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PREPARING EARLY CHILDHOOD SPECIAL EDUCATORS FOR INCLUSIVE PRACTICE

A Dissertation submitted in partial fulfillment of the requirements for the degree of

Doctor of Philosophy

by

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Dedication

This work is dedicated to my parents, Roland and Christine Bourne. According to Urie Bronfenbrenner (1986), every child needs at least one person who is crazy about him/her. I was fortunate to have that in my parents. My dad believed in me long before I believed in myself and encouraged me years ago to take this step. Throughout his life he has taught me that anything is possible if you work hard and he has been my constant source of encouragement, support, and strength. My mom is the one who set me on the path to this dissertation on my very first day of school. After receiving a note from the teacher stating that I could only write my numbers to five, mom made me sit on our front porch every day after school until I could successfully write them to 100! It was my parents' perseverance and insistence on my best work, at all times, that enabled me to reach my full potential. Thank you both for your love and support!

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Abstract

PREPARING EARLY CHILDHOOD SPECIAL EDUCATORS FOR INCLUSIVE PRACTICE

By Belinda Bourne Hooper

A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy at Virginia Commonwealth University, Richmond, Virginia.

Virginia Commonwealth University, 2011

Dissertation Chair: Evelyn Reed, Ph.D., Department Chair, Special Education and Disability

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The purpose of this study was to describe experienced practitioners' beliefs about inclusion and their perceptions of what early childhood special education (ECSE) preservice teachers need to know and be able to do to effectively support early childhood inclusion. This study used a sequential explanatory mixed methods approach to describe the perceptions of ECSE practitioners currently participating in the Virginia Department of Education (VDOE) statewide initiative, Inclusive Placement Options for Preschoolers (IPOP). The study occurred in two stages: 1) a survey of ECSE IPOP planning team members, and 2) focus group interviews with ECSE IPOP planning team members. Data were analyzed using statistical and qualitative methods and interpreted through the *Learning to Teach in Community* framework. This study provides an understanding of how early childhood inclusion is actualized in practice in one state seeking to systematically increase the inclusive placement options available for preschool age children with disabilities.

Chapter 1

Introduction

Increasing numbers of young children with disabilities are now being included with their typically developing peers in natural learning environments and early childhood programs, such as Head Start, public school prekindergarten, and community-based child care (Odom et al., 1999; Wolery et al., 1993). This movement from the traditional segregated service delivery model to an inclusive one is driven by the least restrictive environment (LRE) principle in the Individuals with Disabilities Education Improvement Act (IDEIA, 2004).

Eleven years after the 1975 landmark legislation (P.L. 94-142) allowing school-age children with disabilities to be educated in public schools, the passage of the Education of the Handicapped Act Amendments (P.L. 99-457) extended a free and appropriate education to all children ages 3 to 5. IDEIA (2004) requires states and local school districts to educate children in the least restrictive environment possible. This means that young children with disabilities must have the opportunity to be educated and interact with their typically developing peers. While a continuum of placement options is necessary, the intent of the law is clear in that young children with disabilities are not to be removed from general early childhood settings unless they cannot achieve satisfactorily in the general setting with supports and services (34 CFR §300.114[a][2]).

While federal law mandates services in the least restrictive environment, implementation occurs at the state and local level. The U.S. Department of Education is required to submit an annual performance report to Congress on the implementation of IDEIA. This report is focused on three monitoring priorities, one of which is the provision of a free appropriate public education (FAPE) in the least restrictive environment. For preschool programs, states are

required to report the percentage of children with Individualized Education Programs (IEPs), ages 3 to 5, who receive special education and related services in settings with their typically developing peers.

Statement of the Problem

"One of the challenges facing states as they work to increase the availability and accessibility of high-quality inclusive early care and education services is a lack of a sufficient number of high quality personnel" (Winton & Catlett, 2009, p. 63). Several studies report that early childhood educator (ECE) preparation programs are inadequately preparing personnel to teach and care for young children with disabilities (Bruder & Dunst, 2005; Chang, Early, & Winton, 2005; Maxwell, Lim, & Early, 2006). At the same time, teacher preparation programs are not preparing early childhood special educators (ECSE) to effectively support the learning needs of young children with disabilities included in early childhood programs (Dinnebeil, Pretti-Frontczak, & McInerney, 2009). In fact, there is growing concern that ECSE preparation programs are preparing teachers "to do a job that may be disappearing: teaching a small group of children with disabilities in a self-contained classroom" (Klein & Harris, 2004, p. 152).

As the shift in service delivery moves from segregated to more inclusive and supportive models in the least restrictive environment, ECSE teachers are expected to assume expanded roles that include indirect service delivery. This means that teachers, who once worked exclusively with children, must also be prepared to work collaboratively with other adults. This requires not only a change in beliefs and attitudes, but a dramatic change in the roles and responsibilities of ECSE teachers. However, several studies report that because ECSE teachers lack formal training in indirect service delivery approaches, such as consultation or

collaboration, most continue to rely on a traditional teaching role of working directly with children, with little or no interaction with adults in the inclusive setting (Dinnebeil, McInerney, Roth, & Ramaswamy, 2001; Gallagher, 1997).

Well trained personnel are essential to the successful inclusion of young children with disabilities, yet few preservice preparation programs are adequately preparing early childhood special educators to work in integrated settings. To address the changing service delivery paradigm in early childhood, the knowledge, skills, and dispositions necessary to adequately support young children in inclusive settings need to be identified and added to the existing ECSE personnel preparation curriculum.

