of the specific items on the measure (Soukakou, 2007).

Table 3.7

*Description of ICP Items (N = 10 items)*

<table>
<thead>
<tr>
<th>ICP Items</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Adaptations of space and</td>
<td>Assesses the extent to which adults adapt the</td>
</tr>
</tbody>
</table>
materials/equipment  

space, furniture, and materials to promote children’s learning and social experiences in the classroom

2. Adult involvement in peer interactions  

Assesses the quality of adult engagement in supporting reciprocal, sustained peer interactions

3. Adults’ guidance of children’s play  

Evaluates adults’ engagement and scaffolding of children’s play

4. Conflict resolution  

Evaluates adults’ involvement in supporting conflict resolution

5. Membership  

Assesses the extent to which children have equal opportunities to assume social roles and responsibilities in the classroom

6. Adult–child social communicative interactions  

Evaluates the reciprocity, sustainability, and content of adult–child verbal and nonverbal social interactions

7. Support for social communication  

Assesses the extent to which adults promote and facilitate functional and social communication and skills among children with and without disabilities

8. Adaptations of group activities  

Assesses the extent to which adults adapt group activities to promote active engagement and meet individual needs

9. Transitions between activities  

Assesses the extent to which transitions are organized and adapted to prepare children for activities

10. Feedback  

Evaluates the frequency and nature of feedback provided to individual children and groups of children

Soukakou field tested the measure in 45 early childhood classrooms, and conducted formal reliability and validity tests (Soukakou & Sylva, 2010). Overall, results indicated that the ICP has good inter-rater reliability at the item level (mean weighted kappa for all items = 0.79), is internally consistent based on the Cronbach’s alpha analysis (α = 0.79), and shows a good factor structure following confirmatory factor analysis ($\chi^2 = 35.165, df = 35, p = 0.460, \text{CMIN}/df = 1.005, \text{RMSEA} = 0.010$,}
NNFI = 0.998 and CFI = 0.998). There is no known research in which the instrument was utilized in Head Start settings.

**Qualitative measures.** Qualitative measures included a qualitative observation in the form of descriptive field notes and interviews with instructional professionals using an open-ended interview protocol. The goal for collecting qualitative observations along with a quantitative observation measure was to capture both the objective elements in the ICP and more subjective elements that cannot be captured in a rating scale (Soukakou & Sylva, 2010). For example, an open-ended focus on the dimensions of classroom practice in the field notes accounted for differences between instructional professionals and discrepancies in inclusion practices for different children with disabilities—for instance, when an instructional professional provided a great deal of support for social communication for one child and very little for another. Qualitative data were collected through nonparticipant observation where jottings on classroom practice were converted into full field notes (Emerson, Fretz, & Shaw, 1995) immediately following the observations. The field notes were structured around the instructional professionals’ practices and the influence of their practices on the children with disabilities in terms of access, participation, and supports (DEC/NAEYC, 2009).

The open-ended interview was conducted with the instructional professionals in the nine observation classrooms. The purpose of the interviews was to gain additional understanding of the personal experiences of the instructional professionals (Maxwell, 2005) related to their perceptions of and practices for including young children with disabilities in his or her Head Start classroom. The interviews provided in-depth
information on how these instructional professionals interpreted and enacted the inclusion of children with disabilities within their particular Head Start classroom. The interview protocol (Appendix C) provided the opportunity for instructional professionals to share their perspectives on inclusion in their specific context that might not be captured with a close-ended survey instrument. The interview protocol originally contained 12 items but was revised based on critical feedback and input after pilot testing down to nine items.

The interview protocol was piloted with three Head Start teachers who also had children with disabilities in their classrooms and an early childhood special education teacher. Once refined, the interviews were conducted prior to the two classroom observations in order to provide a foundation for the observations. Table 3.8 provides information about how each of the measures was used in the study.

Table 3.8

Data Collection Measures
<table>
<thead>
<tr>
<th>Measure</th>
<th>Source and Type of Measure</th>
<th>Information Inclusion</th>
<th>Research Question Addressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supports Scale for Preschool Inclusion (SSPI)</td>
<td>Kucuker, Acarlar, &amp; Kapci, 2006</td>
<td>Measures teachers’ perceptions of necessary and supportive factors for successful inclusion</td>
<td>1. What are Head Start instructional professionals’ perceptions of the needed facilitators of the successful inclusion of children with disabilities?</td>
</tr>
<tr>
<td>See Appendix A</td>
<td>Researcher generated 9 item demographic section added to the measure</td>
<td>34-item scale w/ two dimensions (needs and supports)</td>
<td>2. What are Head Start instructional professionals’ perceptions of the availability of facilitators for the successful inclusion of children with disabilities?</td>
</tr>
<tr>
<td></td>
<td>Survey (self-report) data</td>
<td>Two sets of quantitative scores on the necessary and support dimensions</td>
<td>4. What facilitators and barriers appear to influence Head Start instructional professionals’ perceptions of including children with disabilities in their classrooms?</td>
</tr>
<tr>
<td>The Inclusive Classroom Profile (ICP)</td>
<td>Soukakou, 2007</td>
<td>Observation rating scale with 11 items (10 items used) that was Classroom quality Teacher skills, knowledge, and practices</td>
<td>3. In what ways do Head Start instructional professionals provide access, participation,</td>
</tr>
</tbody>
</table>
## Appendix B

Quantitative results, total mean score for the 10 items, mean score, scores for each of the individual items designed to assess the quality of daily classroom practices that support the needs of children with disabilities in early childhood settings.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Based on ECERS:</td>
<td>Qualitative Classroom Observation, See Appendix D</td>
</tr>
<tr>
<td>5. What facilitators and barriers appear to influence the ways that Head Start instructional professionals provide access, participation, and supports for children with disabilities?</td>
<td></td>
</tr>
</tbody>
</table>

### Qualitative Classroom Observation

Based on DEC/NAEYC early childhood inclusion definition.

Open-ended field notes on inclusion practices focused on access, participation and supports.

Based on ECERS.

Observational data of classroom practices.

Qualitative results based on DEC/NAEYC early childhood inclusion definition.

### Family Interviews

See Appendix C

Researchers generated interview protocol to probe for teacher’s perceptions of Attitudes, Families, Environment, resources, personnel.

Based on ECERS.

Observational data of classroom practices.

Qualitative results.
| Qualitative results | perceptions of needs, supports, and practices | Professional development, Teacher skills, knowledge, and practices | the needed facilitators for the successful inclusion of children with disabilities?
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pilot tested</td>
<td>Standardized open-ended interview</td>
<td>2. What are Head Start instructional professionals’ perceptions of the availability of facilitators for the successful inclusion of children with disabilities?</td>
<td>4. What facilitators and barriers appear to influence Head Start instructional professionals’ perceptions of including children with disabilities in their classrooms?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. What facilitators and barriers appear to influence the ways that Head Start instructional professionals provide access, participation, and supports for children with disabilities?</td>
<td></td>
</tr>
</tbody>
</table>
**Data Collection Procedures**

The data were collected over a 5-month period from January to May 2011. First, permission was obtained from the University Human Subjects Review Board through an amendment to the research protocol for the larger professional development research study. Permission for the study had been obtained at the three Head Start program sites from the site administration and the parent advisory boards the previous summer. Next, the program directors at each site were contacted to discuss the data collection dates and work out the logistics for data collection. The survey research data were collected first, followed by the interview data, and then the observation data.

To prepare to administer the survey instrument, copies were made of the measure and a unique number code was applied to each participant’s survey. At each site, the survey was administered by someone other than the researcher to avoid possible bias because some participants knew the researcher and had participated in professional development sessions about inclusion conducted by the researcher. All participants provided informed consent. The *Supports Scale for Preschool Inclusion* was administered to the research participants at Site A by a colleague of the researcher before a professional development training session that was mandatory for all staff in late January 2011. The survey was distributed and collected by the assistant director at Site B from February to March 2011. At Site C, the survey was administered by a different colleague of the researcher before an all staff meeting in March 2011. At Site A and Site C, the individuals giving the survey read the same directions (written by the researcher) for completing the survey. At Site B, the administrator distributing the survey shared
directions orally with each instructional professional and addressed their questions based on written information about the study provided by the researcher.

For the data collected in the Head Start classrooms, the first step was to work with the Head Start administrators at the three program sites to identify classrooms with at least one child with a diagnosed disability and where the instructional professionals would be willing to participate in the qualitative portion of the study. At Site A, the administrators selected four classrooms in one location because each classroom served at least one child with a disability. At Site B, the administrators solicited participation from the instructional professionals who were serving children with disabilities in their classrooms and the instructional professionals in three classrooms volunteered to participate. At Site C, the administrators selected the classroom officially labeled as the inclusion classroom (a classroom serving a high percentage of children with disabilities and those children with more severe disabilities) and then randomly selected three other classrooms that served children with disabilities. Once the 11 classrooms were identified, participants at each site met with the researcher to discuss the study, set up a schedule for the interview and the two observations, provide their consent for this portion of the research study, and receive the parent consent forms that they distributed to and collected from the parents of the child or children with disabilities in their classrooms.

Interviews were conducted with 21 instructional professionals at the three sites in March of 2011 at Site A and Site B and in April of 2011 at Site C. The interviews took place during naptime or after school and were conducted face-to-face with each participant in his or her classroom or in the teachers’ lounge located within the school.
building. The interview protocol guided the discussion, but questions not included in the interview protocol were asked for clarification or follow-up. The questions were designed to be open-ended and this allowed for new questions to be developed and the elicitation of detailed answers. Interviews took between 10 and 35 minutes and were recorded and transcribed. The interviews occurred before the observations to provide a context for the observations. In two instances (classrooms C1 and C3) the teacher and assistant teacher in a classroom elected to be interviewed together. In all other instances, the interview was conducted one-on-one.

The qualitative observations occurred between March and May of 2011. Before the observation, parent consent for the children with disabilities in the classroom was collected by the instructional professionals. Parents consented for their child to be observed and for the instructional professionals to specifically identify the child and his or her disability diagnosis to the researcher. In two classrooms where the parents did not consent for their child to participate in the study, observations were not conducted. The qualitative observations lasted approximately 2.5 hours and followed the classroom schedule, typically beginning with structured group time and ending when the children were cleaning up to go outside or to have their lunch. Before the observation began, the teacher pointed out the children with disabilities to facilitate the researcher’s observation of the child or children. During the nonparticipant observation, the practices of the instructional professionals and the behaviors of the child or children with disabilities were recorded in the form of field notes on a laptop computer. A researcher-generated observation template facilitated the recording of observations and impressions (Appendix
D). Immediately following each observation, the field notes were expanded to include more detail than could be captured in the moment. Impressions regarding the access, participation, and supports for the child or children with disabilities in the format of an analytic memo were also recorded at that time.

For the observation with the Inclusive Classroom Profile ratings scale, the observations took place in April and May of 2011. A period of 1 week to 1 month passed between the qualitative and ICP observations in each classroom. In one classroom, because of a scheduling conflict, the qualitative and ICP observations occurred during the same week. The ICP observations were 2 hours in length and were guided by the measure where notes were recorded regarding each of the ICP items. Immediately following the observation, scores for each of the items on the measure were determined. Inter-rater agreement on the ICP was not established during the data collection.

**Data Analysis**

The data analysis used rigorous, research-supported procedures to evaluate study findings, combine the data sources, and generate substantiated findings. Specific plans for data analyses included the statistical and qualitative analyses as appropriate for each data source and for comparison and integration across data sources.

For the SSPI, descriptive statistics were calculated, including the total mean scores, the overall mean scores of all of the items, and the maximum and minimum scores for the total and overall mean scores for the needs and supports dimensions for the total group of instructional professionals. Total scores were calculated for the needs and supports dimensions to determine the magnitude of the needs and supports that the
instructional professionals perceived. The differences between the overall mean scores of all of the items from the needs and supports dimensions were also calculated. The items on the measure were grouped by inclusion facilitator/barrier categories. Appendix E indicates the breakdown of each of the survey items into the inclusion factor categories. Nine items were identified to belong in more than one category. Mean scores were calculated for the facilitator/barrier categories of (1) attitudes toward inclusion; (2) families; (3) classroom environment, resources, and personnel; (4) professional development; and (5) teacher knowledge, skills, and practices. The necessary and supportive factors were ranked within the inclusion facilitator/barrier categories to determine the facilitator/barrier categories that the instructional professionals found to be the most and least necessary and most and least available.

The participants’ mean scores across the items in the needs and supports dimensions were compared for the variables of teacher role (teacher and assistant teacher), Head Start program site, years of overall teaching experience, years of teaching experience in the Head Start program, education level, and the amount of training specifically related to children with disabilities. One-way analysis of variance tests were conducted for the variables of program site, years of teaching experience, years of teaching experience in the Head Start program, and education level for both the needs dimension and the supports dimension. Multiple comparison tests (Tukey’s Honestly Significant Difference Test) were conducted to find out the source of any difference. A t-test for independent groups was conducted identify any difference among group means for the variable of teacher role. T-test analyses were also conducted for differences
between the needs and supports dimensions for the overall mean score for all of the items and also for the mean scores of each of the inclusion facilitator/barrier categories. Because of the very small number of responses to the open-ended items (two responses) these data were not included in the analysis.

Data analyses for the scores from the nine classrooms on the Inclusive Classroom Profile used descriptive statistics because of the small sample size. Mean scores across the 10 items were calculated for all of the classrooms, as were the mean scores and standard deviations of the individual items on the scale across the classrooms. The items were also ranked to determine the degree of quality of the specific practices in the measure. The distribution of the classrooms by ICP mean scores across the nine observation classrooms was also computed where average scores were rounded to the whole number reflecting the closest scale point. The rounded ICP mean score across the classrooms was also determined.

Data analysis from the qualitative observations and the open-ended interviews consisted of a variety of coding strategies. After each of the qualitative observations was completed, the notes taken during the observations were elaborated into full field notes with the goal of providing a permanent record of the events that took place during the observation in each classroom (Emerson, Fretz, & Shaw, 1995). After all of the observations were completed, an analytic memo (Maxwell, 2005) was written as a form of initial analysis of the inclusive practices in each classroom focused around the features of access, participation, and supports. The observed inclusion practices in each of the
observation classrooms were identified as practices that either facilitated or impeded the access, participation, and supports for the children with disabilities.

Once the practices within each observation were divided into the six categories of practices that facilitated access, participation, or supports, or that impeded access, participation, or supports, codes were generated based on the types of practices in each category across the observations. See Appendix F for the codes that were generated. For the purposes of the analysis, practices that facilitated the children with disabilities’ access were considered to be those that enabled the children to be part of the classroom community. Practices that facilitated the participation of the children with disabilities were considered to be those that enabled the children to engage in the same classroom play and learning experiences as the children who did not have disabilities. The practices that facilitated the support of children with disabilities were considered to be those that provided assistance to the students with disabilities or adaptations to classroom routines or activities. Conversely, the practices within each of these categories that impeded access, participation, and supports were considered to be the opposite of those that facilitated successful inclusion. The definition of the support dimension of early childhood inclusion used in the analysis differed from the Division for Early Childhood/National Association for the Education of Young Children definition (2009) because the interpretation in the study focused on classroom practices that were observable rather than system-wide supports for children with disabilities. Some of the codes generated identified observable practices carried out by the instructional
professionals in the classroom, and some of the codes identified the impact of those practices based on the actions of the child or children with disabilities.

With these codes developed, the codes were applied to each of the observations and the codes were further refined. With the refined codes within the six categories, the practices within each observation were re-coded and the level of inclusion quality in each classroom was identified. With another researcher not directly involved in the project, inter-rater reliability of 80% for the coding of the observations using the refined codes was achieved. In classrooms where high-quality inclusion practices were evident, 60% or more of the practices by the instructional professionals were identified as those that facilitated successful inclusion. In classrooms where low-quality inclusion practices were evident, 60% or more of the practices by the instructional professionals were identified as those that impeded successful inclusion. In classrooms where medium quality practices were evident, the instructional professionals engaged in a mix of practices, where 60% of the practices neither facilitated nor impeded successful inclusion.

Participant interviews were transcribed verbatim and the recordings were listened to again as the first step in analysis. First, passages were identified in which a participant mentioned a needed facilitator to support inclusion (needs) or commented on the availability of those facilitators (supports). Once the passages where the participants mentioned their inclusion needs or supports were identified and the number of passages was totaled, further analysis using the facilitator/barrier categories was conducted to determine which categories of inclusion needs and supports the participants identified in
the interviews. Using the predetermined categories of inclusion facilitators/barriers identified in the review of the literature and used to analyze the survey data, the data were coded. Codes were also allowed to emerge in the analysis for interview content that did not fall into the inclusion facilitator/barrier categories (e.g., ‘treat all children the same’, ‘children learn acceptance of differences’). Passage counts for the inclusion facilitator/barrier categories were calculated for each interview and across all of the interviews divided into inclusion needs and supports. Inter-rater reliability of 80% for inclusion needs and supports for the coding using the facilitator/barrier categories and passage counts was achieved. Passage count percentages were also calculated for each inclusion facilitator/barrier category for inclusion needs and supports across the interviews. The most and least frequently identified needs and supports across the interviews were determined and a comparison of needs and supports was also conducted. Within each of the categories, subcategories were identified and subthemes were developed and examined. The subcategories that emerged from the analysis of the interviews can be found in Appendix G.

Reliability and Validity

Conducting survey research with a larger number of Head Start instructional professionals and using direct observation and interviews in a smaller subset of classrooms facilitated the establishment of the reliability of the findings and eliminated some of the validity threats of using self-report or observational data or interview data alone. Steps to mitigate validity threats consisted of triangulation of data collection methods to reap the benefits and mitigate the drawbacks of each form of data (self-report
survey, observation ratings scale, qualitative observation, and participant interviews). Surveys were not administered by the researcher in order to avoid report biases due to the researcher’s previous contact and relationships with some of the participants. All participant data were numerically coded and names of participants were removed prior to data analysis to reduce reliability threats from bias. Pilot testing the interview protocol with Head Start teachers and the utilization of other previously validated instruments also contributed to the increased reliability of the study findings. Inter-rater reliability was also achieved for the qualitative coding of the interview and qualitative observation data to further reduce bias and increase the reliability of the findings from the qualitative analysis.

