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Ernest E. Singletary

Gary D. Collings

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Central to integration is the idea of moving the student as soon as possible to a less restrictive setting as far along the continuum as appropriate.

Beyond mainstreaming to least restrictive environment

by Ernest E. Singletery and Gary D. Collings



Dr. Gary D. Collings is currently director of special education in Indiana. He has extensive background in Special Education. Dr. Collings completed his Ed.D. in 1973 from the University of Florida in the Special Education Administration Department.

Ernest E. Singletery has a public school background in special education of the mentally retarded. His professional papers and publications include the areas of financial and legal ramifications of special education. He co-authored **Law Briefs on Litigation and the Rights of Exceptional Children, Youth and Adults**. Dr. Singletery received his doctorate from the University of Florida. He is presently an associate professor in the Department of Exceptional Children and Youth at the University of Alabama-Birmingham.

The purpose of this article is to briefly review the current practice of mainstreaming and to consider the more futuristic and workable alternative of least restrictive environment. A model of least restrictive environment will be proposed.

Past and Current Approaches

Special education has served handicapped youngsters through the alternatives depicted in the hierarchy of services model by Reynolds (1962) and reported in Kirk (1972). The services include: hospitals and treatment centers, hospital school, residential school, special day school, full-time special class, part-time class, regular classroom plus resource room service, regular classroom with supplemental teaching or treatment, regular classroom with consultation and most problems handled in regular classrooms. The self-contained class setting has been used and abused the most of all these alternatives.

Mainstreaming

The topic of mainstreaming is one of the most frequently reported subjects in the literature since 1970. Jordan (1974) describes mainstreaming as a "program of enrolling and teaching exceptional children in regular classes for the majority of the school day." Martin (1974) raised the issue of "attitudes, fears, anxieties and possibly over rejection, which may face handicapped children, not just from their schoolmates, but from the adults in the schools." Zemanek (1977) related that "if educators are to attain the goals of individualization and normalization, they cannot ignore the potential that mainstreaming offers."

Casper (1975) broached the question of "What is Mainstreaming?" According to his work, mainstreaming is:

- providing the most appropriate education for each child in the least restrictive setting.
- looking at the educational needs of children instead of clinical or diagnostic labels such as mentally handicapped, learning disabled, physically handicapped, hearing impaired or gifted.

- looking for and creating alternatives that will help general educators serve children with learning or adjustment problems in the regular setting.
- some approaches being used to help achieve this are consulting teachers, methods and materials specialist, itinerant teachers and resource room teachers.
- uniting the skills of general education and special education so that all children may have equal educational opportunity.

Mainstreaming is not:

- wholesale return of all exceptional children in special classes to regular classes.
- permitting children with special needs to remain in regular classrooms without the support services that they need.
- ignoring the need of some children for a more specialized program than can be provided in the general education program
- ignoring the need of some children for a more specialized program than can be provided in the general education program.
- less costly than serving children in special self-contained classrooms. (p. 174)

Meisgeier (1976) indicates that

a common thread running through operational mainstreaming programs is the emphasis on what might be called (a) systems approaches to service delivery, (b) application of the principles of applied behavior analysis (which is viewed as compatible with humanistic goals), and (c) program accountability. (p. 249)

Essential ingredients for quality transition. With the popularization of mainstreaming, many programs attempted to convert from basically a self-contained classroom approach to mainstreaming children into regular classes. Three essential ingredients for quality transition now seem apparent: (a) resource rooms, (b) diagnostic-prescriptive teaching (DPT), and (c) training of regular teachers on the topic of exceptional learners.

The efficacy of the resource room for retarded children was reported by Walker (1974). Based on a program implemented by the Philadelphia School System, "the academic and social-emotional needs of the mentally retarded child can be met as well, if not better, in the resource room program as in the special class."

Ysseldyke and Salvia (1974) present a concise discussion of the DPT process as

the steps in diagnostic-prescriptive teaching include identification of children who are experiencing learning difficulties, diagnostic delineation of learner strengths and weaknesses and prescriptive intervention (specification of goals, methods, strategies, material, etc.) in light of these strengths and weaknesses. Effective diagnostic-prescriptive teaching rests on four critical assumptions:

1. Children enter a teaching situation with strengths and weaknesses.
2. These strengths and weaknesses are casually related to the acquisition of academic skills.
3. These strengths and weaknesses can be reliably and validly assessed.
4. There are well identified links between children's

strengths and weaknesses and relative effectiveness of instruction. (p. 181)

The appropriate training of regular teachers has caused serious concern among educators dealing with mainstreaming attempts. Effort is being expended in pre-service and in-service training to remedy this deficit. Ensher et. al. (1977) revealed that "Headstart staffs have sometimes grown openly resentful or highly anxious about the assumption of new responsibilities for which they feel ill equipped in terms of time, energy, and training." Although Ensher's remarks focused on Headstart personnel, the same is true for most educators.