Rationale for Study of Problem

Although a number of factors influence the quality of a child's early care and education, the quality of the personnel is the most consistent predictor of a child's achievement (Buysee, Wesley, & Able-Boone, 2001; Cost, Quality, and Child Outcomes Study Team, 1995). Studies across various states have shown the importance of qualified teachers on school achievement (Darling-Hammond & Sykes, 2003) and the National Research Panel on Preschool Education found comparable results in terms of teacher education effects on young children's development and learning (Bowman, Donovan, & Burns, 2001).

Specialized instruction in the early childhood classroom is an important component of inclusion and a factor affecting child outcomes (Cross, Traub, Hutter-Pishgahi, & Shelton, 2004; D'Allura, 2002; Schwartz, Carta, & Grant, 1996; Stahmer, & Ingersoll, 2004). However, data from the Pre-Elementary Longitudinal Study (PEELS; Markowitz et al., 2006) suggest that young children with disabilities rarely receive specialized instruction in the early childhood

classroom and almost never in the absence of the ECSE teacher or related service provider. Clearly, early childhood teachers need the consultation and support of ECSE teachers to adequately implement and embed specialized instruction into the daily activities and routines of the early childhood classroom.

The restructuring of teacher preparation programs has been recommended as a strategy to better prepare preservice special educators for inclusive practice (Gruenberg & Miller, 2011; Van Laarhoven, Munk, Lynch, Bosma, & Rouse, 2007). Unfortunately, research on the preparation of ECSE teachers for inclusive practice has been limited and focused primarily on general early childhood educators and primary caregivers. While a few studies identify ECSE teachers' negative attitudes and resistance toward inclusion (Gallagher, 1997; McDonnell, Brownell, & Wolery, 2001), no significant studies have fully explored the attitudes and dispositions of ECSE teachers. And although a consultative model of itinerant services has been recommended (Dinnebeil, McInerney, & Hale, 2006; McWilliam, Wolery, & Odom 2001; Odom et al., 1999), professionals in the field lack a clear understanding of the roles of itinerant ECSE teachers (Dinnebeil et al.; Lieber et al., 1997).

Further, although recommended practices (Sandall, Hemmeter, Smith, & McLean, 2005) and professional standards address the role of consultation and collaboration broadly, "a common understanding of how this role is actualized in practice has not occurred" (Dinnebeil et al., 2006, p. 165). To begin to build this knowledge base, this study will look to the field, specifically to ECSE practitioners who are providing inclusive services, for guidance and direction.

Statement of Purpose

Knowledgeable and effective ECSE teachers who effectively collaborate with early childhood educators are critical to the success of young children with disabilities in inclusive programs. The purpose of this study was to describe experienced practitioners' perceptions of what ECSE preservice teachers need to know and be able to do to effectively support early inclusion. This study accomplished this by analyzing existing survey data that were collected by the Preparing for Change project (an Office of Special Education Programs funded ECSE personnel preparation program) as well as conducting follow up focus groups with ECSE inclusion practitioners who participated in the survey. The protocol for the follow up focus group interviews was developed based on survey results and a review of the literature.

More specifically, this study examined the beliefs and attitudes of experienced ECSE inclusion practitioners about inclusion, their perceptions of the critical knowledge, skills, and dispositions for provision of early inclusive services, and their recommendations for preparation of preservice ECSE teachers for professional roles that support early childhood inclusion. The results from this study contribute to the knowledge base on early childhood indirect service delivery and the design of ECSE preservice preparation.

Literature/Research Background

The review of literature begins with an examination of the rationale for inclusion that forms the foundation of this study. Bailey, McWilliam, Buysse, & Wesley (1998) present four arguments as a basis for including young children with disabilities in early childhood programs with their typically developing peers: legal, moral, rational, and empirical. Literature supporting each argument will be discussed in the first section of the review of the literature.

Despite strong legal, moral, rational, and empirical support (Bailey et al., 1998), inclusion in community-based programs presents a challenge to the early childhood field. Early childhood inclusion is unique in that, unlike K-12 grades that offer a natural setting for inclusion, programs for typically developing preschool age children are not often found in public schools. Odom et al. (1999) determined that early childhood inclusion varies along two dimensions, organizational context and individualized service delivery. Early childhood inclusion occurs most often in community-based programs such as private preschool programs, child care centers, Head Start, or mother's day out programs. In these community settings, two major types of service delivery typically occur, itinerant-direct and itinerant-consultation. In the itinerant-direct model the ECSE teacher works directly with the child in the community-based setting. In the itinerant-consultation model the ECSE teacher supports the primary caregiver as the direct and ongoing educator of the child with disabilities through consultation (Buysse, Schulte, Pierce, & Terry, 1994; McWilliam et al., 2001; Odom et al., 1999). Where early childhood inclusive programs are located significantly influences how services are delivered and this in turn affects the roles and responsibilities of ECSE teachers.

As early as the 1990s, ECSE leaders in the field predicted the approaching shift from direct to indirect service delivery models in early childhood special education and the changing role of the ECSE teacher (Bruder, 1993; Buysse & Wesley, 1993; File & Kontos, 1992; Hanson & Wilderstrom, 1993). Despite these predictions, the roles and responsibilities of ECSE teachers in inclusive settings continue to be poorly understood (Dinnebeil et al., 2006; Lieber et al., 1997). In fact, there is concern in the field that ECSE itinerant teachers tend to provide more direct services because they are graduating from universities that are not preparing them for an

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indirect, or itinerant-consultation, service delivery role (Dinnebeil & McInerney, 2000; Dinnebeil et al., 2006). It is suggested that this is because the existing personnel standards for the initial preparation of early intervention (EI) and ECSE professionals (CEC/DEC, 2008) and the DEC Recommended Practices (Sandall et al., 2005) are focused almost exclusively on preparation for direct service delivery.