**Importance**

A richer understanding of early childhood inclusion in Head Start settings from the perspective of instructional professionals (a) contributed to the current body of preschool inclusion research, (b) provided implications for Head Start professional development and program evaluation, and (c) provided directions for Head Start policy and service coordination related to successfully including young children with disabilities in Head Start preschool classrooms. The results contributed to the small body of early childhood inclusion research specific to Head Start classrooms, addressed a significant educational issue, and provided avenues for additional research. With a more accurate picture of how inclusion was actualized in Head Start settings, knowledge of instructional professionals’ perceptions of the needed facilitators and the availability of these facilitators for successful inclusion, and an understanding of the inclusion facilitators and
barriers that influence instructional professionals’ perspectives and practices, the ultimate goal of providing high-quality inclusive experiences for children with disabilities and improving outcomes for all children can begin to be realized.
CHAPTER FOUR

The research study examined Head Start instructional professionals’ perceptions of and practices for including young children with disabilities in the play and learning experiences in their classrooms. Using a mixed methods research design, the following research questions guided the study:

1) What are Head Start instructional professionals’ perceptions of the needed facilitators for the successful inclusion of children with disabilities?

2) What are Head Start instructional professionals’ perceptions of the availability of facilitators for the successful inclusion of children with disabilities?

3) In what ways do Head Start instructional professionals provide access, participation, and supports for children with disabilities?

4) What facilitators and barriers appear to influence Head Start instructional professionals’ perceptions of including children with disabilities in their classrooms?

5) What facilitators and barriers appear to influence the ways that Head Start instructional professionals provide access, participation, and supports for children with disabilities?

Empirical data from surveys and interviews with Head Start instructional professionals and observations in Head Start classrooms were collected. The data
analyses explored how facilitators and barriers influenced the inclusion of young children with disabilities in the Head Start settings. This chapter presents the results from the data analyses described in Chapter Three by data source in the order of the research questions. The discussion begins with the findings related to the participants’ perceptions of inclusion in Head Start, followed by the findings related to the participants’ practices for including young children with disabilities in their classrooms. The results of the analyses of the data sources are discussed in the following sequence: (1) Supports Scale for Preschool Inclusion (SSPI) surveys, (2) semi-structured interviews, (3) Inclusive Classroom Profile (ICP) observations, and (4) qualitative observations.

The findings from the analysis of the survey data provide evidence of the Head Start instructional professionals’ perceptions of the needed and available inclusion facilitators and the discussion of the findings initiates the chapter. Following this, the discussion of the participants’ inclusion perceptions of inclusion needs and supports continues with the findings from the analysis of the interview data. In the next section, the Head Start instructional professionals’ inclusion practices are investigated based on the observation rating scale data analysis. Finally, the findings from the analysis of the data from the qualitative observations are discussed.

**Findings of the Supports Scale for Preschool Inclusion: Needs Dimension**

The analysis of the survey data from the larger group of 71 participants examined the instructional professionals’ perceptions of the needed facilitators for the successful inclusion of children with disabilities in their classrooms. Participants rated how necessary 34 inclusion facilitators were for the successful inclusion of children with
disabilities in their Head Start classrooms on a 4-point Likert-type scale, from 1 (not at all) to 4 (to a great extent). The mean total score for the needs dimension was 123.75 (SD = 14.53), where 136 was the highest possible total score. The minimum total score was 65 and the maximum total score was 136, with a range of 71. The overall mean score of all of the items was 3.65 (SD = 0.43), where a score of 3 indicates that the inclusion facilitator is somewhat necessary and a score of 4 indicates that the inclusion facilitator is necessary to a great extent. The minimum overall mean score of all of the items was 1.91 and the maximum overall mean score of all of the items was 4.0 with a range of 2.09.

*T*-tests and omnibus F tests showed that there were no statistically significant differences in the needs dimension for any participant characteristics except for the characteristic of level of education. There was a significant effect of level of education at the *p* < 0.05 level on the overall mean score of all of the items in the needs dimension \[F(4, 1) = 3.853, \ p = 0.007\]. Post hoc comparisons using the using Tukey’s Honestly Significant Difference Test indicated that the participants with a high school degree (*n* = 5, \(M = 3.0941\)) had a lower mean score than participants with a Child Development Associate (CDA) credential (*n* = 22, \(M = 3.7005\)), than participants with a bachelor’s degree (*n* = 25, \(M = 3.7376\)), and than participants with an advanced degree (*n* = 6, mean = 3.7745). However, the mean score in the needs dimension for participants with a high school degree did not differ significantly from participants with an associate’s degree and there were no other significant differences among groups of participants with different levels of education. For the participant characteristics teacher role \[t(68) = 1.345, \ p = \]
Head Start site \[ F(2, 1) = 0.700, p = 0.500 \], years teaching \[ F(6, 1) = 1.608, p = 0.160 \], years teaching in Head Start \[ F(6, 1) = 1.782, p = 0.168 \], and the number of training courses the participants took that specifically addressed children with disabilities \[ F(5, 1) = 1.835, p = 0.129 \] there were no statistically significant differences. Therefore, results of the data analysis for the entire group are discussed.

Overall, the instructional professionals perceived that all of the inclusion facilitators were highly necessary for successful inclusion as indicated by the mean score greater than 3.35 for each item, where a score of 3 indicates that an item is somewhat necessary and a score of 4 indicates that an item is necessary to a great extent for successful inclusion.

**Facilitators and barriers in the needs dimension.** An analysis of the inclusion facilitator/barrier categories across all of the survey items was conducted. The means for the items in each of the categories were clustered closely. The range between the mean score for the highest and the lowest rated inclusion facilitator category was 0.14. A \( t \)-test for independent groups to test for a difference among the mean scores for the inclusion facilitator/barrier categories in the needs dimension was not statistically significant. The highest ranked inclusion facilitator category was *attitudes toward inclusion* (3.69, 7 items), followed by *teacher knowledge, skills, and practices* (3.68, 13 items), and *professional development* (3.66, 4 items). The mean scores for the categories of *families* (3.60, 6 items) and *classroom environment, resources, and personnel* (3.55, 14 items) were the lowest.
Whereas the Head Start instructional professionals’ perceptions of the needed facilitators for the successful inclusion of children with disabilities provide useful insights, the findings regarding their perceptions of the availability of those facilitators provides additional information about their inclusion perceptions.

**Findings of the Supports Scale for Preschool Inclusion: Supports Dimension**

Participants also reported their perceptions of the availability of the facilitators needed for successful inclusion on the SSPI. A comparison of the participants’ perceptions of the needed inclusion facilitators and their perceptions of the availability of those facilitators was also conducted to identify the inclusion barriers in the instructional professionals’ settings. Participants rated how available/accessible each of the 34 inclusion facilitators was to them on a 4-point Likert-type scale, from 1 (not at all) to 4 (to a great extent). The mean total score for the supports dimension was 98.37 (SD = 21.01) where 136 was the highest possible total score. The minimum total score was 21 and the maximum mean score was 136 with a range of 115. The overall mean score of all of the items was found to be 2.89 (SD = 0.62) for the supports dimension on a scale of 1 to 4, where a score of 2 indicates very little availability of the inclusion facilitator and a score of 3 indicates that the inclusion facilitator is somewhat available. The minimum overall mean score of all of the items was 0.62, and the maximum overall mean score of all of the items was 4.0 with a range of 3.38. $T$-tests and omnibus $F$ tests showed that there were no statistically significant differences in the supports dimension for any participant characteristics including teacher role [$t (53) = 1.90, p = 0.063$], Head Start site [$F (2, 1) = 0.212, p = 0.183$], years teaching [$F (6, 1) = 2.058, p = 0.809$], years teaching
in Head Start \[ F (6, 1) = 1.855, p = 0.103 \], level of education \[ F (4, 1) = 1.443, p = 0.230 \],
and the number of training courses that specifically addressed children with disabilities \[ F (5,1) = 0.668, p = 0.650 \]. Therefore, results of data analysis for the entire group are
discussed. Overall, the instructional professionals perceived that most of the inclusion
facilitators were somewhat available or available very little with an overall mean score
over 2.40 for each survey item.

**Facilitators and barriers in the supports dimension.** An analysis of the
perceived availability of the items within inclusion facilitator/barrier categories across all
of the survey items was conducted. The average means for the items in each of the
categories were clustered closely together with a range between the mean score for the
highest and the lowest ranked inclusion facilitator category of 0.27. A test for the
difference among the mean scores for the inclusion facilitator/barrier categories in the
supports dimension was not statistically significant. The most available inclusion
facilitator category was *attitudes toward inclusion* (3.02, 14 items), followed by *teacher
knowledge, skills, and practices* (2.99, 13 items) and *professional development* (2.82, 4
items). The least available inclusion facilitator/barrier categories were *families* (2.81, 6
items) and *classroom environment, resources, and personnel* (2.75, 14 items).

**Comparison of SSPI findings: Needs versus supports.** Comparisons of the
survey results in the needs and supports dimensions were conducted for the overall mean
scores of all of the items and for the mean scores for the inclusion facilitator/barrier
categories. These comparisons were conducted to identify the relative relationship
between the participants’ perceived needed facilitators and their perceptions of the degree
to which those facilitators were available to them in their classroom settings. The
difference between the overall mean score of all the items in the needs dimension (3.65)
and the overall mean score of all of the items in the supports dimension (2.89) was 0.76,
indicating a higher overall level of perceived inclusion needs than supports.

A comparison of the needs and supports dimensions based on the inclusion
facilitator/barrier categories across all of the survey items was also conducted. Figure 4.1
shows the differences in the mean scores for the inclusion facilitator/barrier categories.
Figure 4.1. Mean scores in the needs and support dimensions by inclusion facilitator/barrier categories.

The mean scores in the needs dimension were higher than the mean scores in the supports dimension for all five inclusion facilitator/barrier categories. The greatest
difference between the needs and supports dimensions was 0.84 in the category of professional development, indicating that participants perceived this category was the greatest barrier to successful inclusion in their settings. The smallest difference was 0.67 for the category attitudes toward inclusion, indicating that the participants perceived that this inclusion category as the smallest barrier or the least significant barrier to successful inclusion. Table 4.1 shows the differences between the needs and supports dimensions for each of the inclusion facilitator/barrier categories.

Table 4.1

<table>
<thead>
<tr>
<th>Inclusion Facilitator/Barrier Categories</th>
<th>Needs Score</th>
<th>Supports Score</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional development</td>
<td>3.66</td>
<td>2.82</td>
<td>0.84</td>
</tr>
<tr>
<td>Classroom environment, resources, and personnel</td>
<td>3.55</td>
<td>2.75</td>
<td>0.80</td>
</tr>
<tr>
<td>Families</td>
<td>3.60</td>
<td>2.81</td>
<td>0.79</td>
</tr>
<tr>
<td>Teacher knowledge, skills, and practices</td>
<td>3.68</td>
<td>2.99</td>
<td>0.69</td>
</tr>
<tr>
<td>Attitudes toward inclusion</td>
<td>3.69</td>
<td>3.02</td>
<td>0.67</td>
</tr>
</tbody>
</table>

The analysis of the findings from the survey research data contributed to an understanding of the participants’ perceptions of needed inclusion facilitators and the availability of those facilitators. An analysis of the interview data regarding inclusion needs and supports was also conducted to provide additional insight into the participants’ perceived needs and supports for successful inclusion in Head Start and how these needs and supports were manifested within their classrooms.
Findings of the Interview Data Analysis: Perceived Inclusion Needs and Supports

An analysis of the interview data identified the 21 participants’ perceived needs and supports for successful inclusion. Passage count percentages and a content analysis identified the inclusion needs and supports within the facilitator/barrier categories that the participants discussed. Overall, across the interviews, there were 188 passages where the participants identified inclusion facilitators needed to support successful inclusion and 191 passages where they discussed the availability of inclusion facilitators. Therefore, slightly more of the passages focused on perceived inclusion supports than inclusion needs; 50.40% of the passages discussed supports and 49.60% discussed perceived inclusion needs. Although influenced by the type of questions the participants were asked, this indicates that within the context of the interviews, the participants did not perceive a disparity between the facilitators needed for successfully including young children with disabilities in their classrooms and the availability of these inclusion facilitators.

An analysis of the passage count percentages within the inclusion facilitator/barrier categories provided additional information regarding the participants’ perceived inclusion needs evident in the interviews. In terms of their inclusion needs, the highest percentages of passages were in the categories of teacher skills, knowledge, and practices (35.64%) and classroom environment, resources and personnel (33.51%). The lowest percentage of passages was in the category attitudes toward inclusion (6.91%). Table 4.2 shows the results of the passage counts analysis for inclusion needs. The

112
inclusion facilitator/barrier categories are ranked from the highest to lowest percentage of passage counts.

Table 4.2

Interview Participants’ Perceived Inclusion Needs by Category

<table>
<thead>
<tr>
<th>Inclusion Facilitator/Barrier Categories</th>
<th>Number of Passages</th>
<th>Percent of Passages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher knowledge, skills, and practices</td>
<td>67</td>
<td>35.64%</td>
</tr>
<tr>
<td>Classroom environment, resources, and personnel</td>
<td>63</td>
<td>33.51%</td>
</tr>
<tr>
<td>Professional development</td>
<td>23</td>
<td>12.23%</td>
</tr>
<tr>
<td>Families</td>
<td>22</td>
<td>11.70%</td>
</tr>
<tr>
<td>Attitudes toward inclusion</td>
<td>13</td>
<td>6.91%</td>
</tr>
<tr>
<td>Total</td>
<td>188</td>
<td>100%</td>
</tr>
</tbody>
</table>

In terms of interview participants’ perceived inclusion supports, the highest percentage of passages was in the category of classroom environment, resources, and personnel (43.48%). The lowest percentage of passages was in the category families (4.19%). Table 4.3 shows the results of the analysis of the passage counts analysis for inclusion supports. The categories are ranked from the highest to lowest passage count percentages.

Table 4.3

Interview Participants’ Perceived Inclusion Supports by Category

<table>
<thead>
<tr>
<th>Inclusion Facilitator/Barrier Categories</th>
<th>Number of Passages</th>
<th>Percent of Passages</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Percentage</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>-------</td>
<td>------------</td>
</tr>
<tr>
<td>Classroom environment, resources, and personnel</td>
<td>84</td>
<td>43.98%</td>
</tr>
<tr>
<td>Teacher knowledge, skills, and practice</td>
<td>48</td>
<td>25.13%</td>
</tr>
<tr>
<td>Professional development</td>
<td>39</td>
<td>20.42%</td>
</tr>
<tr>
<td>Attitudes toward inclusion</td>
<td>12</td>
<td>6.28%</td>
</tr>
<tr>
<td>Families</td>
<td>8</td>
<td>4.19%</td>
</tr>
<tr>
<td>Total</td>
<td>191</td>
<td>100%</td>
</tr>
</tbody>
</table>

A comparison of the participants’ perceived inclusion needs and supports based on the inclusion facilitator/barrier categories across all interview passages was also conducted. Figure 4.2 shows the differences in the inclusion needs and supports.
Figure 4.2. Passage count percentages of needs and supports by inclusion facilitator/barrier category.
The passage count percentages for the participants’ perceived needed facilitators were higher than the passage count percentages for the participants’ perceived inclusion supports for three inclusion facilitator/barrier categories. These categories were attitudes toward inclusion, families, and teacher knowledge, skills, and practices. The passage count percentages for inclusion supports were higher than the passage count percentages for inclusion needs for two facilitator/barrier categories: classroom environment, materials, resources, and personnel and professional development. The greatest difference between the needs and supports was 10.51% in the category of teacher skills, knowledge, and practices, indicating that interview participants perceived that this category was the greatest barrier to successful inclusion. The smallest difference was 0.63% for the category attitudes toward inclusion, indicating that the interview participants did not perceive this inclusion category as a significant barrier to successful inclusion. In two categories—classroom environment, resources, and personnel and professional development—the participants’ perceived supports were higher by 10.47% and 8.18%, respectively, than the participants’ perceived needs. These differences indicated that the aforementioned categories were perceived as the greatest inclusion facilitators in the interview participants’ settings. Table 4.4 shows the differences between the passage count percentages for inclusion needs and supports for each of the inclusion facilitator/barrier categories.

Table 4.4

Difference Between Passage Count Percentages in Inclusion Categories
### Inclusion Needs and Supports Themes

A content analysis helped to identify the themes within the participants’ discussions of their perceived inclusion needs and supports. Table 4.5 identifies these themes or subtopics for each of the inclusion facilitator/barrier categories. In most instances, interview participants identified a subtheme as both a need and a support because some participants discussed how the subtheme was available in their setting (supports) and other participants discussed how they did not have the identified subtheme in their setting or how it would be beneficial to have in their setting (needs). A discussion of examples of the subthemes within each inclusion facilitator/barrier category follows.

#### Table 4.5

**Participants’ Inclusion Needs and Supports Identified in the Interviews**

<table>
<thead>
<tr>
<th>Inclusion Facilitator/Barrier Categories</th>
<th>Needs</th>
<th>Supports</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher knowledge, skills, and practices</td>
<td>35.64%</td>
<td>25.13%</td>
<td>10.51%</td>
</tr>
<tr>
<td>Families</td>
<td>11.70%</td>
<td>4.19%</td>
<td>7.51%</td>
</tr>
<tr>
<td>Attitudes toward inclusion</td>
<td>6.91%</td>
<td>6.28%</td>
<td>0.63%</td>
</tr>
<tr>
<td>Professional development</td>
<td>12.23%</td>
<td>20.42%</td>
<td>-8.18%</td>
</tr>
<tr>
<td>Classroom environment, resources, and personnel</td>
<td>33.51%</td>
<td>43.98%</td>
<td>-10.47%</td>
</tr>
</tbody>
</table>
| Families                                      | • Parent involvement/collaboration and relationships with families of children with disabilities  
|                                              | • Assistance/support for families of children with disabilities  
| Classroom environment, resources, and personnel | • Environment/resources—Low ratio of children with disabilities/distribute children with disabilities evenly across classrooms in the program  
|                                              | • Environment/resources—Quicker or more appropriate IEP identification process  
|                                              | • Personnel—Instructional professionals to support the children with disabilities  
|                                              | • Personnel—Collaboration with other instructional professionals  
| Professional development                    | • Professional development/resources provided by Head Start  
|                                              | • Professional development/resources outside of what is provided by Head Start  
| Teacher knowledge, skills, and practices     | • Knowledge/skills—Knowledge of specific disabilities and of specific practices for children with disabilities  
|                                              | • Knowledge/skills—Knowledge of the child with disabilities as an individual  
|                                              | • Practices—Specific practices to meet the individual needs of children with disabilities  
|                                              | • Practices—Building relationships with the children with disabilities  

Although the inclusion facilitator/barrier category of *attitudes toward inclusion* did not represent a substantial percentage of the inclusion needs or supports that the participants identified in the interviews, distinct subthemes emerged from the content analysis. When participants discussed the needed attitudes to facilitate successful inclusion, they discussed the importance of enjoying or accepting teaching in an inclusive classroom with children with disabilities. A teacher at Site B identified her enjoyment of teaching children with disabilities and what she likes about it when she shared, “Although
it’s challenging, it is a very rewarding experience. Once you see that the children are meeting their goals and are exceeding their goals, it’s just something to be very proud of.” Other instructional professionals similarly discussed their satisfaction with teaching children with disabilities in terms of the children’s progress during their time in their classrooms, the ways in which the children with disabilities are accepted by the children who do not have disabilities, and the importance of providing valuable early intervention services to impact the future learning and development of the children with disabilities.