Cantrell and Cantrell (1976) conducted research on preventive mainstreaming through providing supportive services for students. Results of their study "support the hypothesis that regular classroom teachers who have access to resource personnel trained in ecological analysis and intervention strategies can effect significant achievement gains for students at all levels of IQ functioning."

Future Approach

Least restrictive environment mandate: Future approaches to designing delivery systems for exceptional children must be consistent with the least restrictive environment (LRE) mandate of P.L. 94-142 which stipulates

- 1) That to the maximum extent appropriate, handicapped children, including children in public or private institutions or other facilities, are educated with children who are not handicapped, and
- 2) That special classes, separate schooling or other removal of handicapped children from the regular educational environment occurs only when the nature or severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. (**Federal Register**, Aug. 23, 1977, p. 42497).

The continuum of alternative placements must include:

- 1)... instruction in regular classes, special classes, special schools, home instruction and instruction in hospitals and institutions, and
- 2) Make provisions for supplementary services (such as resource room or itinerant instruction) to be provided in conjunction with regular class placement. (**Federal Register**, Aug. 23, 1977, p. 42497).

The least restrictive environment cannot be conceived of as placing all handicapped children in regular grades. The LRE for a severe and profound youngster will be the self contained classroom instead of remaining at home with no service or in an institution. The LRE for moderately involved children may be a part-time resource room. Fortunately, the LRE concept does not lead us to believe that every handicapped child will be in regular classes full time, but only to the extent which it is adjudged optimally beneficial for that child.

Mainstreaming has typically been thought of in terms of phasing handicapped children into regular classes. The LRE concept expands the placement alternatives usually identified with mainstreaming and makes it possible for public schools, private schools, and public institutions to serve as plausible alternatives for a given youngster.

Categories of children to be served: Irrespective of past practices, P.L. 94-142 mandates that all categories of handicapped children will be served by 1978. Handicapped children means:

those children evaluated in accordance with 121a.530-121a.534 as being mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, other health impaired, deaf-blind, multi-handicapped or as having specific learning disabilities, who because of those impairments need special education and related services.

(**Federal Register**, Aug. 23, 1977, p. 42478).

A detailed list of definitions for each of these exceptional child categories may be found in P.L. 94-142 Rules and Regulations 121a.5 published in the **Federal Register** (1977).

A Proposed Model For Least Restrictive Environment

Although the concept of least restrictive alternative has been discussed for some time in the so-called right to treatment litigation (**Amicus**, 1977, Singletary, Collings and Dennis, 1977), the parallel impact in the field of education is just unfolding. The impetus of the least restrictive environment for public school handicapped students has only recently been set in motion with the Education for All Handicapped Children Act (**Federal Register**, 1977) serving as the catalyst.

For purposes of this article the least restrictive environment will be proposed as a paradigm with four main components: 1) a continuum of alternative instructional placements, 2) individualized educational plans, 3) the philosophy of integration, and 4) related services. The implication of the least restrictive concept is for special education programs and related services to be provided to handicapped students to the maximum extent possible with children who are not handicapped. These are to be provided in the most appropriate normalized setting in a school which he would attend if not handicapped, unless other arrangements are documented as more appropriate.

The concept of least restrictive environment is too often narrowly viewed as synonymous with mainstreaming. The focus of mainstreaming in the past was on regular class placement which in some cases was inappropriately viewed as an end in and of itself for all school-age handicapped children and youth. Mainstreaming has typically been implemented through some variation of the special class, e.g., part-time or resource. These options are too limited in sequence and narrow in scope to serve the broader concept of least restrictive environment.

Continuum of Alternative Instructional Placements

Although mainstreaming provisions are an integral element, the paradigm of a continuum of instructional placements is more descriptive of one component of the least restrictive environment. A concern, however, in emphasizing such a continuum is that it too is general in nature and often limited in its implementation.