Professional organizations articulate the core principles, knowledge, and skills guiding the work of early childhood and early childhood special educators (Hyson, 2003; CEC, 2009), focusing primarily on general collaboration with colleagues in a direct service delivery model and not for the purposes of supporting inclusion (Klein & Harris, 2004; Wesley & Buysse, 2006). As a basis for understanding the critical knowledge and skills that need to be included in ECSE preservice personnel preparation programs, the final section of this review will look at the importance of consultation in early childhood and its impact on the changing roles and responsibilities of ECSE teachers.

It is widely recognized that the quality of early childhood personnel is critical to the success of early care and education, particularly in programs that include young children with disabilities. Yet, research reports that less than half of the statewide EI/ECSE systems in the U.S. have a workforce that is adequately prepared to serve infants or young children with disabilities (Bruder, Mogro-Wilson, Stayton, & Dietrich, 2009). Personnel preparation programs must find new and effective ways to prepare the early childhood special education workforce with the essential knowledge, skills, and dispositions needed for inclusive practice (Gettinger, Stoiber, Goetz, & Caspe, 1999).

Conceptual Framework for Teacher Preparation

Across professional standards, recommended practices, and literature there is a need for clarity about the knowledge, skills, and dispositions needed for inclusive practice as well as how people acquire those abilities and attitudes. This study addressed this gap by investigating what knowledgeable early childhood special educators believe about inclusion, how they implement inclusive practices, and what they recommend for preparing preservice teachers for inclusive practice. The conceptual framework used in this study on teacher preparation was based on the concept of adaptive expertise (Hatano & Inagaki, 1986) or lifelong learning. Given the increasing and changing demands on teachers and our rapidly growing knowledge base, it is impossible for preparation programs to teach preservice teachers all they need to know. For this reason, the focus of preservice preparation should be to help teachers develop the skills to learn and improve their practice throughout their professional careers.

To help teachers become adaptive experts, three challenges in learning to teach must be addressed during preservice preparation (Hammerness et al., 2005). First, preservice teachers must identify and examine their preconceptions about teaching and learning. Second, preservice teachers must have the opportunity to practice, or enact, what they have learned and receive constructive feedback. Third, preservice teachers need to develop metacognitive skills regarding their professional development or the capacity to take control of their own learning.

Hammerness et al., (2005) present the Learning to Teach in Community framework for teacher learning that addresses the three identified problems in learning to teach. The Learning to Teach in Community framework proposes that "new teachers learn to teach in a *community* that enables them to develop a *vision* for their practice; a set of *understandings* about teaching,

learning, and children; *dispositions* about how to use this knowledge; *practices* that allow them to act on their intentions and beliefs; and *tools* that support their efforts" (p. 385). In the proposed study, this framework will provide the organizational structure for investigating the knowledge, skills, and dispositions that must be addressed in teacher preparation so that ECSE teachers are effectively prepared to teach in inclusive settings.

Research Questions

The overall purpose of this study was to describe experienced practitioners' perceptions of what ECSE preservice teachers need to know and be able to do to effectively support early childhood inclusion. Specific research questions included:

1. What are the beliefs and attitudes of experienced ECSE practitioners about early childhood inclusion?

    a. Is there a difference in the inclusion beliefs and attitudes of ECSE IPOP practitioners in terms of formal training?

    b. Is there a difference in the inclusion beliefs and attitudes of ECSE IPOP practitioners in terms of prior inclusive teaching experiences?

    c. Is there a difference in the inclusion beliefs and attitudes of ECSE IPOP practitioners in terms of years of ECSE teaching experience?

    d. Is there a difference in the inclusion beliefs and attitudes of ECSE IPOP practitioners in terms of years of ECSE inclusive teaching experience?

2. What do experienced practitioners identify as the essential knowledge, skills, and dispositions itinerant ECSE teachers need to provide effective inclusive services?

3. What do experienced practitioners recommend for preparation of preservice ECSE

teachers for professional itinerant roles that support early childhood inclusion?

Methodology

In order to examine the perceptions of experienced practitioners, this study used a

sequential mixed method design (Creswell, 2009). A survey followed with focus group

interviews was used to describe experienced ECSE practitioners' perceptions of what ECSE

preservice teachers need to know and be able to do to effectively support early childhood

inclusion. Study participants were drawn from ECSE practitioners involved in a statewide

initiative promoting increased inclusion opportunities for young children with disabilities. The

Inclusive Placement Opportunities for Preschoolers (IPOP) initiative was developed to assist

Virginia in changing its segregated service delivery system for preschoolers to a more inclusive

model. Twenty-six school divisions in Virginia are currently receiving long-term technical

assistance from the Virginia Department of Education.

Data collection occurred in two phases. First, to assess ECSE practitioners' beliefs about

inclusion, existing data from the My Thinking about Inclusion survey (MTAI; Stoiber &

Gettinger, 1998) were examined. This web-based survey consists of three sections: beliefs,

pragmatics, and demographics. The beliefs section evaluates participants' core perspectives,

expected outcomes, and classroom practices related to inclusion. The pragmatics section assesses

practitioners' perceptions of preparedness, barriers to inclusion, and preferred methods for

improving inclusive practices. The demographics section provides information regarding prior

training and career experiences in order to develop a rich description of the study participants. At

the end of the MTAI survey respondents were invited to participate in a follow up focus group interview.