Some interview participants also identified this subtheme as a support. For instance, in discussing why she enjoys teaching children with disabilities along with children who do not have disabilities, an assistant teacher at Site A stated, “…and so I feel that I [have] been doing this all these years and it something that is in my heart to do.” This instructional professional identified the support of enjoyment of teaching children with disabilities as an important aspect of her perceived supports within the category of attitudes toward inclusion.

Although the theme of enjoyment and acceptance was identified by participants as both a need and a support, the additional needs and supports subthemes differed. The participants identified the need to have high expectations for the children with disabilities and at the same time they identified the support of accepting children’s differences. Along with the interview participants’ perceptions of enjoyment and acceptance as an inclusion need, participants also discussed the need to maintain high expectations for the children with disabilities. This was an unanticipated result of the content analysis within the category of attitudes toward inclusion identified by participants. A teacher at Site A
connected high expectations for children with disabilities with successful inclusion and positive outcomes for the children with disabilities, citing an example of a child she was teaching to tie his shoe.

I think if you look at it more with a positive attitude than with a negative attitude, they’ll get more out of it. Instead of saying, ‘Well, I know he can’t tie his shoe,’ you can say, ‘Well, he can come over and we can guide his hands so he can get the feel of doing it.’ So I think it’s more looking at them as being capable instead of incapable.

At the same time, the participants felt that accepting differences in children was an aspect of their attitudes toward inclusion that served as a support. A teacher at Site A cited the example of a child with disabilities who was very tactile and liked touching her and how she doesn’t mind because this is just the way that the child behaves and that it did not bother her. In accepting the differences that children have, this aspect of a positive attitude toward inclusion was an inclusion facilitator that some interview participants identified as a support.

Although fewer of the identified passages related to the inclusion facilitator/barrier category of families, some interview participants identified the supports provided by families or the need for increased family involvement or assistance for the families of children with disabilities. Two distinct and somewhat opposed themes as needs and supports emerged from the analysis of the interview data, suggesting that getting support from families and providing support to families were both needed and available in participants’ settings. Participants discussed the theme of the parents of the
children with disabilities collaborating with the instructional professionals in their efforts in the classroom and the theme of providing assistance to the families of children with disabilities. The participants cited the needs and benefits for parents to be involved, and in some cases, the need for parents and families to be more involved in the classroom. A teacher in Site A described the support provided by the parents of a child with disabilities in her classroom. “…[H]er parents both are great. They attend the meetings, and if they can’t come, or one of them, they’ll do a phone conference, so they’re very supportive.”

An assistant teacher at Site B described the need to partner with families and the specific strategies that she uses in her classroom to promote family involvement when she described “…the parent involvement through the home visit, that’s the first thing. [In] the home visit they get to meet us through our first home visit so they get to see their teacher in their home. And then we have parent conferences and we get feedback from the parents as well.” The participants also identified providing assistance for the families of the children with disabilities as both a need and a support. For example, an assistant teacher at Site B stated:

We have so many parents from many different nationalities, you know, you have to kind of be right there beside them. Give ‘em that support. Like when they have parent meetings and things, I try my best to be there. I’m going to be there.

The interview participants identified the subthemes of assistance for and from parents within the inclusion facilitator/barrier category of families.

Within the category of classroom environment, resources, and personnel, the dominant subtheme that participants identified principally as a support related to the
instructional professionals who provided services to meet the needs of the children with disabilities. The participants discussed the supports provided by special education teachers, related service providers, and other instructional professionals. A teacher at Site A described the benefits of having a special education teacher who came into the classroom to provide services.

I really like the fact that [name of teacher] and [name of teacher] come into the classroom. One of them, she’s excellent because she’ll take a whole group of kids. If it maybe [is] a really hectic morning where my assistant is not here, but I know it is a morning where [name of teacher] is coming, I know that she will step in and help out.

Participants frequently discussed the support provided by a variety of instructional professionals, although other participants cited the need for additional personnel in the classroom to facilitate successful inclusion. The same teacher who talked about special education teachers coming into the classroom also identified the need for additional instructional professionals in the classroom, particularly in a classroom with a high percentage of children with disabilities. “And I mean I think it [having special education teachers and related service providers in the classroom] would really work because I think just having the third person in a classroom would give you more interaction with the kids.” The quotation also represents the subtheme discussed by some participants of the need for a low ratio of children with disabilities and the need to distribute children with disabilities evenly across the classrooms in the program.
Additionally, participants identified both the benefit and need to collaborate with instructional professionals including special education and resource teachers in addition to the other instructional professionals in the classroom and in the school. A teacher at Site B explained, “I think the collaboration between the special educators and the classroom teachers, it’s great.” Another teacher at Site B explained, “We’re pretty much a team. So if you need help, just seek out others.” Interview participants described the particular benefits of various instructional professionals working together as getting additional supports, resources, and strategies for working with children with disabilities; communicating clearly with parents; providing additional perspectives and ideas; getting support in identifying children with disabilities and working through the process to identify a child as eligible for special education services; and helping to transition the child with disabilities from preschool to kindergarten. Although the majority of interview participants identified collaboration and the availability of instructional professionals as a key support, some participants described the need to improve or speed up the IEP process through which children suspected as having disabilities are connected to the beneficial services. A teacher at Site A lamented, “We’ve already discussed whether to have her [a child with a disability not previously identified when she came into the classroom] to be here or to take her out of the classroom and everything. But we still don’t have her IEP. We’re in March. So the process has taken seven months.” The subthemes within the facilitator/barrier category of classroom environment, resources, and personnel highlighted the ways in which the participants’ perceived that the resources and personnel interacted to serve as inclusion facilitators and barriers.
The category of *professional development* was one in which the participants identified more areas of support than need, but participants identified the subthemes as both supports and needs. Many participants described the training provided by their Head Start program as important support for the successful inclusion of children with disabilities. In discussing the training provided by Head Start, an assistant teacher at Site A described how professional development about children with disabilities is consistently offered. “I would say [in] August before school we talked about inclusion. We did a training, I don’t know who taught the training, but we had that. We had a whole half a day on inclusion.” The participant went on to describe the benefits of the training, particularly in terms of his attitudes toward inclusion and his practices. Interview participants also discussed trainings provided by the Head Start program that, although not specifically addressing children with disabilities, were helpful in their work with children with disabilities. For instance, training about developmental milestones, strategies related to behavior management and guidance, writing support, and strategies for working with families. In terms of discussing Head Start–provided professional development as a need, some instructional professionals identified specific topics or areas related to children with disabilities where additional training would be beneficial and also identified the need for continuous training to better enable them to address the specific needs of children with disabilities. For instance, an assistant teacher at Site C emphasized, “What I could use [is] more training—even being here for 9 years—because there are always different ways to reach another child.”
At the same time, interview participants identified sources of professional development outside of the training provided by the Head Start program as an inclusion support and also needed for successful inclusion. A first-year teacher at Site C talked about IDEA (Individuals with Disabilities Education Act) training offered in her school district and her professional development experiences related to children with disabilities in her bachelor’s level teacher education program. She shared:

I’m actually going through a training [class] right now at the IDEA training. And that basically tells you why IEPs are so important and how specific you need to be with IEPs in order to help the child. And just within, my schooling, like I said, I just finished up. I just graduated from [name of university]. We had to take some specific special education classes that focused and taught about why we have IEPs and why they are important.

In addition to professional development from courses offered by the local school system or through other programs and professional development through teacher education (at community colleges and at universities), the interview participants also identified professional conferences, books, and Internet resources as additional needed and available resources for professional development. A teacher at Site A described the need for both Head Start training and training from sources outside of Head Start when she recommended:

There’s always room for improvement, always room to share, always room for more training. So I would definitely say continue on with the training that we
have been given and especially with the money to take ongoing classes if you’re able to do that.

The instructional professionals highlighted the importance of professional development for the successful inclusion of children with disabilities in their Head Start classrooms. Within the final inclusion facilitator/barrier category of teaching skills, knowledge, and practices, the subthemes that the participants identified as needs mirrored those that they identified as supports. In terms of teacher skills and knowledge, the subthemes of knowledge about specific disabilities, knowledge about approaches for teaching children with disabilities, and knowledge of the child with disabilities as an individual emerged as both inclusion needs and supports. A teacher at Site A discussed her advice to a new teacher in terms of inclusion supports. “I would just let her know that each child is different and try to learn the child.” The instructional professional went on to discuss the importance of using the Internet and other resources to look up information about a child’s specific disability diagnosis. Interview participants described the sources of their knowledge about specific disabilities and practices with children with disabilities as emerging from experiences in the classroom and with their own family members (siblings or children) with disabilities and from professional development experiences. Other interview participants identified knowledge of children’s disabilities, specific practices with children with disabilities, and knowledge of individual children as areas of need. In discussing her inclusion needs, particularly to successfully include a child with a severe disability, a participant at Site C stated:
I don’t have the background. Even though we have all of these support people here, I’m the one with the child almost the whole time the child is here. And I need specific knowledge to do the best job that I can of teaching to that disability. This participant also highlighted the importance of the general education instructional professionals to successful inclusion.

The idea of the importance of the instructional professionals’ practices for successful inclusion was echoed in the subthemes related to inclusion practices that were viewed as both needs and supports, particularly specific practices to address children’s individual needs and building a relationship with the child with a disability. The instructional professional himself or herself is central to these practices. The participants identified many practices that fell within the theme of specific practices to meet the individual needs of children with disabilities such as providing adaptations, working on IEP goals as part of daily activities and routines, and working with children one-on-one. They also identified using observation and assessment to guide instruction and interactions, and providing additional time or supports as practices that they carried out in their classroom to facilitate successful inclusion or practices that would be needed to facilitate successful inclusion. An assistant teacher at Site B described what she does in her classroom to help two children with speech and language IEPs to make progress and be fully included in the classroom. “We have a lot of symbols, picture boards to help build their vocabulary. [We use] modeling.” At Site A, a teacher also identified specific approaches that are needed to support inclusion. “I would suggest…to follow a routine, conversation, and trying to be consistent to make everyday something that they [the
children with disabilities] can expect.” This passage also reflects the theme of the practice of forming relationships with children. The interview participants identified using formal and informal assessments and observations and collaboration with families as practices that were both needed and available related to forming relationships with the children as individuals.

Across the inclusion facilitator/barrier categories, the subthemes that emerged from the content analysis helped to illustrate the specific inclusion facilitators perceived as needed, the perceived availability of inclusion facilitators, and the ways in which the participants talked about them. Along with the findings from the survey data analysis, the findings from the interview data analysis helped to illuminate the Head Start instructional professionals’ perceived needs and supports. As supported by the review of the early childhood inclusion literature discussed in Chapter Two, the perceptions of instructional professionals who enact inclusion in their classroom settings have an important influence on the success of the inclusion of young children with disabilities. Nevertheless, an understanding of the participants’ perceptions alone does not provide a comprehensive picture of inclusion in these research settings. Therefore, the inclusion practices of a subset of the study participants are discussed in the next section.

**Findings of the Inclusive Classroom Profile: Inclusive Classroom Quality**

The results from the analysis of the observational ratings tool, the *Inclusive Classroom Profile*, indicated that the inclusive classroom quality in each of the nine observation classrooms varied significantly. The total mean score, the mean of the 10 items across all of the classrooms, was 4.67 (SD = 0.73) on a 7-point Likert-type scale
where a score of 3 indicates minimal classroom quality and a 5 indicates good classroom quality. The lowest-rated classroom had a mean score of 3.1 and the highest-rated classroom had a mean score of 5.6 on a scale where 3 is minimal, 5 is good, and 7 is excellent. Table 4.6 indicates the mean score in each of the observation classrooms.

Table 4.6

*Observation Classrooms’ Inclusive Classroom Profile Scores*

<table>
<thead>
<tr>
<th>Classroom</th>
<th>Mean Score</th>
<th>SD</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>3.10</td>
<td>0.74</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>A2</td>
<td>5.00</td>
<td>0.67</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>A4</td>
<td>4.70</td>
<td>0.67</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>B1</td>
<td>5.40</td>
<td>0.97</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>B2</td>
<td>5.60</td>
<td>0.70</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>B3</td>
<td>4.20</td>
<td>0.63</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>C1</td>
<td>4.70</td>
<td>0.95</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>C2</td>
<td>4.80</td>
<td>0.79</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>C3</td>
<td>4.44</td>
<td>0.53</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total Mean Score</strong></td>
<td><strong>4.67</strong></td>
<td><strong>0.73</strong></td>
<td><strong>2</strong></td>
<td><strong>7</strong></td>
</tr>
</tbody>
</table>

The distribution of the classrooms by ICP mean scores was also determined where average scores were rounded to the whole number reflecting the closest scale point so that, for example, a score of 6 includes scores of 5.5 or greater and a score of 4 or lower includes scores of 4.49 or less. The rounded total mean score was 5, which indicated that the level of classroom quality was good across the classrooms. Overall, this suggested that the observed instructional professionals provided good-quality inclusion practices to facilitate the access, participation, and supports for the children with disabilities in their
Head Start classrooms. Table 4.7 includes the distribution of rounded scores for each classroom.

Table 4.7

*Distribution of Classroom by ICP Mean Scores*

<table>
<thead>
<tr>
<th>Label</th>
<th>Score</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Minimal</td>
<td>3</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>2</td>
<td>22</td>
</tr>
<tr>
<td>Good</td>
<td>5</td>
<td>5</td>
<td>55</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Excellent</td>
<td>7</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

This analysis indicated that the majority of the classrooms (55%) were ranked as having good quality inclusion practices with a score of 5. The next most frequent score was 4 with 22% of the classrooms, followed by the scores of 3 and 6, each with 11% of the classrooms. There were no classrooms with the rounded scores of 1, 2, or 7.

Additional descriptive statistics analyses of the ICP scores were conducted at the item level to rank the individual items with higher and lower quality across the observation classrooms. Table 4.8 displays the mean scores for all classrooms for the 10 individual items on the ICP, ranking them from the highest to the lowest mean scores.

Table 4.8

*Ranking of Item Mean Scores on the Inclusive Classroom Profile*
<table>
<thead>
<tr>
<th>Item</th>
<th>Mean Score</th>
<th>SD</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Transitions between activities</td>
<td>5.22</td>
<td>0.97</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>8. Adaptations of group activities</td>
<td>5.00</td>
<td>1.50</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>1. Adaptations of space and materials/equipment</td>
<td>4.89</td>
<td>0.60</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>6. Adult-child social communicative interactions</td>
<td>4.78</td>
<td>1.09</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>10. Feedback</td>
<td>4.78</td>
<td>0.97</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>5. Membership</td>
<td>4.67</td>
<td>0.87</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>7. Support for social communication</td>
<td>4.44</td>
<td>1.13</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>4. Conflict resolution</td>
<td>4.44</td>
<td>0.73</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>3. Adult’s guidance of children’s play</td>
<td>4.38</td>
<td>0.92</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>2. Adult involvement in peer interactions</td>
<td>4.00</td>
<td>0.87</td>
<td>2</td>
<td>5</td>
</tr>
</tbody>
</table>

The items with the highest scores were related to instructional practices for whole group activities and within the cognitive domain. The lowest ranked items were related to practices that required the instructional professionals to interact with a small group of children or with children individually and within the social–emotional domain. The ICP scores for the nine observation classrooms provided details about the inclusion facilitator/barrier category of inclusive classroom quality.

**Findings of the Qualitative Observations: Inclusion Practices**

The analysis of the qualitative observations provided more detail regarding the ways in which the instructional professionals in the observation classrooms did (or did not) provide access, participation, and supports for the children with disabilities. The analysis identified the observed practices that either facilitated or impeded the access, participation, and supports for the children with disabilities in the observation
classrooms. Once these codes were applied to the observation data, the inclusion practices within each of the nine Head Start classrooms was rated as low-, medium-, or high-quality. Classrooms where the majority of the practices facilitated successful inclusion were identified as classrooms with high-quality inclusion. Classrooms where the majority of the practices impeded successful inclusion were identified as classrooms with low-quality inclusion. Classrooms where a majority of practices neither facilitated nor impeded successful inclusion (a mix of practices) were identified as classrooms with medium-quality inclusion. A discussion of the ratings of the inclusion practices in the observation classrooms will be followed by a discussion of the nature of the inclusion practices observed.

Ratings of inclusion practices. Of the nine observation classrooms, three were identified to exemplify low-quality (60% or more of the practices impeded successful inclusion) inclusion practices (33%), two were identified to exemplify medium-quality inclusion practices (22%), and four were identified to exemplify high-quality (60% or more of the practices facilitated successful inclusion) inclusion practices (44%). Therefore, in the highest percentage of the classrooms, the instructional professionals engaged in high-quality practices to facilitate the successful inclusion of the young children with disabilities in their classrooms. Table 4.9 identifies the levels of inclusive classroom quality from the qualitative observations.

Table 4.9

*Ratings of the Quality of Inclusion Practices from the Qualitative Observations*
<table>
<thead>
<tr>
<th>Classroom</th>
<th>Number of Children with Disabilities Observed</th>
<th>Quality Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>1</td>
<td>Low</td>
</tr>
<tr>
<td>A3</td>
<td>3</td>
<td>High</td>
</tr>
<tr>
<td>A4</td>
<td>2</td>
<td>Low</td>
</tr>
<tr>
<td>B1</td>
<td>1</td>
<td>High</td>
</tr>
<tr>
<td>B2</td>
<td>2</td>
<td>High</td>
</tr>
<tr>
<td>B3</td>
<td>2</td>
<td>Low</td>
</tr>
<tr>
<td>C1</td>
<td>4</td>
<td>High</td>
</tr>
<tr>
<td>C2</td>
<td>1</td>
<td>Medium</td>
</tr>
<tr>
<td>C3</td>
<td>2</td>
<td>Medium</td>
</tr>
</tbody>
</table>

These ratings indicated that, as with the ICP scores, there was evidence of various levels of inclusive classroom quality in the observation classrooms. A discussion of the characteristics of the inclusion practices in classrooms that were rated with these distinct levels of quality will follow to provide further insight into the instructional professionals’ practices that facilitated or impeded the successful inclusion of the children with disabilities.