The continuum of alternative instructional placements is presented in Figure 1. as a focus for discussion. A description of these traditional provisions is presented. The LRE model depicted in Figure 1. further illustrates the probable alignment of the mild, moderate, and severely handicapped students to the appropriate selection in the continuum of alternative instructional placements. Overlap is possible across the degree of severity in

relation to placement. Two overriding concerns irrespective of the placement alternative include individualized educational programs and specified related services.

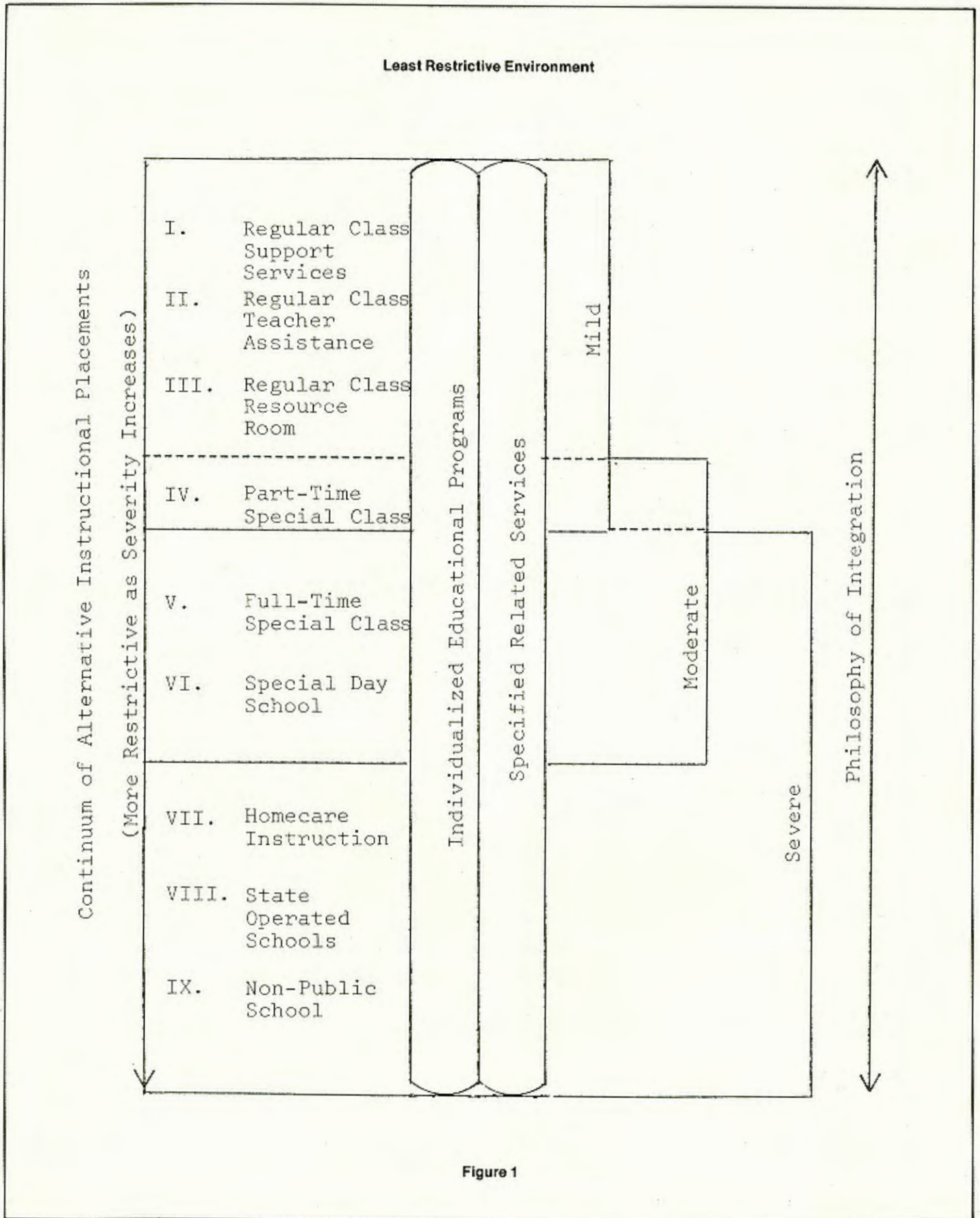
Regular class. Regular class with indirect supportive services as the base element in the continuum represents minimal intervention often including special instructional materials or adaptive equipment for minimally handicapped students who otherwise can get along quite well in the regular class setting. The second element is the regular class with direct and/or consulting teacher assistance which may include direct instruction for mildly handicapped students and/or consultative support to regular class teachers. As a third element the regular class with resource room assistance allows the mildly handicapped student to receive specialized instruction outside the regular class where he still spends the major portion of the school day.

