



## INTRODUCTION

The *Including All Children Trainer's Guide* is a resource for preparing teachers and Family Child Care Home providers to successfully include children with disabilities. It provides a description of the core components of inclusive programs, an overview of the training and assessment materials, and suggestions for using these materials in either a workshop or self-paced instructional format.

The *Trainer's Guide* is part of a comprehensive package designed to help programs care for and teach children with disabilities while responding to the mandate of the Americans with Disabilities Act (1990).

### OVERVIEW OF INCLUSIVE PROGRAMS

#### What Does Inclusive Programming Mean?

Inclusive programming means that children with disabilities are included in typical settings. It is based on the premise that children with disabilities are children first. In inclusive programs teams of parents and professionals collaborate to ensure that children with disabilities are involved in the same environments they would be in if they had no disability. With the right accommodations these children participate in everyday program activities in the company of same-aged peers, regardless of the level of disability.

#### Where Does the Concept of Inclusion Come From?

Children with disabilities have historically been viewed as having something wrong with them. Families were told that their children were best served in segregated settings, away from children with typical developmental expectancies. The goal was to avoid having them made fun of, while providing therapy and special education to improve their level of functioning. Once they were 'fixed' or 'cured' they could return to the mainstream of everyday childhood activities.

But the whole notion of 'fixing' these children was based on a faulty idea about how children with disabilities develop. As we know from experience and education, typical children go through phases or stages: at certain ages most children are able to do roughly the same things — for example, sit up at six months, or use words by 24 months.

## Overview of inclusive programming (continued)

It was thought children with disabilities needed more time and practice to achieve these same developmental outcomes. Although delayed, they would eventually 'catch-up' with others their age. As a result, these children often spent their time in isolated settings practicing skills they rarely mastered. They seldom attended local schools or played with neighborhood children. Because they were so isolated, they often missed the opportunities for incidental learning that are embedded in everyday childhood activities. Rather than helping children become more capable of functioning, participation in segregated settings often caused them to develop behaviors and mannerisms that set them further apart.

Today, disability is no longer seen as something to be 'fixed', but rather is thought of as a type of human diversity to be accepted and embraced. This current understanding requires a new way of approaching children who follow a different developmental course than their peers. Research tells us that regardless of developmental level, children achieve their fullest potential when they grow up in the company of same-aged peers.

Early childhood experiences with typical peers not only improve the functional independence of children with disabilities, but provide an invaluable opportunity for promoting friendship and discouraging the bullying or mimicking that characterized the behavior of earlier generations. Children with disabilities are best served in their natural environment, that is, where they would be if they had no disability.

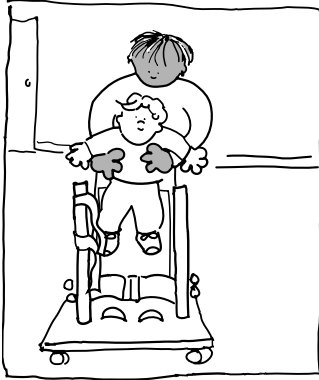
### The Law

Federal law (US Department of Education) supports the right of children with disabilities to learn and grow alongside their typical peers. As early as 1975 Congress passed PL 94-142, which stated that all children have the right to a "free appropriate public education" in what is referred to as the "least restrictive environment". Environments where typical children learn and grow are considered "least restrictive."

The benefits of this law were extended to infants, toddlers, and preschoolers with disabilities when it was re-authorized in 1986. The Americans with Disabilities Act, passed in 1990, further protects the rights of children with disabilities. This legislation mandates that environments such as childcare settings, public or private, cannot discriminate against a child with a disability unless the program demonstrates "undue burden." It further states that "reasonable accommodations" must be provided.

Together these laws led to the formation of integrated childcare, preschool, and after school programs. These early programs were the precursors of inclusive child care as we think about it today. Additional references on these laws are in the Resources section which follows the end of this Introduction.

*See Resources for more information on the law.*



## HOW DOES INCLUSION CHANGE WHAT TEACHERS DO?

Inclusive childcare programs build on the knowledge and competencies childcare teachers already possess.

### How to Accommodate to Individual Learning Styles

Inclusive programs apply teachers' skills at making accommodations for children with disabilities. Teachers extend what they know about making accommodations to respond to the needs of children with disabilities.

*How can I make toys more accessible to Gloria, who can't move by herself? Perhaps I can position her differently so she can touch her favorite stuffed animal, or position her on a wedge so she can play at the water table.*

*How can I help Kevin be a part of a group even though he can't talk? Maybe we could show the other teens how his picture exchange system works so that they can communicate more effectively with him.*

### How to Assist Children to Participate At Whatever Level They Can

Inclusive programs recognize that even limited participation in the same programs and activities as their same-aged peers promotes the growth and development of children with disabilities. Teachers willingly adjust expectations, or provide additional supports, so that all children can be part of what is going on, no matter their developmental level.