**Inclusion practices that facilitated successful inclusion.** The analysis of the observational data helped to identify the practices that seemed to facilitate the successful inclusion of the young children with disabilities in the Head Start classrooms during the qualitative observations. Patterns of practices that supported successful inclusion were identified and subdivided in those practices that provided access, those practices that facilitated participation, and those practices that provided the needed support for children with disabilities. A group of practices that did not fall into any one of the specific defining features of high-quality inclusion from the Division for Early
Childhood/National Association for the Education of Young Children definition of early childhood inclusion (2009) were grouped under the heading of general/other. Table 4.10 includes the themes that emerged from this analysis.

Table 4.10

*Observed Practices that Facilitated Successful Inclusion*

<table>
<thead>
<tr>
<th>Access</th>
<th>Participation</th>
<th>Supports</th>
<th>General/Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children seem to be full members of the classroom</td>
<td>Children are able to successfully participate in a variety of classroom activities (whole group and small group)</td>
<td>Instructional professionals provide sustained supports that enable the children to be successful</td>
<td>Children and instructional professionals appear to enjoy classroom play and learning experiences</td>
</tr>
<tr>
<td>Children with IEPs don’t stand out because they are excluded or removed from classroom activities</td>
<td>Well-established classroom routines and expectations facilitate children’s participation</td>
<td>A variety of strategies and adaptations are used to support children with disabilities to be successful</td>
<td>Instructional professionals seem to collaborate well and work well with each other</td>
</tr>
<tr>
<td>Wide range of activities and choices available to children</td>
<td>Children fully engaged and participating in the classroom</td>
<td>Children support and help one another</td>
<td>Opportunities for child input or child choice or that take into account children’s interests are provided</td>
</tr>
<tr>
<td>Appropriate equipment and materials are available</td>
<td>Children have relationships with their teachers and at least one other child in the classroom</td>
<td>The supports that instructional professionals provide are nonintrusive</td>
<td>Children are positioned as capable</td>
</tr>
<tr>
<td>Instructional professionals seem to be</td>
<td>Instructional professionals have high</td>
<td>The supports provided are consistent and</td>
<td>—</td>
</tr>
</tbody>
</table>

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In terms of the instructional professionals’ practices that appeared to facilitate the children’s access to play and learning experiences, it was evident during the observations that the children with disabilities were full members of the classroom; they had access to all of the same activities as the children who did not have disabilities; and the instructional professionals provided sustained, consistent, and nonintrusive supports to facilitate their access. In many of the classrooms with high-quality inclusion practices, children with disabilities were not excluded and participated in all of the classroom activities that were available to the children who did not have disabilities. Also, there was evidence in these classrooms that both the children and instructional professionals enjoyed their time in the classroom, as exemplified by observed smiling, laughing, hugs and other forms of affection. The children with disabilities participated in the same activities as the children who did not have disabilities and were fully engaged, although often the nature of their participation differed slightly based on their needs and abilities. For example, in classroom C1, a child in a motorized wheelchair participated in a music and movement activity along with the other children in her classroom by singing the words and doing the arm movements of the dance.

The availability of a wide range of activities and choices available to all children, and to children with disabilities particularly, with a variety of appropriate supports
seemed to facilitate successful inclusion. Overall, the children with disabilities engaged in activities that provided opportunities for child input or child choice, supported by well-established classroom routines and expectations. For instance, in classroom A2, each of the three observed children with disabilities engaged in a wide variety of activities such as engaging in dramatic play, playing computer games, constructing a city with blocks, putting together puzzles, playing in the sand table, and writing and drawing at the writing center. They were able to switch between activities without challenges and appeared to be familiar with the expectations of them in each area or activity. In this classroom, one child with an IEP for speech and language worked on building puzzles, an area where he engaged successfully with a small group of children and an assistant teacher. During this time, the assistant teacher asked the child questions about how he was putting the puzzle together and encouraged him to work with other children to tell them some of his strategies for completing the puzzles. She utilized a variety of strategies and adaptations to support this child to be successful, but the supports were nonintrusive because the child participated alongside children who did not have disabilities. Therefore, the child was able to develop his language abilities within a context that was comfortable for him and with the support of an instructional professional. Similarly, in classroom C1, the four children with disabilities observed were able to choose among a variety of activities including engaging in a gross motor activity, playing with cars and trucks, building with Legos, playing an alphabet game with magnets, playing with baby dolls in the housekeeping center, or cutting and pasting in an art activity. In both of these examples, a variety of activities were going on simultaneously, and this enabled the children with
disabilities to have access to the classroom activities by being able to select an activity that they enjoyed and that they could engage in successfully.

In the observations where children with disabilities appeared to participate as full members of the classroom, the children engaged in a wide range of learning and play activities, and the availability of appropriate equipment and materials contributed to the children’s access. The instructional professionals removed barriers (physical and structural) through the use of specialized materials that facilitated the children’s complete access. For example, in classroom C3 a child built with larger Lego blocks and this enabled him to have full access to this play activity. During this activity, three other children played with the child with disabilities and they worked together to build a tower from the Legos, an example of the theme of children supporting and helping one another. This is also an example of relationships between children with disabilities and children who did not have disabilities as an important characteristic of classrooms that facilitated the participation of children with disabilities. In classroom B2, the instructional professionals structured the book corner to facilitate social interaction and break down any barriers to accessing social learning opportunities. This is also an example of the theme that the instructional professionals seemed to collaborate and work well with each other. In this classroom, the strengths of each instructional professional (in this case one instructional professional was strong in physically structuring the environment and the other was strong in identifying and fostering children’s social relationships) combined as a form of beneficial collaboration.
The instructional professionals also helped the children with disabilities to utilize specialized equipment and materials. The types of specialized equipment and materials that were used across the classrooms included adapted scissors, crayons, and pencils; slant boards; PECS (Picture Exchange Communication System) pictures for visual schedules and giving directions to children; adapted chairs; fidget toys; and books and posters in American Sign Language and Braille. With these materials available for the students who needed to use them across different classroom activities, the children with disabilities were able engage in the classroom activities.

At the same time, practices that seemed to facilitate opportunities for the children with disabilities to work on their IEP goals appeared to be embedded into the everyday classroom activities. Sustained supports during an entire activity and across different activities enabled the instructional professionals to work on children’s specific goals during classroom routines and activities. For instance, in classroom B1, during a whole group art activity where each instructional professional worked with a small group, the teacher used a variety of practices to adapt the activity to meet the individual needs of a child with disabilities. Specific practices observed during this interaction included setting a timer, using preferential seating, and breaking the learning activity down into smaller steps to enable the child with disabilities to engage in the learning activity with his peers and also build his capacity to stay on task and complete activities. This was also an example of setting high expectations for all children but especially for children with disabilities because the instructional professional’s actions appeared to reflect her belief that the child with disabilities was capable of completing the task and provided the
supports that enabled him to be successful. The relationship that the child had with the instructional professional in this example, as observed in the smiles of the teacher and the child and the teacher and child giving each other high fives, also appeared to facilitate his participation in the classroom activity.

**Inclusion practices that impeded successful inclusion.** The analysis of the observational data also helped to identify the instructional professionals’ practices that seemed to impede the successful inclusion of the young children with disabilities in the Head Start classrooms. Table 4.11 includes the themes that emerged from the analysis.

Table 4.11

*Observed Practices that Impeded Successful Inclusion*

<table>
<thead>
<tr>
<th>Access</th>
<th>Participation</th>
<th>Supports</th>
<th>General/Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children not fully engaged/displaying bored behaviors</td>
<td>Children not participating or not engaged in meaningful participation</td>
<td>Supports not provided for children to be successful, activities or expectations not adapted for the child or children</td>
<td>Child or children interact more with observer or outsider than with instructional professionals in the classroom</td>
</tr>
<tr>
<td>Child not part of the group/no sense of membership</td>
<td>Strategies to facilitate participation are very intrusive through direct assistance</td>
<td>Transitions especially difficult for children or supports to transition from one activity to the next not provided</td>
<td>Tension or difference in practices and views are evident among the instructional professionals in the classroom</td>
</tr>
<tr>
<td>Instructional professionals display negative attitude toward</td>
<td>Children largely engaged in classroom activities</td>
<td>Adults do things for the child or children or force the child or</td>
<td>Children and instructional professionals do not appear to</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>children with disabilities or their parents</th>
<th>independently or in parallel play</th>
<th>children to do things</th>
<th>enjoy classroom play and learning experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td>If child participates in other placement, teachers rely on other placement for child’s learning and engagement</td>
<td>Children have lack of relationship with other children, largely engaging in parallel play</td>
<td>Child or children are not held accountable to complete activities or engage in the activity</td>
<td>—</td>
</tr>
<tr>
<td>—</td>
<td>—</td>
<td>Child or children do not seem to have warm relationships with the instructional professionals</td>
<td>—</td>
</tr>
</tbody>
</table>

A variety of observed practices appeared to impede the successful inclusion of children with disabilities. Across several the classrooms with low-quality inclusion, the children with disabilities seemed to be physically included in the classrooms but there was no evidence that the children were part of the play and learning experiences within their classrooms. A lack of membership or participation in the classroom environment was evident. For example, in classroom A1 there was one child with a disability who spent the morning in the Head Start classroom and the afternoon in a self-contained preschool special education classroom. Throughout the observation, the child seemed unengaged with the play and learning activities in the Head Start classroom. During free play time, she quickly moved from activity to activity, staying for a short time—for example, trying to put together a floor puzzle that she was not able to complete and trying to enter a dramatic play situation where the children told her that they did not want her to play with them. While observed, the child with disabilities sighed, put her head down on
the table, sang loudly to herself, and put on her backpack and coat about 35 minutes before she was going to leave for her special education placement classroom while leaving the classroom to look for the instructional professional who would take her to her other classroom. Supports to transition from one activity to the next, in this case from one classroom placement to the next, were not evident. All of these behaviors seemed to indicate that this child was unengaged and did not meaningfully participate in the classroom activities.

An additional aspect of the instructional professionals’ practices that appeared to impede the access of this child was reflected in statements made by the instructional professionals during this observation that seemed to indicate that they relied on her special education placement for her learning and engagement. The assistant teacher in the classroom commented to the child as she was getting her backpack on to go over to her other classroom that he hoped she would learn a lot in school that day. The teacher in the classroom also referred to the special education placement as the child’s school. These statements could have been an indication that the instructional professionals believed that the child with disabilities would engage in play and learning opportunities in the special education placement rather than in their own classroom. In classroom B3, an assistant teacher commented to a child with disabilities with a dual placement that she knew he was looking forward to seeing his friends in his other classroom. Similarly, this could have been indicative of the instructional professional’s belief that opportunities for social interaction for this child could be provided in his special education placement and not in the Head Start classroom.
The lack of evident relationships between the children with disabilities and children who did not have disabilities and also a lack of an evident relationship between the children with disabilities and the instructional professionals was another characteristic of classrooms with low-quality inclusion. The absence of a social connection for the children with disabilities was manifested in a variety of ways. The independent or parallel play of the children with disabilities was consistent across the classrooms with low-quality inclusion. Several interactions in which children who did not have disabilities actively rejected or isolated a child or children with disabilities were observed. In other instances, it was the child with disabilities who actively told other children that they could not play with him or her. In classroom A4, both of these types of interactions were observed. In one instance, a child with disabilities played at the computer during the majority of free play time, and when other children approached, he would tell them they could not play with him and he removed the second chair that was next to him. In the same classroom, another child with disabilities approached a group of children playing with wooden blocks and the children told him that he could not play with them because he would knock down everything. Then they called him a “baby knocker downer,” a “baby who hits down everything,” and a “wrecker baby.” After this repeated name calling, without comment or intervention from the instructional professional who was supervising the children, the child chose to play with some Geoboards by himself.

In both of these interactions, the children with disabilities did not appear to have relationships with the other children in the classroom and therefore did not seem to be
full members of the classroom community. At the same time, it appeared that these children also did not have relationships with the instructional professionals. For instance, in classroom B3, the teacher hugged and engaged in conversation with several children, but she never hugged or had a conversation with either child with disabilities. In classroom A1, the interactions between the instructional professionals and the child consisted of corrections of her behavior or interactions related to her personal care needs such as going to the bathroom, getting a tissue, or washing her hands. In this classroom, correcting what was perceived as inappropriate behavior or directives about personal care routines was not reserved for the interactions among the instructional professionals and children with disabilities alone, but were common in the interactions among the instructional professionals and all children. In classroom A1, the child’s lack of relationships with the adults in the classrooms was also demonstrated by her repeated interactions with the researcher during the qualitative observation. She continuously attempted to engage the observer in play and conversations. These attempts to engage the observer were also evident during the observations in classrooms B3, A4, and C2 where the children did not seem to talk to other children or the instructional professionals in their classrooms but did talk to and try to play with the observer. In classroom A4, one child with disabilities attempted to engage one of the instructional professionals in a play activity of pretending to eat what he had “cooked” using sand toys on the playground, and after the instructional professional did not respond to him throughout his attempts to play with her, he attempted to engage the observer in the same play activity. During the same observation, the child with disabilities who attempted to play with the observer fell
down while running on the playground and the assistant teacher hugged him and asked him what hurt. In front of the other children and the observer, the teacher told the assistant teacher not to baby the child because his mother treated him like a baby. The assistant teacher tried to put a Band-Aid on the child’s leg, and again the teacher redirected her, telling her not to apply the Band-Aid because the child was fine. Tensions or differences in the practices and views among the instructional professionals in the classroom were evident in other classrooms with low-quality inclusion. The observation of the child falling on the playground is also an example of the theme of some instructional professionals’ negative attitudes toward children with disabilities or their parents.

The evident negative attitude of some of the instructional professionals toward the children with disabilities was also observed based on the expectations that the instructional professionals demonstrated for the children with disabilities. In classroom B3, all of the children were engaged in a whole group activity where they were cutting out pictures from a magazine of items that could be recycled and pasting them onto a collage. One of the children with disabilities was not able to successfully use the scissors to cut out the pictures and kept cutting the pictures he had selected in half. At the end of the activity, he had no pictures to glue onto the group collage. He was not held accountable to complete this activity, and supports were not provided that would have enabled him to successfully complete the activity. An adaptation or support for him (such as putting rubber bands around his scissor blades or allowing him to rip out the
pictures or draw his own pictures) would have enabled him to fully participate in the activity. These supports and adaptations were not evident during the observation.

In other instances observed in classrooms with low levels of inclusion quality, adults completed tasks for a child or children, thus providing intrusive adaptations through direct assistance. For example, in classroom C3, it was an indication of low-quality inclusion when an assistant teacher asked the other children who did not have disabilities to write their names on an art project, but she wrote the name of the child with disabilities for him on his project, telling him that she knew it would take him a long time so she would help him. In this example, the instructional professional did not provide the needed support for the child with disabilities to complete the activity. In addition, the instructional professional did not hold the child with disabilities accountable to complete the activity. Later during the observation, the child wrote his own name using a pencil with a pencil grip at the writing center, demonstrating that he could have completed the task. Across the observations, in the classrooms with low inclusion quality, the children with disabilities were not able to successfully engage in play and learning activities in their Head Start classrooms. The individual social, academic, and developmental needs of the children with disabilities did not appear to be met.

**Summary of Results**

The data analyses focused on the participants’ perceptions of and practices for including young children with disabilities in their Head Start classrooms. The results from the survey data indicated that participants perceived a high level of inclusion needs. The survey data analysis also provided evidence that the participants perceived that a
wide range of inclusion facilitators were needed in their settings. In addition, the survey data results underscored the gap between participants’ perceived inclusion needs and supports, suggesting that barriers to successful inclusion of young children with disabilities were evident to the instructional professionals in the three Head Start settings. The results from the analysis of the interview data highlighted the particular aspects of the inclusion needs and supports discussed by participants. The observational data revealed a range of inclusion quality and the types of practices that seemed to facilitate or impede successful inclusion in the observation classrooms. Collectively, the data revealed insights into the inclusion perceptions and practices in the research classrooms. Conclusions and implications from the study across the data sources are discussed further in Chapter Five.
CHAPTER FIVE

This chapter focuses on how the findings from Chapter Four contribute to an understanding of Head Start instructional professionals’ perceptions and practices for including young children with disabilities in their classrooms. Organized around the five research questions, the chapter begins with conclusions regarding the Head Start instructional professionals’ perceptions of needed and available inclusion facilitators based upon the survey and interview data. Conclusions about the Head Start instructional professionals’ inclusion practices based on the observation data follow. Next, the implications of the findings across the data sources are synthesized based on the inclusion facilitator/barrier categories that appear to influence the participants’ perceptions of and practices for including young children with disabilities in their classrooms. The chapter closes with a discussion of the limitations and implications associated with the study.

Question One—Perceived Needed Facilitators

Question one examines the instructional professionals’ perceptions of the facilitators needed for the successful inclusion of children with disabilities. The implications from the analysis of the survey data from the larger group of 71 Head Start instructional professionals related to the needs dimension address this research question. The implications of the analysis of the interview data (21 participants) also address this research question. Two main conclusions emerge from the analyses: (1) participants identified a high level of inclusion needs and they perceived that a wide variety of
inclusion facilitators were needed and (2) participants identified positive attitudes toward inclusion; key specialized personnel; and inclusion knowledge, skills, and practices as the most needed inclusion facilitators. The interview analysis identified the particular characteristics of the participants’ perceived most needed inclusion facilitators.

The findings from the survey and interview data suggest both the degree to which the participants perceived that inclusion facilitators were needed in their Head Start settings and the specific characteristics of their perceived needs. The participants identified a high level of inclusion needs and that they needed various inclusion facilitators for successful inclusion. The overall mean score of 3.65 across all of the items (where a score of 3 indicates that the inclusion facilitator is somewhat necessary and a score of 4 indicates that the inclusion facilitator is necessary to a great extent) demonstrates the participants’ perceived high level of inclusion needs. Additionally, the instructional professionals perceived that all the items were quite necessary for a successful inclusion (all item means >3.3). The standard deviation of just 0.43 for the overall mean score across all of the items also reinforced that the participants believed that many of the various 34 inclusion facilitators were very necessary in their classrooms. The high number of passages in which interview participants discussed their inclusion needs also supports this conclusion. The participants’ perceived high level of inclusion needs was corroborated in the early childhood inclusion research reviewed. For example, Mulvihill, Shearer, and Horn (2002) found that participants in a study of center- and home-based child care providers’ perceptions of inclusion-related needs and barriers ranked several different items as highly needed. The developers of the Supports Scale
For Preschool Inclusion (SSPI) measure (Kucuker, Acarlar, & Kapci, 2006) similarly found that study participants identified both a high level of inclusion needs and that they perceived that various inclusion facilitators were needed.