The second phase of the study consisted of focus group interviews to further describe and understand practitioners' perceptions of inclusive practice. Results from the MTAI survey were used to develop a focus group interview protocol that included open-ended questions and prompts to guide the discussion. The purpose of focus group interviews was to gather experienced ECSE practitioners' perceptions of the essential knowledge, skills, and dispositions needed to provide quality early childhood inclusive services. Practitioners were also asked to share their recommendations for preparing preservice ECSE teachers for inclusive practice, with prompts based on the three learning to teach problems identified in the adaptive expertise conceptual framework. The focus group interviews were digitally recorded (with participant permission) and transcribed. Member checking occurred on-site, prior to the closing statement, to quickly verify the extent to which participants agreed or disagreed with the key discussion topics (Vaughn, Schumm, & Sinagub, 1996).

The survey and focus group data were analyzed within the Learning to Teach in Community framework. First, survey data were analyzed to provide a general understanding of early childhood inclusion, including the beliefs and attitudes of practitioners and their recommendations for preparation. Results of the survey were also used to develop the focus group interview questions and prompts. Second, focus group interviews were utilized to explore practitioners' views in greater depth. Data were coded for themes, according to categories in the Learning to Teach in Community model (vision, understandings, tools, practices, dispositions, and community) to identify the knowledge, skills, and dispositions itinerant ECSE teachers need

to provide effective inclusive services. Finally, the results of both the survey and focus group data were integrated and compared to identify ECSE practitioners' recommendations for the preparation of preservice ECSE teachers for inclusive practice.

Definition of Terms

Preservice education. Two categories of professional development, preservice and inservice, reflect the ways in which practitioners traditionally have been prepared and supported. Preservice education occurs prior to the licensure or certification of a person to perform in a job category (Bruder, Mongro-Wilson, Stayton, & Dietrich, 2009). In the education field, emphasis during preservice education is "placed on imparting a body of knowledge to individuals preparing to enter the field or obtain a degree or professional credential from an institute of higher education" (Winton & McCollum, 2008, p. 5).

Itinerant service delivery. Itinerant means traveling from place to place to perform work. In the ECSE field, itinerant service delivery means specialized professionals (special education teachers and related service providers) visiting children on their case load in inclusive settings.

Itinerant-Direct Service Model. "Services are provided on a regular basis in early childhood settings by special education teachers and related service personnel. Itinerant teachers or other related service personnel visit the settings rather than being housed there permanently. Educational or therapy goals for individual children are not systematically embedded in the curriculum activities or classroom routines by these specialists" (Odom et al., 1999; p. 192).

Itinerant-Consultative Service Model. Also referred to as an indirect service delivery model, in the itinerant-consultative model "special education teachers and related services

personnel work with the early childhood teacher to systematically embed individualized educational goals for children in curriculum activities and classroom routines" (Odom et al., 1999; p. 192).

Consultation. While consensus on the definition of consultation is nonexistent in the literature, Buysse and Wesley (2005) have proposed the following definition for the early childhood field. Consultation is "an indirect, triadic service delivery model in which a consultant (e.g., early childhood special educator, therapist) and a consultee (e.g., early childhood professional, parent) work together to address an area of concern or a common goal for change" (p. 10). In this model consultation addresses an immediate concern or goal through systematic problem solving, social influence, and professional support, in order to prevent similar problems from occurring in the future (Buysse & Wesley).

Chapter 2

Review of Literature

Early childhood inclusion is a complex phenomenon that has evolved over time. Prior to 1990, programs serving young children with and without disabilities in the same classes were first identified as integrated (Bricker & Bricker, 1971; Guralnick, 1976) and later as mainstreaming (Bricker & Sandall, 1979; Karnes & Lee, 1979). For the past 20 years, inclusion (Stainback & Stainback, 1990) has been used to describe combined programs serving all children, but only recently has the ECSE field actually defined the term (DEC/NAEYC, 2009). A joint position statement of the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC) defines early childhood inclusion in this way.

> 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 societies. 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).

This definition reflects the strong moral, empirical, rational, and legal perspectives that provide the rationale for early childhood inclusion (Bailey, McWilliam, Buysse, & Wesley, 1998). This chapter will begin with an overview of the rationale for inclusion which serves as the

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foundation for this study. Next, the organizational and community contexts of early childhood inclusion will be reviewed, and service delivery models will be examined, with an emphasis on the changing roles of early childhood special educators. Finally, the concept of adaptive expertise, as it relates to teacher preparation, will be presented.

Rationale for Inclusion

There are a number of reasons for including young children with disabilities with their typically developing peers based on personal experience, research results, and legal mandates. To effectively initiate and advocate for inclusive placement options, it is important to have a strong understanding of the rationale for and benefits of inclusion. Bailey et al. (1998) address the rationale for inclusive early childhood programs based on moral, empirical, rational, and legal foundations.