*How can I encourage other children to include Jorge in what they are doing? Maybe I could invite a few of them to play a game with Jorge and me, or join us at snack time.*

*What can I do to make the art area more accessible to Maggie? Her coordination makes it hard for her to finish anything. I think I'll get some adaptive scissors and crayons with knobs on them. They'll be easier for her to manage.*

### How to Build and Maintain Caring Relationships

Inclusive programs encourage the development of reciprocal relationships among children. Learning how to interact with one another in mutually beneficial and caring ways helps typical children appreciate the contribution children with disabilities can make to their lives. Together all children experience the give and take of everyday activities and routines.

*I don't think I really appreciated how attached the other children were to Sara until she went to the hospital for back surgery. They had so many questions. When was she coming back? Would she still need her wheelchair? Could they send her something to make her feel better? Sara is clearly someone they care about as a friend.*

## How does inclusion change what teachers do? (continued)

*Tyrone had been coming to the after school program for about two months when his mom noticed the difference. Before, when she and Tyrone went grocery shopping or to the mall, no one ever spoke to them. Now every time they went out it seemed that one of the children from the program came up to say hello. One boy even called to invite Tyrone to go to the ballpark with him and his dad. All because they got to know one another in our program.*

## USING THE TRAINER'S GUIDE

The *Including All Children Trainer's Guide* is divided into four training implementation sections. Each provides detailed instructions for using the materials for workshop sessions or individualized self-paced instruction.

### Orientation to Disability

Orientation to Disability is the initial training for all staff and parents. It is scheduled and conducted by the Trainer. Some Trainers invite Early Intervention or public school special education personnel to co-present with them. Others include a parent of a child with a disability as a co-presenter.

The *Including All Children Trainer's Guide* outlines two Orientation to Disability workshops — one for staff and one for parents.

### Training Identified Age Groups

Each of the remaining two implementation sections is specific to staff working with an identified age group: infant/toddler or preschool-aged. Copies of reproducible forms are in each Appendix.

### Training Materials

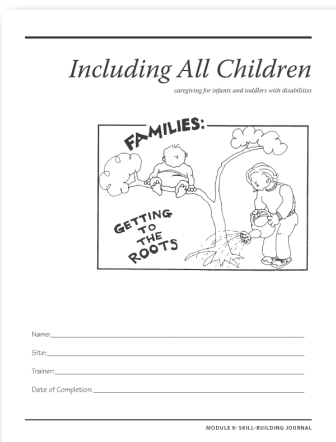
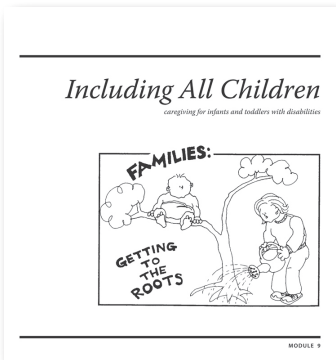
Each age group — has its own set of content booklets called *Modules*. The Modules address Child Development Associate (CDA) topic areas in relation to the care of children with disabilities. The Modules are written at a fourth grade reading level and provide the content for the required knowledge-based assessment.

Each age group has a *Skill-Building Journal* for each Module topic area. Completion of these exercises, under the guidance of the Trainer, helps reinforce Module content.

In addition to the Modules and Skill-Building Journals, *Including All Children DVDs*, as well as other commercially available videos, demonstrate best practices for including children in each age group setting.

### Assessment

Throughout the pre- and post-training processes participants are assessed, both for knowledge gained and competency achieved. Assessments are provided for each Module topic. In addition, participants are afforded numerous opportunities to reflect with colleagues and their Trainer.



## Using the trainer's guide (continued)



### Trainer's Role

The Trainer's role in the *Including All Children* training is to create a relationship with each teacher that encourages learning and questioning. Inclusion starts with 'best practices' in early childhood or out-of-school programming. Trainers are encouraged to help teachers see the similarities among all children. Each training session is an opportunity to scaffold new information about children with disabilities onto knowledge and skills the teacher already has.

Employing training practices that research suggests are the most likely to result in changes in teaching practice are encouraged. These include small group discussions among colleagues, observations by the Trainer of practices being implemented, and-on-the-job follow-up assistance.