Overall, the survey and interview data analyses indicate that the participants believed the following facilitators were very important to successful inclusion: (1) positive attitudes toward inclusion; (2) specialized instructional personnel; and (3) inclusion skills, knowledge, and practices. Participants identified positive attitudes toward inclusion and support from instructional personnel with specialized knowledge and skills related to children with disabilities as both very important. Inclusion attitudes research (e.g., Rafferty & Boettcher, 2000; Rafferty & Griffin, 2005; Seery, Davis, & Johnson, 2000) confirms the participants’ beliefs regarding the importance of positive attitudes toward inclusion. The researchers established a link between the positive attitudes of relevant stakeholders and their facilitation of successful inclusion when the participants’ attitudes served as an important foundation for quality inclusion practices.

In participants’ discussions of their attitudes toward inclusion in the interviews, the following themes emerged: enjoyment of teaching in inclusive settings; high expectations for children with disabilities; and acceptance of children’s differences, particularly connected to children’s different needs. Participants identified aspects of attitudes that could be linked to their relationships with the children with disabilities as key components of their positive inclusion attitudes. The participants also identified their focus on positive outcomes for the children with disabilities as another key component of their attitudes needed to facilitate successful inclusion. Participants demonstrated a
perception that positive attitudes toward inclusion are foundational to the successful inclusion of children with disabilities in their Head Start settings.

However, participants recognized that attitudes alone cannot facilitate successful inclusion. Inclusion researchers such as Devore and Russell (2007) and Rix, Hall, Nind, Sheehy, and Wearmouth (2009) likewise identified that participants with positive attitudes without other inclusion facilitators in place in their classrooms could not necessarily facilitate successful inclusion for the children with disabilities. The participants perceived specialized instructional professionals as another important inclusion facilitator. In the interviews, participants identified special education instructional professionals as an essential component of inclusion success and more so if the special education teacher collaborated closely with them or provided services for the children within the classroom rather than pulling the child or children out of their Head Start classroom. Murata and Tan (2009) also found that collaboration among general education and special education instructional professionals was vital and beneficial. In connection to the idea of specialized staff, participants also identified their own inclusion knowledge, skills, and practices as key inclusion facilitators. Although both interview and survey participants identified knowledge, skills, and practices as inclusion needs, survey research participants focused on general classroom practices beneficial for children with and without disabilities, whereas interview participants honed in on specific knowledge and skills related to supporting children with disabilities. On the survey, several items that the participants identified as most needed were general high-quality practices for both children with and without disabilities such as an appropriate physical
environment, behavior management skills, and time for collaboration with other instructional professionals and families. In contrast, interview participants identified that they needed specific knowledge and skills, such as knowledge of the child with disabilities as an individual and skills to help the child to achieve his or her IEP goals.

The body of inclusion research reviewed similarly yielded mixed results about general versus specialized practices to promote successful inclusion. Some studies (e.g., Brown, Bergen, House, Hittle, & Dickerson, 2000; Stuart, Connor, Cady, & Zweifel, 2006) identified generally high-quality practices that were appropriate for all children as needed for successful inclusion. By contrast, in other studies (e.g., Cross, Traub, Hutter-Pishgahi, & Shelton, 2004; Okolo, Ferretti, & MacArthur, 2007), the researchers identified specialized practices as needed for successful inclusion. Further study is needed to explore this contradiction. Nevertheless, both survey and interview participants highlighted the importance of their own skills and knowledge as a foundation for their classroom inclusion practices. The inclusion needs identified by the participants provide evidence regarding the fundamental facets of their inclusion perceptions.

**Question Two—Perceived Availability of Facilitators**

Question two examines instructional professionals’ perceptions about the availability of facilitators needed for the successful inclusion of children with disabilities in their Head Start classrooms. As with question one, the implications of the analyses of the survey and interview data combined to address this research question. The discussion also focuses on the implications from a comparison of the participants’ perceptions of the needed inclusion facilitators and their perceptions of the availability of those facilitators.
to identify inclusion barriers in the instructional professionals’ settings. Two key findings emerged: (1) the gap between participants’ perceived inclusion needs and supports suggested that the instructional professionals did not believe that all of the needed inclusion facilitators were available to them in their settings, and (2) the factors of professional development; teacher knowledge, skills, and practices; and personnel emerged as the most significant barriers to successful inclusion from the perspective of the Head Start instructional professionals.

Since participants did not believe that all of their inclusion needs were met, this indicates that barriers to the successful inclusion of young children with disabilities existed in their Head Start programs. The finding suggests that participants believe they are not able to facilitate successful inclusion completely or in the most optimal fashion. Among the inclusion factors the participants identified as particularly significant barriers to successful inclusion, additional professional development emerged, especially from the survey data. Early childhood education researchers (e.g., Esposito, Guarino, & Caywood, 2007; Martínez, 2003) and the inferential analysis of the survey data also support a lack of professional development as an inclusion barrier. The statistically significant difference between participants with the lowest level of education (high school degree) and their level of perceived inclusion needs also underscores the relationship between a lack of professional development and barriers to successful inclusion. A lack of specialized teacher knowledge and skills also emerged from the analysis as an inclusion barrier from the point of review of study participants. Finally, the lack of needed or additional specialized instructional professionals was a barrier to successful inclusion.
identified by participants and supported in the inclusion research (e.g., Chopra, 2009; Noonan & McCormick, 2000).

**Question Three—Practices**

Question three examines the practices of instructional professionals for including young children with disabilities in a subset of nine Head Start classrooms. The analysis of the observation rating data from the *Inclusive Classroom Profile* (ICP) addresses this research question. The analysis of the qualitative observations also contributes additional information to address this research question. The defining features of quality early childhood inclusion: access, participation, and supports from the Division for Early Childhood and the National Association for the Education of Young Children (2009) guided the discussion of participants’ inclusion practices.

The National Professional Development Center on Inclusion (NPDCI) (2011) identified categories of quality inclusive practices corresponding to the DEC/NAEYC defining features of quality early childhood inclusion. Based on the findings from the ICP and the qualitative observations, the highest quality inclusion practices observed could be identified as examples within the NPDCI categories of quality inclusive practices, particularly within the categories of embedded instruction or other naturalistic interventions, assistive technology, and universal design. The two highest ranked items on the ICP across the observations—transitions between activities and adaptations of group activities—fell under the umbrella of the category of embedded instruction or other naturalistic interventions where instructional professionals use specific strategies within the context of everyday classroom activities to facilitate the participation of children with
disabilities. Practices within the category of embedded instruction were also evident in the qualitative observations such as working on the children’s IEP goals and providing consistent and nonintrusive supports. Therefore, the practices that could be categorized examples within the category of embedded instruction or other naturalistic interventions contribute significantly to successful inclusion and yield a high level of inclusive classroom quality in these Head Start classrooms. As suggested by the name “embedded interventions,” the instructional professionals engage in these practices to facilitate inclusion while they were also addressing the needs of the larger group of children. These findings reiterate the conclusions of Dingle, Falvey, Givner, and Haager (2004), for example, who found that knowledge of adaptations and specialized instruction were essential to teaching in inclusive settings.

Among the ICP items where participants scored the highest, adaptations of space and materials/equipment provides an example within the NPDCI category of assistive technology. The authors (National Professional Development Center on Inclusion, 2011) describe assistive technology as “a range of strategies to promote a child’s access to learning opportunities, from making simple changes to the environment and materials to helping a child use special equipment” (p. 2). Examples of practices within the category of assistive technology were evident to a lesser extent in the qualitative observations, but practices within another category of quality practice, universal design were evident. The provision of multiple and varied formats for instruction and learning, in particular, was evident as a practice that provided supports to the children with disabilities and promoted their access. The observations also highlight the key role of the affective domain and
relationships for successful inclusion, such as a positive classroom environment and positive relationships that the children with disabilities have with the instructional professionals in their classrooms and at least one other child in the classroom. Although relationships were not identified specifically as a category of quality inclusive practice in the research synthesis, the socio–emotional dimension of the classroom appeared to contribute to successful inclusion. The instructional professionals’ practices that were most essential to facilitate successful inclusion are also supported as essential to successful inclusion in the inclusion literature (e.g., Cross, Traub, Hutter-Pishgahi, & Shelton, 2004; Devore & Russell, 2007; Wertheim & Leyser, 2002).

The question of a possible relationship between the participants’ inclusion perceptions and inclusion practices was also explored. No direct relationship between the participants’ perceptions and practices could be established. For example, all of the participants with a larger gap between their perceived inclusion needs and supports did not demonstrate practices low-quality inclusion practices in the qualitative observations. Similarly, all of the participants who described that their needed inclusion facilitators were available to them in the interviews did not score higher on the ICP measure. Bruns and Mogharreban (2007) also found a disconnect between participants’ perceptions and practices in their study of Head Start and public prekindergarten instructional professionals. However, one possible link between participants’ perceptions and practices seemed to emerge. In the three classrooms where the inclusive quality was identified as low based on the qualitative observations, six of the seven instructional professionals interviewed stated that they perceived that all children were the same and
that they believed that no specialized practices for the children with disabilities were required. Therefore, it was possible that some connection between the belief that all children should be treated the same prevented the instructional professionals in these classrooms from providing high-quality inclusive practices, particularly the specialized practices that emerged from the analysis of the observation data as beneficial. This specific perception seemed to have some connection to classroom practices, but overall, there appeared to be limited connections between the instructional professionals’ inclusion perceptions and practices.

**Question Four—Inclusion Facilitators and Barriers in Perceptions**

Question four synthesizes the findings across two data sources by investigating which facilitator/barrier categories appear to influence Head Start instructional professionals’ perceptions of including children with disabilities in their classrooms. The analysis of the inclusion facilitator/barrier categories within the survey data from the larger group of 71 Head Start instructional professionals addresses this research question. The analysis of the interview data (21 participants) within the inclusion facilitators/barrier categories also addresses this research question. The analysis across the data sources within the frame of the inclusion facilitator/barrier categories suggested two related sub questions: (1) Which categories did the participants perceive as serving as inclusion facilitators in their Head Start classrooms? (2) What were the relationships among the inclusion facilitators/barrier categories?
Across the data many inclusion facilitator/barrier categories emerged as relevant to the participants’ perceptions. Figure 5.1 identifies the key inclusion facilitator/barrier categories and the ways in which the categories of facilitators seemed to interact.

*Figure 5.1 Inclusion facilitator/barrier categories reflected in participants’ inclusion perceptions.*

As illustrated by the figure, many inclusion facilitator/barrier categories interact within the participants’ inclusion perceptions. With positive *attitudes toward inclusion* as a required foundation, *professional development* served as the most essential inclusion facilitator/barrier category to support successful inclusion from the perspective of the
participants. Grounded in effective professional development, the category teacher knowledge, skills, and practices is the next most seminal category for successful inclusion based on the study findings. The importance of these categories highlight the key role of the instructional professionals for successful inclusion and the bidirectional relationship between the classroom environment, resources, and personnel and teachers’ skills, knowledge, and practices. Specialized practices grounded in essential knowledge and skills rooted in professional development yield high-quality inclusive classrooms for children with disabilities, the final inclusion facilitator/barrier category represented in the diagram. As evident in the figure, participants perceived inclusion in their Head Start classrooms as complex and influenced by a variety of factors. These findings reify the assertion by inclusion researchers (e.g., Guralnick, 2001; Purcell, Horn, & Palmer, 2007) that one-dimensional representations of inclusion in Head Start do not accurately reflect the ways in which inclusion is enacted in a variety of early childhood settings. Based on the analysis of the participants’ perceptions, these instructional professionals also rejected a simplistic view of early childhood inclusion.

**Question Five—Inclusion Facilitators and Barriers in Practices**

Question five synthesizes the findings across two data sources by investigating which facilitators and barriers appeared to influence Head Start instructional professionals’ practices for including children with disabilities in their classrooms. The discussion focuses on the inclusion facilitator/barrier categories evident from the analysis of the ICP. The discussion also focuses on the analysis of the qualitative observations in terms of the inclusion facilitator/barrier categories that were evident in the participants’
inclusion practices. The following sub questions will be addressed: (1) What is the relationship between the inclusion facilitator/barrier categories and the inclusion practices evident in the study? (2) What are the implications of the findings regarding the inclusive classroom quality in the Head Start? The discussion summarizes the answers to these sub questions.

Sorting the categories of quality inclusive practices identified in the analysis of research question three into the inclusion facilitator/barrier categories provides an additional perspective regarding the inclusive practices observed. The participants used assistive technology to facilitate children’s access and provided them with supports. These practices could be linked to the inclusion facilitator/barrier category of classroom environment and resources. Just as Salmon and Sainato (2005) identified the use of assistive technology as an effective tool for promoting the participation of children with disabilities, the findings from this study echo those findings. The inclusion literature also supports the importance of a positive social climate as part of a constructive classroom environment that supports successful inclusion. For example, Mastropieri, Scruggs, and Berkeley (2007) found that teachers could promote a positive social climate for children with disabilities using intentional strategies. Similarly, using relationships as a tool for building a positive social climate was a key practice in the classroom observations. Therefore, the category of classroom environment and resources served as a key inclusion factor in the observed practices. In addition, although not directly observed, it can be inferred that these positive relationships between the children with disabilities and the instructional professionals were built upon the positive attitudes of the instructional
professionals toward inclusion. Therefore, the categories of classroom environment, resources, and personnel and attitudes toward inclusion could be linked in terms of the practices that facilitated successful inclusion in these Head Start classrooms.

Within the inclusion facilitator/barrier category of teacher knowledge, skills, and practice, the categories of quality inclusive practices of embedded instruction or other naturalistic interventions and universal design were identified as key to successful inclusion. These findings support the assertions of Cross, Traub, Hutter-Pishgahi, and Shelton (2004) and others that specific practices to meet the needs of children with disabilities rather than general best practices in early childhood are required to facilitate the successful inclusion of young children with disabilities. The importance of specialized practices could also be connected with specialized teacher knowledge and skills, which could emerge from effective professional development. Therefore, the practices that facilitate successful inclusion and therefore yield high-quality inclusion encompass a variety of inclusion facilitator/barrier categories. Each of the inclusion facilitator/barrier categories except the category of families was represented as an aspect of the participants’ classroom practices to facilitate successful inclusion. A multidimensional inclusion quality framework based on a variety of inclusion factors interacting is supported by the study findings and aligns with the findings of previous inclusion researchers (e.g., Aytch, Cryer, Bailey, & Selz, 1999; Buysse, Skinner, & Grant, 2001).
Limitations

Several limitations of the study relate to the type of data collected and measures used, the research setting selected, and the amount of data collected. Although both observation and self-reported data were collected, the self-reported information regarding the needed facilitators and the availability of the needed facilitators from the SSPI and the semi-structured interviews must be acknowledged as the participants’ perceptions alone that were not independently substantiated as part of the research design. Although instructional professionals’ perceptions have been demonstrated to directly and indirectly influence their classroom practices (where participant-independent data were collected), additional research that explores inclusion needs and supports using independent measures or through gathering multiple perspectives is warranted in order to address the limitations associated with self-reported data from the surveys and the interviews. In addition, although the instrument developers established the reliability and validity of each of the standardized measures (SSPI and ICP) in inclusive early childhood settings, neither instrument had been specifically utilized within the Head Start program in any known studies. In addition, due to a lack of time and resources to achieve inter-rater reliability using the ICP instrument, the scores on the measure were based on the judgments of a single researcher. Although examining instrument validity specifically within the Head Start context and achieving inter-rater reliability on the ICP were beyond the scope of this study, examination of these issues through future research would be beneficial.
In terms of the research setting and study participants, the three Head Start sites were selected because they were already participating in the professional development research project with which the study was affiliated. Therefore, this represents a form of convenience sampling for the research setting and participants. It should also be noted that administrators at each Head Start site identified the classrooms where the observations took place. Furthermore, findings were based on a sub sample from one region and would not be generalizable to regional or national samples. The findings from the survey data were only representative of the populations of teachers and assistant teachers (and one special education teacher from Site C) in the three study settings. Other key stakeholders such as administrators, special education and resource instructional professionals, and parents were not included in the sample; therefore this study represents the perspectives of the particular instructional professionals only. Perhaps with a larger sample of participants or with a group of participants with a greater variety of roles, statistically significant differences based on participant characteristics would have emerged. Time and resource limitations also reduced the number of classrooms where observations and interviews were conducted. It would also be beneficial to conduct observations of the inclusive practices in a greater number of Head Start classrooms and within a greater number of programs regionally or nationally and to conduct interviews with a wider sample of participants. Therefore, the classroom data were limited in range and quantity but delimited by available resources and the scope of the study.

Implications
The conclusions from this research provide strong implications for Head Start inclusion practices and policies. The findings also suggest areas of additional research. At the classroom or program level, study findings point to practices and policies for improving or maintaining the successful inclusion of children with disabilities. Implications at the national level for inclusion practice and policy also emerged. Because the Head Start instructional professionals did not perceive that they had all of the inclusion facilitators they needed, more must be done to support them to successfully enact the inclusion of young children with disabilities. Namely, additional inclusion facilitators are required, particularly in the areas of professional development and specialized instructional professionals.

A careful examination of the nature of the collaboration between special education instructional professionals and Head Start instructional professionals and the distribution of personnel resources will assist programs in providing this key inclusion facilitator more effectually. In addition, Head Start grantees and delegate agencies should provide targeted professional development. The goal of the professional development should be for instructional professionals to gain the specialized inclusion skills and knowledge needed, such as those that emerged from this study, for example providing sustained and nonintrusive supports to facilitate the active participation of the children with disabilities. The knowledge and skills will serve as a foundation for the instructional professionals’ effective inclusion practices. Head Start administrators should provide and make available extensive inclusion professional development through internal trainings and through partnerships with other professional development
providers, such as college and university teacher education programs. Comprehensive professional development programs can help the Head Start instructional professionals to develop the specialized knowledge and skills to engage in the most beneficial practices to facilitate the successful inclusion of children with disabilities in their classrooms.