Special class. Continuing up the hierarchy the special class placement changes focus from the regular class to the special class. In the part-time special class arrangement for the mildly to moderately handicapped some of the school day is spent in regular classes but the large portion of instructional time is spent in the special class. The full-time special class option has often been described as a self-contained class. Moderately handicapped students typically receive all academic instruction within the special class apart from regular education students. Integration into non-academic areas often occurs appropriate to the individual student's needs.

Separate provisions. A special day school is a separate public school for the moderately to severely handicapped students within which comprehensive programs and related services are to be provided. Homecare instruction, in contrast to homebound instruction, which should be available to all students, may be offered to severely handicapped, non-ambulatory students who may be confined to their residence. If some homecare instruction is offered in a community based center such as a children's nursing home, it may be considered less restrictive than residential placement. Although state hospitals or residential schools provide 24-hour supervision, such settings are more restrictive and one of the most difficult alternatives in which to effectuate the principle of normalization. The final element in the series of programs is non-public school provisions. Based on a study by Collings (1973), they are typically segregated and represent a rather dramatic move of handicapped students and a corresponding flow of money from the public sector to the private arena.

Individualized Educational Programs

The second proposed component integral to the least restrictive environment to be considered in conjunction with the continuum of instructional programs is individualized educational programs. Since the appropriate program for each handicapped student is to be based on what is required or necessary in behalf of that student, not what presently exists or can be made minimally adequate, a program plan for each student must be implemented. Although, in general, the more severe the handicapping condition, the more restrictive the educational placement may be, such determination of appropriateness must be documented in an individualized educational plan (**Federal Register**, 1977) for each handicapped student. A student



plan must include: 1) a statement of the present levels of educational performance of such child, 2) a statement of annual goals, including short-term instructional objectives, 3) a statement of the specific educational services to be provided to such child, and the extent to which such child will be able to participate in regular educational programs, 4) the projected date for initiation and anticipated duration of such services, and 5) appropriate objective criteria and evaluation procedures and schedules for determining, on at least an annual basis, whether instructional objectives are being achieved.

Related Services

Related services (**Federal Register**, 1977) is inherent and can provide a summarizing progression: a student is handicapped because he or she requires special education and related services; special education is the specially designed instruction to meet the student's unique needs; and related services are those additional services necessary in order for the student to benefit from special educational instruction. Consideration of the four components in the least restrictive environment paradigm is one way to approach the process of insuring a free appropriate public education for all handicapped children and youth.

Philosophy of Integration

The final proposed component of the least restrictive concept is the philosophy of integration. Central to integration is the idea of moving the student as soon as possible to a less restrictive setting but only as far along the continuum as appropriate. One consideration is what Kolstoe (1975) referred to as the domain of performance. If, for example, at the elementary school level the individual student plan for a mildly handicapped student included an emphasis on academics as the domain of performance, then a program in the continuum which allowed integration in regular classes to the fullest extent may be the most appropriate approach. In contrast, however, at the secondary level, if the necessary emphasis for a moderately handicapped student is on pre-vocational or vocational skills, increasing segregation in a work-study program or sheltered workshop setting may be appropriate.

Integration is a matter of degree relative to the abilities and needs of a particular student. For a severely handicapped student who was formerly in a residential setting to be educated via a special school in the community seems as appropriate a level of integration as is the mainstreaming of a mildly handicapped student into regular classes.

The net effect of integration must be demonstration of a compelling interest in behalf of the handicapped student to justify a particular educational placement. Educational change of status requires procedural safeguards from initial evaluation to placement recommendations as well as full disclosure of student information, and positive informed consent by the student's

parent or guardian for any proposed educational interventions.

Summary

In summary, mainstreaming was viewed from the perspective of where the concept fits into the Reynolds model and how many individuals perceive it as placing exceptional children into regular classrooms. The steps necessary to make a successful transition were presented. A futuristic approach was presented through a least restrictive environment model consistent with P.L. 94-142. In order to be characterized as the least restrictive environment, the continuum of instructional programs must be viewed from a philosophy of integration. Essential components of the LRE include the individualized student plan and related services.

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