Adults learn best when the information presented is immediately applicable to their daily lives. Teachers know about typical child development, and how to create environments that are attractive and nurturing to children. Training about inclusion, and how to care for children with disabilities needs to build on these strengths. When meeting with participants to discuss the Modules and review Skill-Building Journal activities, the Trainer encourages application of the knowledge they already have to caring for and teaching children with disabilities.

A requirement of the training program is for the Trainer to observe in teachers' classrooms, programs, or Family Child Care Homes, in addition to regularly meeting with participants throughout the training period. These meetings allow the Trainer to give feedback on Skill-Building Journal responses, to answer questions, and to correct misperceptions. Upon completion of each Module, the Trainer schedules and conducts a post-competency classroom, program, or home care observation.

Prior to conducting training it is important for the Trainer to review in depth the materials appropriate for the identified audience. This includes reading all of the pertinent age group Modules and accompanying Skill-Building Journals, watching pertinent age group DVDs, and completing the Skill-Building Journal exercises.

### MANAGING THE CHANGE PROCESS

Reading the Modules, completing the Skill-Building Journals, and watching the DVDs offer a good overview of the content the Trainer is expected to teach. However, supporting staff to include children with disabilities requires more than an understanding of content. It requires the Trainer to:

#### Challenge Staff Attitudes About Including Children with Disabilities

The prospect of including children with disabilities often frightens staff who have not had experience with these children. As a result they may resist efforts to learn about inclusion and the care of children with disabilities. Some of this resistance comes from attitudes that limit teachers' perceptions of their own skills. Some comes from stereotypic beliefs about children with disabilities. And some is just a symptom of change itself.

## Managing the change process (continued)



### Attitudes that Limit Staff's Perceptions of their Own Skills

When childcare staff are first introduced to the concept of inclusion they often question their ability to care for children with disabilities. They need help to appreciate that their knowledge of typical child development and their skill at working with individual children in a developmentally appropriate manner are critically important resources to children with disabilities and to their families.

It is helpful to stress the collaborative nature of inclusion. Completion of the Skill-Building Journal activities broadens teachers' understanding of Early Intervention and other special services, and their role in the partnering with these programs.

### Stereotypic Beliefs

Some teachers believe that children with disabilities are so different from other children that program activities and routines are of no benefit. Others fear that the pace of their program will overwhelm children with disabilities. Many worry that the demands of children with disabilities will exceed their own ability to cope.

Staff often need help in recognizing that children with disabilities are very much like their typical peers. Required accommodations to daily activities and routines are often similar to those that are already made for other children: giving more time to complete a task, providing quiet areas to rest, supporting efforts to complete homework, lending some physical support at circle or story time.

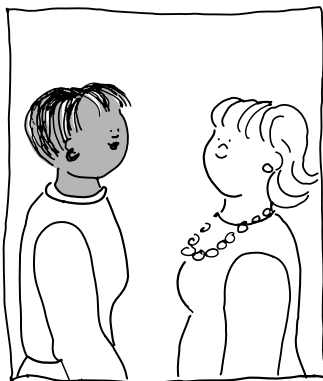
To reinforce this critical point, the *Including All Children* materials consistently emphasize similarities among children rather than drawing attention to how children with disabilities are different from their peers. They depict children with disabilities as children first. A child's disability is simply one of his attributes. Care should be taken in training sessions to underscore this basic similarity, and avoid prolonged discussions of how different these children are from their peers.

### A Symptom of Change Itself

A good synonym for change is loss. Even when change brings something good, it means letting go of the past with its familiar ways of doing things. Helping staff recognize symptoms of change can sometimes transform their attitude toward it. Skill-Building Journal activities and the provided DVD "It's Really No Different" address change and how others successfully managed the transition to including children with disabilities.

Confusion, anxiety, and frustration often accompany changes that are poorly understood or which occur before staff have an opportunity to acquire needed skills or resources. The Trainer must help teachers and Family Child Care Home providers obtain these skills and resources, starting with a clear idea of what inclusion really means.

## Managing the change process (continued)



### **Build Staff Confidence in their Ability to Care for Children with Disabilities by Enhancing the Skills they Already Possess**

When first introduced to the concept of inclusion staff often question their ability to care for children with disabilities. They need help understanding the important contributions they can make. Teachers know a lot about typical child development. Their experience working with individual children in developmentally appropriate classrooms, programs, or Family Child Care Homes makes them a vital resource for children with disabilities and their families.

The *Including All Children* training activities encourage teachers to voice their anxieties about keeping children with disabilities safe. Feedback sessions reassure them that they are doing enough by implementing what they do best: providing quality care. These sessions provide the Trainer with frequent opportunities to make the point that inclusive child care does not ask teachers to 'fix' children with disabilities, but simply to allow them to enter an environment commonly available to young children.