Moral Perspective. Early childhood inclusion is supported by a strong moral and philosophical belief that inclusion is simply, the right thing to do. During the 1950s and 60s, children with disabilities continued to be excluded from public schools. Parents, realizing the benefits of education, assumed the responsibility for educating their children by organizing classrooms in community buildings and churches. Later, strong parent advocates in pursuit of equal rights sought federal support and funding to provide a public education for children with disabilities. Congress responded by establishing the Bureau of Education of the Handicapped (BEH) and the National Advisory Council (now called the National Council on Disability) and by earmarking small amounts of federal funds for serving children with disabilities in the Elementary and Secondary Act Amendments of 1966 (P.L. 89-750). Despite this effort, many children with disabilities continued to be excluded from public schools prompting Congress to

mandate a free and appropriate public education (FAPE) for all school age children with disabilities in 1975. In 1986 the passage of Public Law 99-457, the Education of the Handicapped Act Amendments, extended FAPE to all children ages 3 to 5. Like the civil rights movement of the 1960's, the disability rights movement has grown stronger and continues to argue that the segregation of young children based on disability, violates basic human rights (Bailey et al., 1998).

Empirical Perspective. More than 20 years of research has demonstrated that young children with disabilities benefit from participation in programs with their typically developing peers (Buysse & Bailey, 1993; Diamond & Carpenter, 2000; Holahan & Costenbader, 2000; Odom & Diamond, 1998; Rafferty, Piscitelli, & Boettcher, 2003). The National Professional Development Center on Inclusion (NPDCI, 2009), funded by OSEP to work with states to ensure that early childhood teachers are prepared to educate and care for young children with disabilities in settings with their typically developing peers, recently synthesized key findings about early childhood inclusion based on three reviews of the literature: Guralnick (2001), Odom (2002), and Odom and colleagues (2004). These findings are:

- Inclusion takes many forms (Odom et al., 1999; Lieber et al., 2000),
- Efforts to ensure access to inclusive programs is increasing; however, U.S. universal access to inclusive programs for all children with disabilities is far from a reality (McDonnell, Brownell, & Wolery, 1997; U.S. Department of Education, 2005),
- Children in inclusive programs do at least as well as children in segregated programs and inclusion benefits children with and without disabilities,

particularly in the area of social development (Buysse, Goldman, & Skinner, 2002; Holahan & Costenbader, 2000; Hundert, Mahoney, Mundy, & Vernon, 1998,

- A variety of factors such as policies, resources, and beliefs influence the acceptance and implementation of inclusion (Dinnebeil, McInerney, Fox, & Juchartz-Pendry, 1998; Lieber et al., 2000; Stoiber, Gettinger, & Goetz (1998),

- Specialized instruction is an important component of inclusion and a factor affecting child outcomes (Cross, Traub, Hutter-Pishgahi, & Shelton, 2004; D'Allura, 2002),

- Collaboration among parents, teachers, and specialists is a cornerstone of high quality of inclusion (Hunt, Soto, Maier, Liboiron, & Bae, 2004),

- Families of children with disabilities generally view inclusion favorably, although some families express concern about the quality of early childhood programs and services (Bennett, Deluca, & Bruns, 1997; Rafferty & Griffin, 2005),

- Limited research suggests the quality of inclusive early childhood programs is as good as, or slightly better, than those who do not enroll children with disabilities (Buysse, Wesley, Bryant, & Gardner, 1999; Knoche, Peterson, Edwards, Jeon, 2006), and

- Some evidence suggests that early childhood professionals may not be adequately prepared to serve young children with disabilities enrolled in inclusive programs (Chang, Early, & Winton, 2005; Dinnebeil et al., 1998; Early & Winton, 2001).

Rational Perspective. The rational argument for early childhood inclusion is based on the principle of beneficence, in which actions taken promote the well-being of others. Research has reported that children with disabilities perform as well in inclusive settings as in segregated special education settings (Buysse & Bailey, 1993; Lamorey & Bricker, 1993; Odom & Diamond, 1998) and typically developing children develop more positive attitudes toward children with disabilities (Peck, Carlson, & Helmstetter, 1992) and increase their knowledge about disabilities (Diamond & Hestenes, 1996). Therefore, if inclusion benefits both children with disabilities and their typically developing peers, the existence of two parallel systems of early care and education seems irrational. Parallel systems are not cost effective, but more importantly, they prevent young children from playing, developing, and learning together, they deny full community membership, and they thwart potential educational outcomes (DEC/NAEYC, 2009).

Legal Perspective. The Individuals with Disabilities Education Improvement Act (IDEIA, 2004) mandates a free, appropriate public education (FAPE) to all children (ages 3-21) in the least restrictive environment (LRE) appropriate. For preschool age children, the LRE is defined as follows:

> To the maximum extent appropriate, children with disabilities, including
>
> children in public or private institutions or other care facilities, are educated with children
>
> who are not disabled, and special classes, separate schooling, or other removal of children
>
> with disabilities from the general education environment occurs only when the nature or
>
> severity of the disability in such that the child cannot achieve academically in general

education classes with the use of supplementary aides and services (20 U.S.C. 1412[a][5][A]).

When first enacted, the law interpreted LRE to simply mean physical access or placement in a program with typically developing peers. However, it became apparent than merely placing a child in a program with typically developing peers did not improve educational outcomes or social interactions. For this reason, subsequent reauthorizations of the law have strengthened this principle to include access to high-quality curricula and instruction to improve educational outcomes, including improving school readiness for preschool age children.