At the national level, improved and more comprehensive evaluation of inclusive classroom quality in the Head Start program would contribute to successful inclusion. Although data are collected about if and how children with disabilities are served in the Head Start program and data are collected using global measures of classroom quality, currently there is not known policy to collect data related to inclusion quality. Head Start programs should implement policies to support several types of oversight of inclusion quality. Evaluation and exploration of inclusion practices before and after professional development would help to refine and improve the professional development provided. At the same time, focusing on inclusive classroom quality across the Head Start program through evaluation the tools used in this study would more meaningfully inform inclusion practices and policy. Inclusion quality data would highlight classrooms or programs where the instructional professionals successfully implement inclusion. The instructional professionals in these programs can assume leadership roles in Head Start, by providing high-quality examples and professional development for other Head Start instructional professionals. Head Start administrators need to provide additional supports and program evaluation to enable the instructional professionals to provide access, participation, and supports for the children with disabilities in the classroom to ultimately raise the level of inclusive classroom quality for children with disabilities in Head Start settings.
The study findings and conclusions support several areas of additional research. As a result of the smaller scope of the study, the large size of the Head Start program, and the contextually specific nature of inclusion, widening the sample of Head Start instructional professionals and Head Start research settings would contribute to a broader understanding of Head Start inclusion nationally. Increasing the number of participants in Region III and beyond—for instance, conducting research with a sample of instructional professionals in each of the ten Head Start regions—would be an important next step to examine inclusion in Head Start. Another direction for further research would be a comparative study of inclusion perceptions and practices in a public preschool or other context with a similar population of children and families or with children and families with different socioeconomic statuses to explore the influence of poverty on the inclusion of children with disabilities. Broadening the type of participants involved in the inclusion research also would be an important next step to build upon this study. Study participants underscored the essential role of special education instructional professionals and resource professionals. Therefore, research that examines the perspectives and practices of these key inclusion instructional professionals would contribute valuable insights. Perhaps an examination of the perspectives of additional stakeholders such as administrators and families would provide a more complete picture of inclusion in Head Start settings.

Beyond broadening the scope of the study to include more participants and to increase the type of participants, directly examining the relationship between perceptions and practices and the influence of these perceptions and practices on the children with
disabilities would be an important focus of additional Head Start inclusion research. A larger sample size of participants to explore correlations between perceived needs and supports and classroom quality could provide a richer view of the possible relationship between participants’ perceptions and practices. Ultimately, the purpose of Head Start inclusion research must be to contribute to successful inclusion and to enable instructional professionals to consistently provide access, participation, and supports to children with disabilities. Therefore, an examination of child outcomes for the children with disabilities to directly explore the influence of what the instructional professionals believe and their practices on the children with disabilities in Head Start would be beneficial. A more comprehensive picture of inclusion in a range of Head Start settings will help early childhood professionals achieve the ultimate goal of providing high-quality inclusive experiences for children with disabilities.

Conclusion

Instructional professionals are the key to successful inclusion in Head Start settings. The findings from this study align with Moen’s (2008) claim that the most crucial factor for inclusive education is the instructional professional. Although other inclusion facilitators that are less directly related to or controlled by the classroom teachers and assistant teachers had some influence on the inclusion perceptions and practices of the study participants, it was the instructional professional herself or himself at the center of successful inclusion in these Head Start settings. Additional essential inclusion facilitators must be made available to all Head Start instructional professionals to support their inclusion practices and equalize their perceived needs and supports. Key
inclusion facilitators most needed in these Head Start classrooms are professional development to increase the instructional professionals’ knowledge and skills related to specialized inclusion practices. A set of core practices that facilitate successful inclusion support the children with disabilities to successfully, meaningfully participate in classroom activities and become a full member of the classroom community. The instructional professionals use their specialized knowledge and skills to facilitate the successful inclusion of young children with disabilities and create high-quality inclusive environments in these Head Start classrooms. Children with disabilities can and must be successfully included in Head Start classrooms with high-quality early education experiences for all children.
Supports Scale for Preschool Inclusion

Inclusion is education of children with (visual or hearing impairments, mental retardation, or chronic illnesses like asthma and epilepsy) and without special needs in the same environment. The following statements are intended to identify the supports/sources that teachers think important for a successful preschool inclusion. You are expected to rate each statement in a binary dimension: In the first dimension, please rate how necessary you think the support/source is for a successful inclusion and in the second dimension, please rate how available/accessible the given support/source is for you.

<table>
<thead>
<tr>
<th>Statement</th>
<th>How necessary for a successful inclusion?</th>
<th>In what degree you have this support/source?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To have the opportunity to observe teachers with knowledge, skill, and experience in working with children with special needs</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
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<tr>
<td>2. To have knowledge about child’s disability/illness</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
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<tr>
<td>3. Classroom/school’s physical environment is to be appropriate for children with special needs (e.g., size of classroom, appropriate place for individual education, health, and security)</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
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<tr>
<td>4. To have appropriate materials and toys for children with special needs (i.e., appropriate for her developmental needs and her individuality)</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>5. To have knowledge and skill to assess development of children with special needs</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>6. To have peer social acceptance of children with special needs (e.g., to be liked, approved, helped, included into the games by other children)</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>7. To have technological equipment to support education of children with special needs (e.g., computer programs, videotapes, and DVDs)</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>8. To have knowledge and skill to identify appropriate educational goals for children with special needs</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>9. To have family involvement and support of children with special needs</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
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</tbody>
</table>
10. To have volunteers in classroom/school for children with special needs (e.g. family members, students) 1 2 3 4 1 2 3 4

11. To have knowledge and skill about communicating and collaborating with families 1 2 3 4 1 2 3 4

12. To have the appreciation from others (families, colleagues, and administrators) in the work place for her/his efforts of children with special needs 1 2 3 4 1 2 3 4

13. To have opportunities to attend meetings, conferences, etc. about the education of children with special needs 1 2 3 4 1 2 3 4

14. To have positive attitudes of school personnel toward inclusion 1 2 3 4 1 2 3 4

15. To have knowledge about laws and regulations concerning inclusion 1 2 3 4 1 2 3 4

16. To be in contact with professionals for corporation and, if needed supervision, for children with special needs at your school (e.g., special education teacher, psychologist, experienced teacher) 1 2 3 4 1 2 3 4

17. To have positive attitudes of families of typically developing children 1 2 3 4 1 2 3 4

18. To have knowledge and skill about appropriate teaching methods and how to put them into practice for children with special needs 1 2 3 4 1 2 3 4

19. To have collaboration with professionals serving outside the school (e.g., special education teacher, doctor, physiotherapist, psychologist, etc.) 1 2 3 4 1 2 3 4

20. To have knowledge and skill about curriculum adaptation and implementation 1 2 3 4 1 2 3 4

21. To have inservice training in needed areas of inclusion 1 2 3 4 1 2 3 4

22. To have training for the school personnel fostering positive attitudes for children with special needs 1 2 3 4 1 2 3 4

23. To have knowledge and skill about adaptation of classroom environment according to the needs of the children with special needs 1 2 3 4 1 2 3 4

24. To have regular meetings with families and specialists to evaluate and discuss development of children with special needs 1 2 3 4 1 2 3 4

25. To have knowledge and skill about behavior management 1 2 3 4 1 2 3 4

26. To have small class size for the class in which child with special needs attends 1 2 3 4 1 2 3 4

27. To have written information on needed areas of inclusion 1 2 3 4 1 2 3 4

28. To have knowledge and skill about how to adapt and use materials/toys for children with special needs 1 2 3 4 1 2 3 4

29. To have additional personnel in classroom or school for child with special needs 1 2 3 4 1 2 3 4
Apart from the ones stated above, please write down any other situation that facilitates or complicates a successful implementation of inclusion.

<table>
<thead>
<tr>
<th></th>
<th>How necessary for a successful inclusion?</th>
<th>In what degree you have this support/source?</th>
</tr>
</thead>
<tbody>
<tr>
<td>30. To have knowledge and skill to promote positive interactions between children with special needs and other children</td>
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<td>1 2 3 4</td>
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<tr>
<td>31. To have school principals’ support for a teacher about children with special needs</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
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<tr>
<td>32. To have knowledge and skill about usage of special equipment of children with special needs (e.g., how to put on a hearing aid)</td>
<td>1 2 3 4</td>
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</tr>
<tr>
<td>33. To have appreciation of others from outside of the work place (e.g., from her/his own family, friends, and acquaintances)</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>34. To have extra time for collaboration with professionals/personnel/families</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
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</tbody>
</table>

Apart from the ones stated above, please write down any other situation that facilitates or complicates a successful implementation of inclusion.
APPENDIX B

INCLUSIVE CLASSROOM PROFILE

Elena P. Soukakou

Date of Observation: __________ Observation time: __________

Observer: ________________ Head Teacher: ________________

Name of setting: ________________
1. Adaptations of space and materials/equipment (O)

<table>
<thead>
<tr>
<th>Inadequate</th>
<th>Minimal</th>
<th>Good</th>
<th>Excellent</th>
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<tbody>
<tr>
<td>1.1 Most physical space precludes children from accessing many classroom areas and activities and adults don’t help children access classroom’s areas. (E.g. stairs, various ground levels preclude children from accessing classroom areas). (O)</td>
<td>3.1 Some physical space is accessible by children and adults usually help children, when needed, to access classroom areas. (E.g. a ramp is available for child with physical disability; special chair or walker provided etc). (O)</td>
<td>5.1 Children can access many classroom areas independently (space is accessible for wheelchairs; there is enough space and clear ways between activity centres; classroom areas are well defined so that children know which area to go to; different rooms and activity centers are labelled with pictures, words or signs depending on children’s individual needs). (O)</td>
<td>7.1 Adults deliberately organize the physical space (including materials/equipment) during the day to encourage peer interaction. (E.g. teacher adds a chair to computer area for child who is standing and watching a peer playing; adult sets up circle area to encourage children to read together; adult takes out more puppets to encourage other children to join the puppet area; adult repositions child on wheelchair so that she can face her peers). (O)</td>
</tr>
<tr>
<td>1.2 Materials/equipment are not accessible by children either because they are not adapted appropriately or because adults do not offer the necessary help. (O)</td>
<td>3.2 In most classroom areas there are at least a few materials/equipment that children can access independently. (O)</td>
<td>5.2 In most classroom areas, there are many materials/equipment that children can access and use independently. (O)</td>
<td>7.2 Classroom has a great variety of professionally recommended toys, materials and equipment carefully selected to accommodate individual needs (E.g. sensory toys for child with sensory disorder; specialized equipment for visually impaired; adaptive toys for children w/ physical disabilities). (O)</td>
</tr>
<tr>
<td>3.3 Adults generally help children access materials/equipment in the classroom, when needed (E.g. adult helps child reach a toy from shelf; adult places adaptive scissors on table close to where child is working). (O)</td>
<td>5.3 Adults monitor how children use materials/equipment and provide the necessary support for individual children who have difficulty using materials appropriately (E.g. adult helps child use scissors to cut on paper; adult gives hand over hand assistance to child doing a puzzle; adult models for child how to hold pencil). (O)</td>
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</tbody>
</table>
Clarification notes:

1.2 Definition: Accessible = available at an area where a child can get it independently (e.g. on shelves where children can reach; located within view of children; labelled so that children know what they are etc.)

3.3 Score NA if children’s physical or mental ability is so impaired that they cannot access any materials.
In all other cases, score Yes, if materials are placed, organized or labelled in ways that the children you see in the room can get them independently. To make this decision, you need to observe a couple of instances in which children access materials independently. If you don’t see children accessing any materials and you don’t see any materials that are adapted, placed in accessible spots, DO NOT give credit.

5.1 This indicator does not apply to children whose motor ability is so limited that they cannot move around independently. In this case, score NA.
In all other cases, score Yes, if space is organized or adapted in such way which enables children to move around independently. The examples provided may only apply to certain cases, therefore, you don’t need to observe those in order to give credit. You can score YES, if most children access many areas of the classroom independently. However, if you see a child that doesn’t access the classroom independently and the space is not adapted as described in the examples, then DO NOT give credit.

5.2 Score NA if children’s physical or mental ability is so impaired that they cannot access and use any materials. In all other cases, score Yes, if materials are placed, organized or labelled in ways that the children you see in the room can get them AND use them independently. To make this decision, you need to observe a couple of instances in which the majority of the children use various materials independently. If you don’t see children using many materials and you don’t see any materials that are adapted or placed in accessible spots, DO NOT give credit. It is possible that children can use many materials independently but may choose not to on the day of your visit. However, many times this may be due to a lack of appropriate adaptations or accessibility of materials. Therefore, in cases where the majority of children you observe do not use many materials equipment independently, ONLY give credit if in most classroom areas there are many materials which are adapted, suitable for their needs and easily accessible.

5.3 Definition: Appropriately = in ways suitable for the activity
## 2. Adult involvement in peer interactions (O)

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<th>Inadequate</th>
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<tbody>
<tr>
<td><strong>1.1 Children are excluded from participating in activities and routines with their peers. (O)</strong></td>
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</tr>
<tr>
<td><strong>1.2 Very few or no attempts to acknowledge or respond to children's peer interactions in encouraging ways. (E.g. adults constantly ignore children's efforts to interact with peers). (O)</strong></td>
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<tr>
<td><strong>1.3 Adults consistently control and restrict the initiation and development of spontaneous social interactions among peers (E.g. adults interrupt children's conversations; discourage spontaneous social exchanges between peers). (O)</strong></td>
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<tr>
<td><strong>2.1 Children are allowed to participate in many classroom activities and routines with their peers (E.g. children can all play together in many activity areas). (O)</strong></td>
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<tr>
<td><strong>2.2 Adults occasionally acknowledge and/or respond to children's peer interactions in encouraging ways. (E.g. adult praises two children reading a book together, smiles at children's social engagements; adult comments on how well children are cleaning up their toys together). (O)</strong></td>
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<tr>
<td><strong>2.3 Adults actively encourage more socially competent children to model for or interact with children who find it difficult to form social relationships (E.g. adult invites child to play with isolated child; adult purposefully pairs two children for an activity; adult teaches child how to model appropriate requests for peer). (O)</strong></td>
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<tr>
<td><strong>3.1 Adults actively support peer interactions either by helping children initiate social interactions with peers or by helping children respond to peers' initiatives appropriately (E.g. adult prompts child to respond to his peer during snack time; adult models for child how to request toy from peer; adult helps child roll a ball back to his peer). (O)</strong></td>
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</tr>
<tr>
<td><strong>3.2 Adults strike a balance between getting involved in peer interactions and allowing the development of natural, spontaneous interactions among children (E.g. adults avoid interrupting children's conversations; adults let children play off on their own; adults usually build on what children are interacting about). (O)</strong></td>
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<td></td>
</tr>
<tr>
<td><strong>3.3 Adults actively encourage collaborative problem-solving between children and their peers (E.g. Adult joins children's block building and helps children work together to generate hypotheses, solve problems and make decisions). (O)</strong></td>
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<tr>
<td><strong>4.1 Adults support children in sustaining social interactions with their peers (E.g. adult uses verbal prompts to help child sustain conversations with peer; adult sets up a group table game and helps children take turns; adult comments on children's group project with suggestions to encourage peer interaction and helps children sustain their cooperative play by elaborating on their behaviours and suggesting new ways to continue their play). (O)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4.2 Adults actively encourage collaborative problem-solving between children and their peers (E.g. Adult joins children's block building and helps children work together to generate hypotheses, solve problems and make decisions). (O)</strong></td>
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</table>
Clarification notes

3.1 **Definition:** occasionally = at least 2 examples in which adults acknowledge or respond positively to children’s peer interactions should be observed.

5.1 **To score YES:** several examples should be observed. Certain group activities can also count as examples. For example, giving a hug to a peer as part of a planned social group activity can count as a teaching supportive strategy. However, simply holding hands during circle time is not enough to count as an example.

5.3 "More socially competent peers": can include both children with and without identified SEN.

7.1 **To score YES:** you have to observe several examples of reciprocal, sustained peer interactions resulting from adult facilitation.

7.3 **Score N/A:** if children observed are not capable for cooperative problem solving and, therefore, encouraging it seems inappropriate.
### 3. Adults’ guidance of children’s play (Free Play) (O)

<table>
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<tr>
<th>Inadequate</th>
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<th>Good</th>
<th>Excellent</th>
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<tbody>
<tr>
<td>1.1 No free time set aside in the daily schedule for children to play. (O)</td>
<td>3.1 Adults allow children to decide on play topic, playmates, and explore toys that they like during free playtime. (O)</td>
<td>4.1 Adults show enjoyment when playing with children (E.g. adult says to child smiling “that’s such a good idea!”, “isn’t this funny?”). (O)</td>
<td>7.1 Adults’ availability, enjoyment and involvement enable children to sustain play (E.g. adults join children’s play and comment on their actions and ideas, ask questions showing interest in their play, adult comments on play activities of some children to indirectly help a particular child sustain his play). (O)</td>
</tr>
<tr>
<td>1.2 Adults make no attempts to become involved in children’s play (E.g. adults are too preoccupied with classroom management and preparing for activities and ignore children’s play). (O)</td>
<td>3.2 Adults place some basic limits on children’s play to encourage appropriate use of toys, space and safe play interactions. (O)</td>
<td>5.2 Adults encourage children’s independence in deciding how to play. Adults maintain visual involvement showing interest and availability. (O)</td>
<td>7.2 Adults extend children’s play skills relative to each child’s developmental play level. (E.g. adult models ways to use materials symbolically for child who is learning to engage in pretend play; adult asks questions to help child connect ideas during play; adult physically helps child take turns in building towers with peers). (O)</td>
</tr>
<tr>
<td>1.3 Children are not allowed to choose play topic, playmates or explore toys during free playtime. (O)</td>
<td>3.3 Adults provide some opportunities for social play (E.g. adults schedule social play activities; set up grouped play corner; provide social toys and props). (O)</td>
<td>5.3 Adults encourage social play by either a) commenting on or praising children’s social play (E.g. adult praises two children playing ball, adult indirectly encourages social play for child by commenting on his peer’s play) or b) modeling for or encouraging children engage in social play (E.g. adult verbally prompts isolated child to enter play with peers; adult explains to a group of children the rules of “hide and seek”). (O)</td>
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<tr>
<td>1.4 Adults impose no limits or rules in children’s play resulting in chaotic, dangerous play behaviours and interactions. (O)</td>
<td>5.4 Adults monitor children’s involvement in play and when needed, help individual children to become involved (E.g. adults help children find toys that are appropriate for their age and level; suggest games and activities; redirect child from self-stimulatory behaviours to more purposeful play). (O)</td>
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</tbody>
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176
Clarification notes

5.1 This is expressed through warm comments, smiles or engaging gestures.

5.3* Promotion of social play can be expressed indirectly when, for example, an adult comments on or praises other children in the group to model or encourage social play behaviours for a particular child with special needs. However, to give credit for this, you need to be clear that the child with special needs is paying attention when adult comments on other children’s play.