Some administrators find it helpful to videotape children when they enroll in an inclusive childcare program. The tape is used as a baseline for progress. If taping regularly occurs, staff can review it on days when they need a reminder of just how far a child has come.

Teachers need reassurance that administrators understand inclusion and that they will assist them in helping children with disabilities participate. This is particularly true if they are working with children who are noisy or who display disruptive behavior.

A good way to build staff confidence is for administrators to follow up on requests for materials or information about the child with disabilities. When follow-up occurs on small things, teachers trust that they will have administrative support if an emergency occurs.

### **Introduce Staff to the Concept of Team Collaboration and the Central Role it Plays in the Provision of Services to Children with Disabilities**

The *Including All Children* materials define inclusion as a process of team collaboration and sharing. Activities in several of the Skill-Building Journals help participants broaden their understanding of Early Intervention, public school special education programs, and other specialized services offered to children with disabilities and to their families. These activities clarify the role that child care plays in carrying out these services.

Although team collaboration is not new to early childhood programs, including children with disabilities extends this process to involve special educators, speech pathologists, physical therapists, occupational therapists and mental health workers. These professionals often have little experience in these settings. They frequently require team support to adjust their priorities for intervention to reflect the classroom's everyday activities and routines, rather than clinical treatment.

**Managing the  
change process  
(continued)**

Teachers and therapists working together for the first time may have concerns about how to collaborate, what questions to ask, and what they can and can't do to support one another in helping children succeed. The critical point is that families, teachers, and therapists communicate with one another so children are able to access chronologically age-appropriate environments and participate to the greatest extent possible.

Staff need to know that they can rely on program administrators to support their efforts at collaboration. This means a willingness to make necessary changes in staffing patterns and resource allocation so that team collaboration meetings occur on a consistent schedule, and collaborative relationships are created and sustained.

**Provide Staff Incentives to Change**

Everyone needs an incentive to change. Childcare teachers are no different. Trainers and program administrators need to create incentives for staff to buy in to the concept of inclusion. For most teachers, the recognition that they have something to offer children with disabilities and their families is the most meaningful incentive. Others appreciate the growth children make in their care. Some appreciate the additional training opportunities that including children with disabilities provides. Others come to realize that by solidifying best practices in their programs they help all children, not just those with disabilities.



## Resources

### **Americans with Disabilities Act (ADA)**

Disability Rights Education and Defense Fund  
 ADA Technical Assistance Information Line  
 PH: (800) 949-4232

### **Americans with Disabilities Act (ADA)**

Disability and Business Technical Assistance  
 Centers (DBTACs)  
 PH: (800) 949-4232  
 Web: [www.adata.org](http://www.adata.org)

### **Arc of the U.S.**

(information on retardation)  
 1010 Wayne Ave., Suite 650  
 Silver Spring, MD 20910  
 PH: (800) 433-5255, (301) 565-3842  
 Fax: (301) 565-5342  
 E-mail: [info@thearc.org](mailto:info@thearc.org)

### **Book Resource**

Greene, Ross (2001). *The explosive child: A new approach for understanding and parenting easily frustrated, chronically inflexible children*. New York: Harper Collins.

### **IDEA 2004**

U.S. Department of Education  
 400 Maryland Ave., SW  
 Washington, DC 20202  
 PH: (800) 872-5327  
 Web: <http://idea.ed.gov>

### **The National Early Childhood Technical Assistance Center (NEC\*TAC)**

Campus Box 8040  
 UNC-CH  
 Chapell Hill, NC 27599-8040  
 PH: (919) 962-2001  
 Fax: (919) 966-7463  
 E-mail: [nectac@unc.edu](mailto:nectac@unc.edu)  
 Web: [www.nectac.org](http://www.nectac.org)

### **National IDEA Dissemination Center for Children with Disabilities (NICHCY)**

P.O. Box 1492  
 Washington, DC 2003  
 PH: (800) 695-0285  
 Fax: (202) 884-8441  
 E-mail: [nichcy@aed.org](mailto:nichcy@aed.org)  
 Web: [www.nichcy.org/](http://www.nichcy.org/)

### **National Institute on Disability and Rehabilitation Research (NIDRR)**

Department of Education  
 400 Maryland Ave., SW, Mailstop PCP-6038  
 Washington, DC 20202-2572  
 PH: (202) 245-7640  
 Fax: (202) 245-7323  
 Web: [www.ed.gov/about/offices/list/osers/nidrr/index.html?src=mr](http://www.ed.gov/about/offices/list/osers/nidrr/index.html?src=mr)