While IDEIA does not mandate the full inclusion of all children with disabilities it does imply a presumption of inclusion through the LRE principle (Gruenberg & Miller, 2011; Guralnick, 2001; Turnbull, Turnbull, & Wehmeyer, 2007). In other words, the first placement consideration by the Individualized Education Program (IEP) team for a child with disabilities must be the general education classroom, with the appropriate supports and supplementary aids necessary. The decision to place a child in a segregated or more restrictive environment is only allowed if the nature or severity of the disability is such that education in the general education setting cannot be achieved satisfactorily (20 U.S.C. § 1412[a][5]).

Litigation and Placement Decisions

Despite the clear intentions of the law, litigation involving early intervention has dramatically increased since 1997. For example, Etscheidt (2006) conducted a qualitative study exploring the litigation of LRE and natural environment issues for young children with disabilities from 1997 to 2004 and reported that rulings in these cases were more supportive of parents' desire for their children to be served in inclusive settings. A number of cases indicated

that a full continuum of placement options must be considered when making placement decisions for young children with disabilities.

In *Lancaster-Lebanon Intermediate Unit #13* (2003) the IEP team proposed an insufficient range of options for a young child's transition to a school-age program. As a result, the IEP team was ordered to reconvene to consider a placement for the child in a preschool with typically developing peers. In *Blount v. Lancaster-Lebanon Intermediate Unit* (2003) the school district considered only a self-contained ECSE placement for a 4-year old child with Down syndrome and failed to prove that the child could not be successfully placed in a general education preschool with supplemental services. The school system was ordered to place the child in an inclusive setting for a trial period of time, at which time the IEP team would reconvene to determine if the child should continue in this placement.

Failure to provide alternative inclusive placement options in private preschool settings has also resulted in litigation. In *Board of Education of LaGrange School District No. 105 v. Illinois State Board of Education and Ryan B.* (1999), the Court of Appeals for the Seventh District Court ruled that the school district had to reimburse the parents of a 3-year old child with Down syndrome for the costs of his private education because they failed to consider private preschools as a placement consideration. A class action suit in New York ordered the state education department to increase the number of available inclusion programs in order to meet the LRE mandate (*Ray M. and all other persons similarly situated v. Board of Education of the City School District of the City of New York*, 1999). In *Flossmoor School District 161* (2002) the only option considered by the IEP team was the school district half-day program for a 3 year old boy with a cochlear implant. The parents placed the child in a private preschool program and the

school district was ordered to reimburse the parents and to continue to support his placement in the private program because they failed to consider a range of placement options.

Additional court decisions have made it quite clear that the IEP team is responsible for determining the LRE. For example, when a director of special education attempted to nullify the IEP team's recommendation to provide services in an inclusive private preschool, the school district was ordered to adhere to the IEP team's decision and fund the private placement (*Caldwell-West Caldwell Board of Education, 2002).*

These court cases establish the precedent for a wide range of preschool placement options in order to meet the individual and unique needs of each child in the least restrictive environment. In fact, "the most far-reaching effect of federal legislation on inclusion enacted over the past three decades has been to fundamentally change the way in which early childhood services ideally can be organized and delivered" (DEC/NAEYC, 2009, p.1)

Organizational Contexts of Early Childhood Inclusion

As indicated by increased litigation, offering a full continuum of inclusive placement opportunities for preschoolers is challenging for local school districts. Unlike K-12 grades that offer a natural setting for inclusion, programs for typically developing preschoolers are not often found in public schools. A number of surveys report community-based child care (Brown, Horn, Heiser, & Odom, 1996), Head Start programs (Buscemi, Bennett, Thomas, & DeLuca, 1996), and public schools (Barnett & Frede, 1993) as settings for early childhood inclusion. The same three settings were identified in an empirical study of inclusive early childhood programs by Odom et al., 1999.

As part of a national, 5-year multi-study research project by the Early Childhood Research Institute on Inclusion (ECRII), Odom, Horn, and colleagues (1999) conducted a descriptive study of 112 children enrolled in 16 inclusive programs to identify the range of characteristics and variations within the inclusive settings. Using individual program case studies and summaries, researchers determined that the early childhood inclusive programs varied on two dimensions, organizational contexts and individualized service models. Organizational context is the "primary administrative or programmatic agency or agencies in which the inclusive classrooms exist" (Odom et al., 1999, p. 188). In this study, three general contexts for early childhood inclusion were identified – community-based child care, Head Start, and public school programs. Community-based child care programs operate outside the public school system and may be publicly or privately funded. Similarly, Head Start programs located in community settings are governed by the Head Start agency which administers funds and oversees the program. In both placement options one or two children with disabilities are typically placed in classrooms with approximately 16 typically developing children. Classroom staff are employed by the individual child care or preschool center and educational levels vary from high school to college degrees.

The third setting for early childhood inclusion is public school. Within public schools are four types of programs that can serve as inclusive placement options, if available. First, public school early childhood programs serve children who are educationally at-risk. Funding sources for these programs include Title I funds, state funds, local funds, and corporate foundation funds. Regardless of the source, all funds are administered by the public school system. A second placement option is public school-Head Start combination programs. In this program type the

public school system is the administrating agency for the Head Start services and classes are typically located in public school buildings. A third public school placement option is public school child care programs. Parents of typically developing children pay tuition for their child to attend a public school child care program that includes children with disabilities. These programs are most likely taught by an ECSE teacher. The fourth public school setting is dual enrollment programs. Here, children with disabilities receive specialized services in a traditional self-contained ECSE class but they also spend some portion of their day in classes enrolling typically developing peers, such as the Virginia Preschool Initiative program.