5.4 Score YES if adults observe children’s involvement in play and intervene to help children choose and organize their play. Do NOT give credit if children cannot become involved and adults do not help them (E.g. child is wandering around; moves from one activity to the other not knowing how to play or what to do with the toys and materials).

7.1 Definition: Sustained play = child remains actively engaged in the play topic he/she chooses. Time of engagement varies across children. Adults may use various strategies to help children sustain play. This may be expressed indirectly (see clarification note 5.3).

Score YES if you observe several examples of either children sustaining purposeful play or several examples of adults actively helping children sustain their play (see examples 7.1). Do NOT give credit if children cannot remain engaged in play and adults don’t help them (E.g. if they don’t know what to do with the toys, or keep moving from one play activity to another after a few seconds).

7.3 To score YES you need to observe at least one example of adults scaffolding children’s play for each child with special education needs in the classroom.
### Conflict Resolution (O)  NA Permitted

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<tbody>
<tr>
<td>1.1 Adults do not intervene to stop harmful/injurious behaviours among children. (O)</td>
<td>3.1 Adults intervene to prevent harmful/injurious behaviours among children. <em>(NA Permitted)</em> (O)</td>
<td>5.1 Adult involvement in conflict resolution most of the time allows continuation of social interactions among the children. (E.g., children continue to play together after conflict; adults avoid separating children as a preferred solution to conflict). (O)</td>
<td>7.1 Adults’ interventions to resolve peer conflict focus on helping children find more appropriate ways to interact with peers rather than controlling exclusively on children’s negative behaviours and conflicts. (E.g., adult models appropriate ways to request toy from peer; adult coaxes with plan for children to share a toy; adult watches gently probing rather than billing as a way to get attention). (O)</td>
</tr>
<tr>
<td>1.2 Adults mainly use strict ways to redirect children’s peer conflicts (E.g., children constantly forced to time out; adults speak to them using harsh, insensitive tone; adults do not encourage children to express their feelings). (O)</td>
<td>3.2 Adults use non-strict strategies when intervening to help children resolve conflicts with peers. (O)</td>
<td>5.2 Adults are generally proactive about preventing conflict among children. (E.g., adults observe children and remind them of classroom or behaviour rules; adults model for children how to share a toy or take turns before the beginning of an activity. (O, ALL*)</td>
<td>7.2 Children take an “active role” in negotiating differences and resolving conflicts with their peers, while adults provide scaffolding that helps children use their words, express their feelings, and communicate their ideas to other peers. (E.g., adult prompts child to discuss problem with his peer while observing from a distance; adult helps child communicate his feelings to his peer; adult offers child suggestions as to how he/she can resolve problem with a peer). (O)</td>
</tr>
</tbody>
</table>
Clarification note:

1.2* Definition: mainly if the majority of the ways in which adults handle children's conflicts are strict, as described in the examples provided. The indicator can be scored YES even if such approaches are observed with at least one child with SEN in the classroom.

5.3* To score YES, several examples need to be observed. Examples refer to ALL children, that is, children with and without SEN.

3.3 For some children who have difficulty expressing their feelings, adults may need to use concrete objects, visuals etc., such as puppets, photos or story books. (E.g. adult showing visual symbol for angry to child says "I can see you are angry. Do you want to tell me what happened?"; adult reads with child a book on conflict among friends; adult shows child pictures of faces expressing different emotions to help child understand feelings.)
### 5. Membership (O)(I)

<table>
<thead>
<tr>
<th>Score</th>
<th>Inadequate</th>
<th>Minimal</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>No opportunities for children to assume social roles and responsibilities in the classroom (E.g. become helpers, set up a group activity). And no opportunities for children to make choices about their routines and/or learning. (O)</td>
<td></td>
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<tr>
<td>1.2</td>
<td>Frequent bullying and/or persistent teasing in the class towards children with special needs (O)</td>
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<tr>
<td>1.3</td>
<td>Adults DO NOT intervene to stop the bullying or persistent teasing towards children with special needs. (O)</td>
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<tr>
<td>2.1</td>
<td>Adults give children some opportunities to assume social roles and responsibilities in the classroom (E.g. help at snack time, set up table for activity; weekly helper for circle time; child reminds play rules for children; child counts children in group etc). (O)</td>
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<tr>
<td>2.2</td>
<td>Children are given some opportunities during the day to make choices regarding routines and/or learning (E.g. child can choose who to sit by, work with; child can choose between two types of snack). (O)</td>
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<tr>
<td>2.3</td>
<td>Adults most of the time intervene to stop bullying or persistent teasing between children in the classroom. (O)</td>
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<tr>
<td>3.1</td>
<td>Adults offer children many opportunities to make decisions about their own learning and provide the necessary support for them to make choices (E.g. child decides what activity centre to join during free play; adult uses picture schedule to help child choose an activity). (O)</td>
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<tr>
<td>3.2</td>
<td>Peers show understanding and respect for other children’s differences in terms of academic performance, time schedule, or educational program (E.g. children show familiarity with presence of LAs or therapists; children may ask questions about why some children behave in certain ways or do things differently, but their questions, responses, and attitudes show understanding and respect towards individual differences). (O)</td>
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<tr>
<td>4.1</td>
<td>Adults offer children opportunities to make choices about the whole group (or a group of children). Adults provide the necessary support for children to make their choices (E.g. adult asks child to choose book for group story time; child chooses music activity for the group; children choose place for field trip). (O, I)</td>
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<tr>
<td>4.2</td>
<td>Individual differences are accepted and celebrated through group discussions and planned activities (E.g. adults use story time to discuss individual differences; adults talk to children about disabilities in positive ways; adults engage in role playing using characters with diverse strengths and needs). (O, I)</td>
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</tbody>
</table>
Clarification notes

3.1 Social roles and responsibilities include: Helping set up the table for snack or activity; reminding other children of an upcoming classroom event; helping the teacher prepare materials for group projects; becoming the helper of the day etc. Cleaning up toys and food can count as one example (clean up).
Score YES if: At least 2 examples are observed with any child (with or without SEN) in the classroom.
Score NO if: It is evident from the observation that children with SEN are not given such opportunities (e.g., children with special needs are not encouraged to clean up their snacks; all children take a turn to help prepare snack excluding children with SEN).

5.1 Several examples need to be observed within different children. To give credit, adults should not only offer children many choices, but also help them understand and express their decisions.

7.1 For this indicator, interviewing should occur only as a supplement to observational evidence. Score NO if: You do not observe adults offering any children (with or without SEN) these opportunities. If you observe adults offering typically developing children these opportunities, but not an SEN child (e.g., if the class take turns to choose a book for story, and it is a non-SEN child’s turn that day) then supplement your observation with questioning:
(I) Ask: How do you decide who is going to choose the book/song? Do all the children have a turn? If yes, can you give some examples of decisions they are encouraged to make?
Score YES if: It is clear that a strategy is employed to ensure that all children (including SEN children) are able to make group choices and if adults report at least one-two examples of group decisions that children are encouraged to make.

7.2 If you don’t observe any examples of activities or discussions, interview the teacher.
(I) Ask: Do you plan any activities to acknowledge and celebrate exceptionality in the classroom? If yes, can you give some examples?
Score YES if: At least several examples of planned activities need to be described. Purpose of activity also needs to be clearly described.
6. Adult-child social-communicative interactions (O)

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<tr>
<th>Inadequate</th>
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<th>Good</th>
<th>Excellent</th>
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<tbody>
<tr>
<td>1. Most adult-child interactions are negative (E.g., adults are constantly in power struggles with children). (O)</td>
<td>1.1 Most adult-child interactions are at least neutral (E.g., adults may show happy but neutral affect with children; adults rarely in power struggles with children). (O)</td>
<td>3.1 Most adult-child social interactions are positive (E.g., adults express warm and happy affect in their interactions with children). (O)</td>
<td>7.1 Adults sustain reciprocal, social interactions with most individual children (E.g., adult and child take turns making up a story; adult has conversation with child about categories of food during meal). (O)</td>
</tr>
<tr>
<td>1.2 Adults constantly ignore children’s requests, comments and behaviours. (O)</td>
<td>1.2 Adults occasionally engage in some simple, basic social interactions with children. For example, they respond briefly to children’s requests (E.g., adult responds with “that's right”), give simple directions (E.g., throw your food in the bin), or ask simple questions (E.g., “where is your bag?”). (O)</td>
<td>3.2 Adults engage in many reciprocal (verbal or non-verbal) social interactions with individual children. (E.g., adult asks a question; listens to child’s response and elaborates on it; child gives try to adult, adult comments on toy, hands it back to child and encourages child to respond). (O)</td>
<td>7.2 Adults build on children’s interests and/or concerns in ways which extend their thinking and ideas and challenge existing knowledge. This is done through responsive, sustained reciprocal interactions (E.g., adult builds on child’s interest in an insect found in the playground and takes the time to listen to his comments, ask questions and elaborate on his ideas). (O)</td>
</tr>
<tr>
<td>1.3 Adults’ social interactions with children are mainly non-verbal, involving routine care giving (E.g., adult feeds child without exchanging gestures or words; passes out tissues etc.). (O)</td>
<td>1.3 Adults are highly responsive to issues that children express interest or concern. (E.g., adult talks with child about her favourite pet; adult validates child’s feelings when child is upset; adult shows great interest in child’s family trip and takes the time to talk about it with child). (O)</td>
<td>3.3 Children take an active role in the majority of their interactions with adults. Children are encouraged to initiate interactions, express ideas, and ask questions rather than assuming a “passive” or “respondent” role. (O)</td>
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<tr>
<td>1.4 Adults discourage interactions about children’s interests, or experiences that matter to them outside the classroom (E.g., children are discouraged to initiate interactions about their personal, family or life in the community). (O)</td>
<td>3.4 Children ask the majority of their questions in the majority of their interactions with adults. Children are encouraged to initiate interactions, express ideas, and ask questions rather than assuming a “passive” or “respondent” role. (O)</td>
<td>5.5 Many adult-child social interactions are intellectually engaging: Adult seeks children’s thinking and ideas by posing problems and challenging existing knowledge (E.g., adult asks child to describe how she built her tower; adult prompts child to think why will his ice cream melt; adult helps child to solve problem). (O)</td>
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</tbody>
</table>
Clarification Note.

1.2 Definition, mainly = the majority of the social interactions observed with the majority of the children with SEN are non-verbal and involve passive, routine care-giving.

3.3 To score YES, adult does not need to elaborate on children's statements or to encourage children to reply to her questions. Definition, occasionally = At least several examples should be observed of simple, basic responses, directions or questions.

5.3 To score YES, several reciprocal social interactions need to be observed. These can be adult or child initiated. Definition, Reciprocal = an interaction in which person A (child or adult) initiates, person B responds and person A elaborates or continues with a statement, question or gesture. Remember, it can be verbal or non-verbal.

5.3 This includes experiences outside the classroom as well. To score YES, adult should be highly responsive at least 80% of the time when children express their interests and/or concerns. Adults are highly responsive when they respond to children's initiations promptly, positively and make efforts to accommodate children's expressed interests and concerns.

5.5 To score YES, you need to observe several examples with different children in which adult intellectually stimulate children by posing problems and extending their ideas. Intellectually engaging interactions can also take place in a group context, such as for example, in circle time. The key point here is that social interactions are not only fun and positive but stimulate children's thinking and learning.

7.1 Definition, Sustained = more than 2 consecutive cycles of reciprocal interactions. Sustainability of adult-child interactions depends on child's age and abilities. Therefore, do not underscore a classroom in which child is not capable of sustaining reciprocal interactions but adults make many efforts to help children sustain interactions with them.

7.3 This indicator assesses whether adults can capitalize on children's interests and/or concerns to extend their thinking, ideas and knowledge. To give credit, you need to observe several instances in which an adult uses children's expressed interest to scaffold child's learning through sustained interaction.
### 7. Support for Social Communication (O, DR)

<table>
<thead>
<tr>
<th>Inadequate</th>
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<th>Good</th>
<th>Excellent</th>
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</thead>
<tbody>
<tr>
<td>1. Adults make no attempts to adapt their communicative interactions with individual children (e.g., adults talk to all children in the same way, overwhelming children with speech or gestures too complex for their developmental level). (O)</td>
<td>3.1 Adults communicate with children at pace which enables them to respond (e.g., adult waits for child's response, speaks at slower rate for child with auditory processing difficulties). (O)</td>
<td>5.1 Adults adopt verbal communication to children's individual level of understanding (e.g., adult avoids long, complex sentences with child with speech delay; adult simplifies words to support understanding, adult repeats question or prompt and waits for child to respond). (O)</td>
<td>7.1 Adults facilitate communication among children (e.g., adult encourages ALL children to sign during group activity if one child uses sign language; adult clarifies to other children what a child said; adult repeats child's comment for peer with speech delay; adult helps peer use pictures to communicate with nonverbal child). (O)</td>
</tr>
<tr>
<td>1.2 Adults ignore children's attempts to communicate or makes no efforts to interpret them (e.g., adult ignores child's persistent pointing to a specific toy; child left crying for long period of time). (O)</td>
<td>3.2 Adults occasionally recognize children's attempts to communicate and respond to them promptly (e.g., adult acknowledges child's pointing and looks to see where child is pointing to; adult comments on child's effort to verbalize something; adult repeats child's words in effort to understand him/her). (O)</td>
<td>5.2 Adults seem well aware of children's communicative attempts and most of the time respond to them in relation to the meaning and situation (e.g., adult asks or modifies communication upon child's sign of frustration; adult encourages child to show her what she is pointing at; child covers ears in response to loud noise and adult responds with something like &quot;You heard that loud noise. Did that scare you?&quot;). (O)</td>
<td></td>
</tr>
<tr>
<td>1.3 Alternative Communication Systems (A.C.S.) (e.g., Pecs, visuals, sign symbols, voice communicators) are required by IEPs, transmitters or professionals but not available in the classroom. (O, DR)</td>
<td>3.3 Adults make some attempts to adapt verbal or non-verbal communication to children's individual level of understanding (e.g., adults avoid overwhelming children with gestures; adult focuses child's hearing impairment; adult talks to child at his/her eye level). (O)</td>
<td>5.3 Adults incorporate various means of communication into activities &amp; interactions with children to enhance communication with adults and peers. (e.g., adult points to object that he is referring to while talking to child; adults uses visuals and props to support story telling; adult emphasizes use of gestures while reading story to a child; adult models manual signs for child; adult helps child use pictures to make a request; adult uses a visual showing a sad face to help child communicate his feelings). (O)</td>
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</tr>
<tr>
<td>3.5 Adults use at least one of the following strategies with children: 1. Repetition; 2. Commenting; and 3. Expanding (use clarification notes). (O)</td>
<td>4.1 Alternative Communication Systems (A.C.S.) (e.g., pictures, visuals, sign symbols, PECS, voice communicators) required by IEPs, transmitters or professionals are available in the classroom. (O, DR) Not permitted</td>
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</table>

*Not permitted (O, DR)*

**Notes:**
- Activities and interventions involving Alternative Communication Systems (A.C.S.) with children are used systematically during the day and are incorporated in daily activities and routines (O, DR).
Clarification Notes

1.2 Communicative attempts include intentional behaviours by the child that aim at purposeful communication with an adult or peer (e.g. painting, reaching, verbal requesting, gesturing etc.)

3.3 Definition: occasionally = at least several examples of adults recognizing children's attempts to communicate and responding to them promptly. Must be observed with each child throughout the day to give credit. Definition: promptly = adults usually respond within 5 sec from child's initiation. Adults may misread, at times, children's behaviours but you can still give credit if they are responsive to them most of the time.

3.5, 3.4 To score 3.3 YES, you need to observe at least 2 examples of the strategy being used. To score 3.4 YES, you need at least 1 example of each strategy being used. Strategies need to be integrated in the children's activities, play and routines. Adults need to make sure they get children's attention when introducing such strategies. Therefore, DO NOT give credit if child is not paying attention when adults use such strategies.

The three strategies are:

1. Repetition. Adult repeats or recasts own words in order to emphasize important words (e.g. adult asks child "Do you hear the doggie? Hear the doggie!")

2. Commenting. Adult comments on what the child appears to be attending (e.g. adult watches child painting and says "You are painting with so many colours"); adult approaches child and initiates "Look! It's raining!")

3. Expanding. Adult elaborates on what the child says. Expansions can be semantically when adult adds meaning (e.g. child says "doggie" and adult expands "Yes, that is a big, brown doggie") or syntactically when adult extends syntax (e.g. child points to cookie saying "cookie" and adult extends with "This is a cookie")

5.1 Verbal communication includes use of speech as well as paralinguistic aspects of verbal communication, such as emphasizing words, intonation etc.

5.3 Non-verbal means of communication include: visuals, gestures, facial expressions as well as Alternative Communication Systems (A.C.S.) such as PECS, sign systems, voice communicators. Because use of certain A.C.S. (e.g. sign language, voice communicators) often requires professional assessment DO NOT underscore a classroom that doesn't use them unless there is evidence that they were professionally recommended. You can still score the descriptor from the way adults adapt and use non-verbal communication in their interactions with children.

At least several examples (3–4) need to be observed to give credit.

7.2 If A.C.S. are used in the classroom, look for evidence in the planning or interview the teacher about how these are used with the children. Evidence (DR or I) should demonstrate that A.C.S. are used systematically (e.g. are used on a regular basis, purpose for using them and specific activities are identified, and children's progress is monitored).
8. Adaptations of group activities (O)
(Small and whole group activities that are teacher-organised. E.g. story time; circle time; small group instruction; cooking projects; group art projects)

| 1. Adult: makes no attempt to adapt group activities to support children’s individual needs (E.g. all children are presented always with the same materials, work on the same content, are stimulated at same pace, or work on the same goal). (O) |
| 2. Children are excluded from participating in group activities with their peers. (E.g children always pulled out during group time). (O) |
| 3. During group activities children either: a) do not interact at all with materials and/or others (E.g. children are left alone and don’t know what they’re supposed to do) or b) Children interact with materials, and/or others inappropriately for the situation (E.g. children refuse to do what is asked; disrupt; others). (O) |
| 4. Children interact with materials and/or others in compliance with the overall demands of the group activity. (E.g. child stands quietly to story time; child scribbles on paper during group writing activity; child performs cooking activity with adult hand on hand assistance). (O) |
| 5. Children’s engagement in group activities is most of the time active and intentional (E.g. child finger-points showing interest and motivation; child actively follows song rhymes in group; child actively traces name on paper). (O) |
| 6. Adults make some adaptations to the activities’ objective, materials or type of instructional support to promote children’s engagement (E.g. adult reads shorter story to children with reading difficulty; adult positions child with visual impairment in the front of the group; adult gives child hand over hand assistance to perform movement; adults give additional time for child to complete activity). (O) |
| 7. In most group activities, children engage in the same type of activity as their peers, although they may be working on individual goals. (E.g. while all children participate in cooking project, child with SEN works closely with teacher on feeling the cooking ingredients). (O) |
| 8. Children’s engagement in group activities is most of the time active and intentional (E.g. child finger-points showing interest and motivation; child actively follows song rhymes in group; child actively traces name on paper). (O) |
| 9. Adults adapt the activities’ objective, materials or type of instructional support in ways that stimulate children to exceed their individual goals, while enabling them to engage in many activities at their peers. (E.g. during group writing activity, adult uses concrete props and works with child on pointing to letters; adult breaks task into concrete steps for child; adult shows child visual model of the completed project before child begins activity; adult uses concrete objects to support child’s understanding of quantities). (O) |

Inadequate | Minimal | Good | Excellent
Clarification notes:

3.1 Score YES if children are encouraged to participate with their typically developing peers in at least one group activity. If a child is being pulled out from a group activity, do not underscore until other group activities are observed. Examples include: cooking activities, group art activity etc. Snack time, alone does NOT count as one activity for this indicator. If a child is encouraged to participate in a group activity but doesn’t want to attend, you can still count that activity as an inclusive opportunity.

Special case: If there is only one child with SEN in the classroom and he/she is pulled out from the group activity(in) to perform a one-to-one activity with an adult, then, score 3.1 & 3.2 as NA and score the rest of the indicators as they are (treating the one-to-one activity as a group activity).

5.1 To score this indicator you need to observe children in their groups and score it based on the average performance of most children throughout most of group activities observed. Groups can include whole group activities, such as story time in which an adult reads a story to all children, or small groups (e.g., 4-5 children) lead by different adults. Children may be grouped according to ability age or other ways. How groups are formed is not assessed by this indicator. Observe children with special needs in their groups (including groups only of children with SEN). To score YES, you need to see examples of ways in which adults adjust various aspects of the activity to maximize children’s engagement. Adjustments can be made in the materials used (e.g., easier story book, visuals, adaptive equipment; thicker brush); the activity’s tools (e.g., while other children are drawing shapes, one child’s task is to trace a circle); the level of instructional support (e.g., repositioning child; offering hand over hand assistance; modelling for child how to perform activity; adapting directions and prompts; repeating instructions for child). You need to see 1-3 examples that demonstrate that adults make some effort to adjust the group activity in order to encourage children with SEN to participate actively.

Special cases: If you DO NOT observe any of the adaptations described above and at least one of the SEN children is not engaged in activity, do NOT give credit.

5.3 The purpose of this indicator is to assess the inclusiveness of adaptations of group time. To score YES, you need to observe all activities in which children with SEN participate in a group time with their typically developing peers. Give credit if in at least half or more of the activities observed, children with SEN were also encouraged to become involved in the same type of activity (e.g., cooking, writing, art, or movement). Even if you only observe one group activity because children are removed from most group activities, you can still score it based on that one instance.

5.3 This indicator refers to the majority of the children with special needs in the group. However, if at least one child is constantly unengaged throughout most group activities, DO NOT give credit.

7.1 To score YES, you need to observe several examples of individual adaptations, which are carefully made to support each child’s needs in the group and enable the child to engage in similar activities with his peers. Examples for this indicator can include the ones described in 5.1 but there are overall more sophisticated and more inclusive in that they are highly individualized and aim at enabling the child to engage in many same activities as his/her peers.
## Transitions between activities (O, I)

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<th>Good</th>
<th>Excellent</th>
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<tbody>
<tr>
<td>1.1 No provisions made by adults to help children transition between classroom activities resulting in frustration and confusion (e.g. children appear distressed, or confused during transitions; children wait for long periods of time unengaged between activities and routines; children run around aimlessly).</td>
<td>3.1 Transitions are a clear part of the daily schedule (e.g. children seem familiar with sequence of routines; know where to go next). (O)</td>
<td>5.1 Adults usually give advance verbal notice about upcoming activities (to whole class or individual children) (e.g. adults remind children they have 5 min to play before clean-up time; announce to the group what the next activity is going to be). (O, ALL)</td>
<td>7.1 A picture schedule is posted at children's eye-level in the classroom. (O)</td>
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<tr>
<td>1.2 Adults do not allow children to take the time they need in order to complete tasks or prepare for activities (e.g. all children are required to start and finish their work at the same time; adults do not allow extra time for some children to finish their projects). (O)</td>
<td>3.2 Adults sometimes allow children extra time to complete tasks and/or prepare for activities. (O)</td>
<td>5.2 Adults use various prompts and/or activities to help whole group prepare for and transition between activities (e.g. adults mark the beginning and end of activities using songs, such as welcome or clean-up time songs; switch on-off light or ring bell during transitions; point to daily schedule for children to see what's next etc.). (O, ALL)</td>
<td>7.2 Adults use specific prompts and strategies with individual children who have difficulty transitioning between activities (e.g. adult looks through picture schedule with child to show what follows; gives child transitional toy; for child who doesn't understand concept of time, adult uses concrete prompts to help child understand when an activity will begin e.g. “you will first brush your teeth, then wash your hands and then you can play with the computer”; adult sings clean-up song to child adult cleans up along with child). (O, I) N/A Permitted</td>
</tr>
</tbody>
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Clarification notes:

7.1 If you don’t see examples of specific strategies used with individual children because they did not require any on the day of the observation, interview the teacher. Ask: What strategies do you use with individual children who find it difficult to transition between classroom routines and activities?

At least one example of a strategy or activity should be given with reference to a specific child.
## 10. Feedback (O, I)

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<tr>
<td>1.1 No positive feedback on children’s learning experiences and accomplishments is provided (e.g., feedback is only used to praise for discipline). (O)</td>
<td>3.1 Some feedback is used as praise for discipline (e.g., praise for listening, for trying hard to wait quietly). (O)</td>
<td>3.1 Majority of feedback provided focuses on children’s learning experiences and is process oriented (e.g., adults praise children’s efforts, adult comments on child’s problem solving strategy; adult praises child’s persistence). (O)</td>
<td>7.1 Each child’s learning experiences, efforts and progress are acknowledged and reinforced during the day. (O)</td>
</tr>
<tr>
<td>1.2 Negative feedback predominates in classroom. (O)</td>
<td>3.2 Children receive some feedback about their learning experiences. (O) (e.g., adult praises child for completing a puzzle; adult praises group of children for singing a song well etc.)</td>
<td>3.2 When providing feedback, adults are explicit about what they are praising (e.g., “I really liked the way you shared your book with Jane”). (O)</td>
<td>7.2 Feedback that relates to children’s difficulties and weaknesses is provided in supportive and encouraging ways. (O, I)</td>
</tr>
<tr>
<td></td>
<td>3.3 Adults provide some positive feedback to individual children. (e.g., “Good job”; “Nice drawing!”). (O)</td>
<td>3.3 Adults use various formats of feedback (physical, verbal, non-verbal) contingent to children’s developmental level (e.g., adults may use a high five, smiles, pat on the back, or hug). (O)</td>
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</tr>
<tr>
<td></td>
<td>3.4 Adults frequently provide positive feedback to individual children throughout the day. (O)</td>
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</tbody>
</table>
Clarification notes.

3.2 Examples of feedback related to learning experiences include: adult praising child for completing painting; working together with peer to build tower. At least one example must be observed.

3.3 Individually targeted feedback is feedback given by an adult that is about one child’s behaviours (Can be given in a one to one or group situation). At least one example must be observed.

5.1 Process oriented feedback = Feedback that focuses on children’s efforts and process of doing things rather than their end products.

5.2 Adults describe the behaviours and activities children are given feedback on.

7.1 Score YES if at least one example of positive, process oriented feedback is given during the day to each child with special needs.

7.2 For this descriptor, interviewing should occur only as a supplement to observational evidence. Score NO if you observe adults giving sensitive feedback in non-supportive ways to children (with or without SEN). If you observe adults responding well to typically developing children but you don’t see it with an SEN child (E.g. if on your visit adults happen not to respond to such behaviors) then supplement your observation with questioning:

(1) Ask: How do you respond to children’s difficulties and / or inappropriate behaviours? Score YES if adult gives a few examples of supportive responses to children’s difficulties. The important point here is that to score YES you must first observe the desired behaviour with children (With or without SEN).
APPENDIX C

Interview Protocol

1. How long have you been teaching in Head Start? Have you always taught in the [name of current program] or has some of your experience been in other Head Start programs? Do you have experience in other educational settings?

2. Tell me about the children with IEPs in your classroom this year. (Probe for the number of children with disabilities, nature of the disabilities, and family support.)

3. What kinds of experiences have you had with children with IEPs in your classroom?

   How do you feel about those experiences? (Probe for first experiences, attitudes, and patterns of experiences over time.)

4. Tell me about your approach with children with IEPs. (Probe for strategies to address academic, physical, and emotional needs; and how well they feel they meet the needs for each individual child.)

5. [If not mentioned in question 4 response] What supports do you have for the children in the classroom with IEPs? (Probe for special education staff collaboration, material resources, and family role.)

6. Describe any training that you’ve had related to children with IEPs.

7. Would you want any changes or additions to the support and training you’ve had regarding children with IEPs?

8. What advice would you give to a Head Start teacher who has children with IEPs in her classroom for the first time?

9. Is there anything else that you would like to share about your experiences teaching children with IEPs?
## APPENDIX D

### Qualitative Observation

<table>
<thead>
<tr>
<th>Date:</th>
<th>Location:</th>
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<tbody>
<tr>
<td>Classroom:</td>
<td>Teachers:</td>
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<td>Children Observed:</td>
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#### Observations

<table>
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<th>Teacher Behaviors</th>
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#### Impressions

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<th>Support</th>
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<tr>
<th>General/other</th>
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APPENDIX E

Supports Scale for Preschool Inclusion Sub-Scales

1) Attitudes toward Inclusion (7)

6. To have peer social acceptance of children with special needs (e.g., to be liked, approved, helped, included into the games by other children)

12. To have the appreciation from others (families, colleagues, and administrators) in the work place for her/his efforts of children with special needs

14. To have positive attitudes of school personnel toward inclusion

17. To have positive attitudes of families of typically developing children

22. To have training for the school personnel fostering positive attitudes for children with special needs

31. To have school principals’ support for a teacher about children with special needs

33. To have appreciation of others from outside of the work place (e.g., from her/his own family, friends, and acquaintances)

2) Teacher Knowledge, Skills, and Practices (13)

1. To have the opportunity to observe teachers with knowledge, skill, and experience in working with children with special needs

2. To have knowledge about child’s disability/illness

5. To have knowledge and skill to assess development of children with special needs
8. To have knowledge and skill to identify appropriate educational goals for children with special needs

11. To have knowledge and skill about communicating and collaborating with families

15. To have knowledge about laws and regulations concerning inclusion

18. To have knowledge and skill about appropriate teaching methods and how to put them into practice for children with special needs

20. To have knowledge and skill about curriculum adaptation and implementation

23. To have knowledge and skill about adaptation of classroom environment according to the needs of the children with special needs

25. To have knowledge and skill about behavior management

28. To have knowledge and skill about how to adapt and use materials/toys for children with special needs

30. To have knowledge and skill to promote positive interactions between children with special needs and other children

32. To have knowledge and skill about usage of special equipment of children with special needs (e.g., how to put on a hearing aid)

3) Classroom Environment, Materials, Resources, and Personnel (14)

3. Classroom/school’s physical environment is to be appropriate for children with special needs (e.g., size of classroom, appropriate place for individual education, health, and security)

4. To have appropriate materials and toys for children with special needs (i.e., appropriate for her developmental needs and her individuality)
7. To have technological equipment to support education of children with special needs (e.g., computer programs, video-tapes, and DVDs)

10. To have volunteers in classroom/school for children with special needs (e.g., family members, students)

12. To have the appreciation from others (families, colleagues, and administrators) in the work place for her/his efforts of children with special needs

16. To be in contact with professionals for corporation and -if needed supervision- for children with special needs at your school (e.g., special education teacher, psychologist, experienced teacher)

19. To have collaboration with professionals serving outside the school (e.g., special education teacher, doctor, physiotherapist, psychologist, etc.)

24. To have regular meetings with families and specialists to evaluate and discuss development of children with special needs

26. To have small class size for the class in which child with special needs attends

27. To have written information on needed areas of inclusion

31. To have school principals’ support for a teacher about children with special needs

29. To have additional personnel in classroom or school for child with special needs

34. To have extra time for collaboration with professionals/personnel/families

5) Families (6)

9. To have family involvement and support of children with special needs

10. To have volunteers in classroom/school for children with special needs (e.g., family members, students)
12. To have the appreciation from others (families, colleagues, and administrators) in the workplace for her/his efforts of children with special needs

17. To have positive attitudes of families of typically developing children

24. To have regular meetings with families and specialists to evaluate and discuss development of children with special needs

34. To have extra time for collaboration with professionals/personnel/families

6) Professional Development (4)

1. To have the opportunity to observe teachers with knowledge, skill, and experience in working with children with special needs

13. To have opportunities to attend meetings, conferences etc. about the education of children with special needs

21. To have inservice training in needed areas of inclusion

22. To have training for the school personnel fostering positive attitudes for children with special needs
APPENDIX F

Inclusion Characteristics Themes from the Qualitative Observation

Practices that Impeded Successful Inclusion

Access
- Children not fully engaged/displaying bored behaviors
- Children have lack of relationship with other children, largely engaging in parallel play
- Teachers display negative attitude toward children or parents
- If child participates in other placement, teachers rely on other placement for child’s learning and engagement

Participation
- Children not participating or not engaged in meaningful participation
- Strategies to facilitate participation are very intrusive through direct assistance
- Children largely engaged in classroom activities independently or in parallel play
- Child not part of the group/ no sense of membership

Supports
- Supports not provided for children to be successful; activities or expectations not adapted for the child or children
- Transitions especially difficult for children, supports to transition not provided
- Child not held accountable to complete activities or engage in the activity
- Adults do things for the child or force children to do things
- Child does not seem to have warm relationships with the teachers

General/Other
- Child interacts more with observer or outsider than with teachers
- Tension or difference in practices and views are evident among the instructional professionals in the classroom
Practices that Facilitated Successful Inclusion

Access
- Children with IEPs don’t stand out
- Wide range of activities and choices available to children
- Children seem to be full members of the classroom
- Instructional professionals seem to be working on the child or children’s IEP goals
- Appropriate equipment and materials are available

Participation
- Children are able to successfully participate in a variety of classroom activities (whole group and small group)
- Well-established classroom routines and expectations facilitate children’s participation
- Children are fully engaged and participating in the classroom
- Children have relationships with their teachers and at least one other child in the classroom
- Teachers have high expectations (but appropriate) for all children, including children with disabilities

Supports
- Instructional professionals provide sustained, individualized, nonintrusive supports that enable the children to be successful
- A variety of strategies and adaptations are used to support children with disabilities to be successful
- Children support and help one another

General/Other
- Classroom environment is warm and comfortable
- Instructional professionals seem to collaborate well and work well with each other
- Opportunities for child input or child choice are provided
APPENDIX G

Interview Subthemes

Needs

(1) Attitudes toward inclusion
   • Positive attitude toward inclusion
   • Positive attitude toward children with disabilities /like working with kids with disabilities (pride when meeting goals)
   • Acceptance of children’s differences

(2) Families
   • Parent support for getting the child an IEP
   • To provide support for families (e.g., to negotiate the IEP process, to provide ways the family could work with the child at home)
   • Family participation and involvement/collaboration or relationship with families

(3) Classroom environment, resources, and personnel
   • Environment—Physical accommodation (larger room)/appropriate environment (social)
   • Environment—Distribute children with disabilities across classrooms/low ratio
   • Ensure children are getting needed services
   • Environment—Children with disabilities in environment with children with typical development
   • Environment—Structured environment
   • Resources—Quicker IEP identification process
   • Resources—Need more funding due to cuts
   • Personnel—Collaboration/support (get information, ID process meetings, with other general education teachers, support, with assistant teacher, from management, as part of a team, with K teachers)
   • Personnel—Additional personnel needed (to provide support, one-on-one)

(4) Professional development
   • Additional PD needed (about specific disabilities, about boys, about talking to families about IEP process, about behavior management)
   • PD useful/needed

(5) Teacher knowledge, skills, and practices
   • Knowledge about specific disabilities
   • Knowledge about individual children
   • Knowledge of the child’s IEP
• Knowledge of specific approaches for children with disabilities
• Experiential knowledge from working with kids with disabilities
• Practices to support child’s individual needs (encourage productive language)/work with the child individually
• Practices to set specific goals for the child
• Practices—Specific approaches for children with disabilities (facilitate communication)
• Practice to address IEP goals
• Practice to provide child with disabilities more time
• Practices—assessment/observation to get to know the child
• Practices—Time to give children individual attention/meet their individual needs
• Practice—listen to the child /build relationship
• Practice—discipline/structure/behavior management

Supports
(1) Attitudes toward inclusion
• Positive attitude toward children with disabilities/understanding

(2) Families
• Parent partnerships

(3) Classroom environment, resources, and personnel
• Materials for children with disabilities
• Personnel—Support professionals—system wide supports (mental health, health department, consultants)
• Personnel—Support professionals—on sight (special education team, speech therapists, family service workers)
• Personnel—Collaboration (ID process meetings, with K teachers) resources
• Personnel/Environment—Dual placement

(4) Professional development
• Trainings provided by HS (staff development, on specific approaches for individual needs)
• Trainings not provided by HS (university, OFC)
• Develop own PD plan
• Other resources (books and the Internet)

(5) Teacher knowledge, skills, and practice
• Knowledge of specific disabilities/do own research
• Knowledge from own experiences as a child with disabilities
• Practices to address specific needs (language, different expectation, one-on-one)
• Specific practices to meet the needs and interests of child(ren) with disabilities
• Specific practices—Relationships
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CURRICULUM VITAE

Leah Schoenberg Muccio works with young children and their teachers and believes in providing access and equity for all children. She has been in early childhood education for eleven years as a teacher, teacher educator, and researcher.