Individualized Service Models in Early Childhood Inclusion

The second dimension on which the 16 programs varied in the Odom et al. study (1999) was individualized service models, defined as "the manner in which educational and related services are designed to address IEP objectives of children with special needs in the inclusive programs" (p. 188). Six approaches to deliver individualized services to young children with disabilities were identified – itinerant teaching-collaborative/consultative, itinerant teaching-direct service, team teaching, early childhood education, early childhood special education, and integrative/inclusion activities.

Itinerant services are provided on a regular basis by ECSE teachers who travel to the inclusive early childhood program. In an itinerant-direct service model, the ECSE teacher works directly with the child with disabilities and assumes full responsibility for addressing the IEP objectives. This means that the IEP identified needs of the child are only addressed one or two times per week when the ECSE visits the inclusive setting. The child has very little opportunity to practice the skills being learned and their rate of mastery is severely compromised.

Conversely, in the itinerant-collaborative/consultative model the primary role of the ECSE teacher is to consult with the adult(s) in the classroom to support the implementation of the child's IEP goals in the context of the daily routines of the class. In this model the classroom teacher accepts responsibility for carrying out the activities on a daily basis. This provides repeated opportunities for the child to practice skills. In the team teaching model, an ECE teacher and an ECSE teacher teach in the same classroom, typically sharing the role of the lead teacher. They plan collaboratively and jointly implement educational activities.

In the early childhood education model the ECE teacher assumes primary responsibility for planning, implementing, and monitoring classroom activities for all children, including those with disabilities. There is little contact from the ECSE teacher or related service providers. Similarly, in the early childhood special education model, sometimes referred to as reverse inclusion, typically developing children are brought into the ECSE self-contained classroom to serve as role models for children with disabilities. The ECSE teacher assumes primary responsibility for all classroom activities and all children, with no contact with an ECE teacher. The final service delivery approach identified by Odom et al. (1999) is an integrative activities model where children with disabilities and typically developing children spend the majority of their day in separate classrooms; however, they may participate in some joint activities throughout the day such as center time, lunch, or outdoor play.

It is apparent that where early childhood inclusive programs are located significantly influences how services are delivered and this in turn has an impact on the roles and responsibilities of the ECSE teachers. For example, if ECSE classrooms are combined with ECE classes, ECSE teachers who once taught independently in self-contained classrooms may now be

expected to co-teach with an ECE teacher. Similarly, if children with disabilities are included fulltime in school-sponsored or community-based programs, ECSE teachers may no longer work directly with children at all, but consult with ECE teachers and staff in those settings (Klein & Harris, 2004; Odom et al., 2004; VDOE, 2007).

Changing roles and responsibilities. A subsequent ECRII study looked at ways in which inclusive models influenced the roles and responsibilities of staff working in community-based child care, public school, and Head Start programs (Lieber et al., 1997). Parents and caregivers, service providers, and administrators and policy makers from each of the 16 programs participated in open-ended interviews and observations, and shared documents such as parent handbooks. Eight themes were identified as affecting the ability of program staff to adapt to their changing roles and responsibilities - investment in the program, shared philosophy, joint ownership of children, communication, role release, role clarity and satisfaction, stability of staff, initiative, and administrative support. Surprisingly, due to the high degree of variation within each model, no one model contributed more than another to successful relationships among the adults. However, the type of program model did have an effect on two of the themes. Having a shared philosophy had less impact on adult relationships in the integrated activities model, where teachers spent less time together. Perceived ownership had less effect on relationships in the co-teaching model and no effect in the special education teacher model and integrated activities model, where teachers retained control of their own classrooms. Conversely, adult relationships regarding joint ownership were significantly affected in itinerant teaching models.

Similar to the Peck et al. (1993) study, this study found that the success of inclusive preschool programs is dependent on the relationships among the adult participants and therefore has important implications for the training and preparation of ECSE teachers. As the field shifts from a direct to indirect delivery of services in inclusive programs, preparing preservice teachers for a variety of roles that involve working, communicating, and collaborating with other adults is critical (Lieber et al., 1997).

Importance of Consultation in Early Childhood

    Support needs of early childhood educators. Inclusion implies that children are not simply to be physically placed in a general education classroom; instead they are to have full access to the early childhood curriculum (DEC/NAEYC, 2009). For this to occur the adults with whom children spend the majority of their time need to be supported so they can provide the specialized instruction young children with disabilities need on a daily basis (McWilliam, Wolery, & Odom, 2001; Wolery, 2003; Dinnebeil, Pretti-Frontczak, & McInerney, 2009). However, data from the Pre-Elementary Longitudinal Study (PEELS) suggests that young children with disabilities in inclusive programs are not receiving the specialized instruction needed from general education teachers (Markowitz, et al., 2006).

    According to the PEELS study, when the general education teachers of 2,900 young children with disabilities were asked how IEP goals were addressed in their classroom they reported that 39% of the children only received instruction during small group activities when related service providers visited the classroom. Another 12% received individual instruction from related service providers and 10% received individual instruction from an ECSE teacher or aide. Ten percent of the children received IEP instruction individually from the general education

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teacher or aide in the classroom. Only 9% of the children received specialized instruction embedded in common classroom activities, suggesting that very few young children with disabilities are receiving IEP instruction on a consistent basis in inclusive early childhood programs. For most, specialized instruction is only occurring in the presence of ECSE or related service providers.

Dinnebeil et al. (2006) point out that this does not mean that general education teachers do not want to support young children with disabilities or that inclusive programs are not an appropriate placement. A number of studies report that while general education teachers are accepting of young children with disabilities they lack the knowledge, training, and confidence to adequately work with and support young children with disabilities (Chang, Early, & Winton, 2005; Dinnebeil, McInerney, Fox, & Juchart-Pendry, 1998; Knoche, Peterson, Edwards, & Jeon, 2006). A survey of 71 teachers in community-based preschools found that teachers with more positive attitudes toward teaching children with disabilities felt more confident teaching but felt less competent and less willing to serve children with more significant disabilities (Gemmell-Crosby & Hanzlik, 1994). A survey of 135 teachers in private, community-based programs generally agreed that children with disabilities should be served in inclusive settings, but like the Gemmell-Crosby and Hanzlik study, they were more favorable to children with mild disabilities and less favorable to children with autism and multiple disabilities (Eiserman, Shisler, & Healey, 1995). Like the previous studies, Buysee, Wesley, Keyes, & Bailey (1996) interviewed 52 ECE teachers in community-based child care programs and found that they too were less comfortable serving children with more significant disabilities (Buysse, Wesley, Keyes, & Bailey, 1996). In a random sample survey of 202 child care providers from 189 child care centers, 90% of the

providers agreed with the philosophy of inclusion and 76% thought children with disabilities benefit from inclusion. However, 68% of the providers believed that children with disabilities were disruptive to the classroom routines and 63% felt that inclusion was a burden on the teacher (Hadadian & Hargrove, 2001). When asked what they needed in order to serve young children with disabilities in their classrooms, ECE teachers identified support (Eiserman et al., 1995; Hadadian & Hargrove, 2001; Marchant, 1995), resources, such as time and personnel, (Eiserman et al., Hadadian & Hargrove) and training (Buysse et al., 1996; Eiserman et al.; Wesley, Buysse, & Tyndall, 1997).

Consultative support. Consultation has been recommended as a strategy to support ECE teachers and to address the inconsistent, episodic, and isolated ways in which services are often provided to young children with disabilities in inclusive settings (Buysse, Schulte, Pierce, & Terry, 1994; Buysse & Wesley, 2005, File & Kontos, 1992; Palash & Wesley, 1998). Using a consultative approach in early childhood would allow the itinerant ECSE teacher to support the primary caregiver in providing specialized instruction on a continual basis which in turn, provides the child with increased opportunities to generalize skills and behaviors (Buysse & Wesley, 1993, Dinnebeil & McInerney, 2000; Horn, Lieber, Li, Sandall, & Schwartz, 2000; McWilliam et al., 2001). While there is limited research in the early childhood education field, the effectiveness of school-based consultation has been well documented in the literature.

Consultation and the changing ECSE role. A consultative model requires significant changes in the roles and responsibilities of the ECSE teachers. Of primary importance are the ways in which ECSE teachers communicate and collaborate with teachers and staff members in early childhood programs (Lieber et al., 1997). ECSE teachers need to know how to solve

problems, motivate others to learn new skills, and provide professional support (Buysse & Wesley, 2005). However, most preservice teachers lack the knowledge and skills needed to influence others to change their practices. In addition to lacking knowledge and skills, ECSE teachers are uncomfortable in the consulting role (Dinnebeil et al., 2001; Wesley, Buysse, & Keyes, 2000; Wesley, Buysse, & Skinner, 2001). As a result, they tend to work directly with a child in community-based programs, rarely consulting with the primary caregiver.

Using a series of focus group interviews, Gallagher (1997) investigated the views of eight ECSE professionals during their first year as community-based consulting teachers. Not surprising, the most comfortable role for the teachers as they began the year was providing direct services to children because this was similar to their old, traditional style of teaching. Not until mid year did they begin to feel comfortable consulting with the ECE teachers. Similar findings were reported in a survey of 229 ECSE itinerant teachers from 147 school districts in Ohio. The teachers rarely reported using indirect instructional strategies, such as consultation or coaching. Instead, most provided direct services to children one time per week for one hour and even then the activities did not always relate to the child's IEP (Dinnebeil, McInerney, Roth, & Ramaswamy, 2001). In another Ohio study, five ECSE itinerant teachers in Ohio were observed using the majority of their time interacting with the children rather than adults. This fact was consistent with information the teachers reported in their daily activity logs (Dinnebeil, McInerney, & Hale, 2006). Other than what has been learned from these studies, we know very little about what itinerant ECSE teachers actually do when they visit early childhood classrooms.

ECSE teacher beliefs and attitudes about inclusion. Little is known about what ECSE teachers actually think about early childhood inclusion despite the fact that beliefs are important

determinants and predictors of teaching practices (Lortie, 1975; Pajares, 1992). Teachers will "pursue activities and situations in which they feel competent and avoid those in which they doubt their capability to perform successfully (Bandura, 1986; Brownell & Pajares, 1999). Considering the significant impact an itinerant service delivery model has on the roles and responsibilities of ECSE teachers and the expressed discomfort reported with this role, it is important to know what teachers believe. A number of studies have looked at the beliefs of general early childhood teachers, but noticeably absent from the literature are studies focused specifically on the beliefs of ECSE teachers. While ECSE teachers were included under the broad umbrella of early childhood practitioners in several studies (Marchant, 1995; Lieber et al., 1998), only one study compared the attitudes of groups of adults working in inclusive settings. Stoiber, Gettinger, and Goetz (1998) surveyed 39 ECSE teachers, 35 ECE teachers, 35 paraprofessionals, and 19 support personnel. Not surprising, ECSE and ECE teachers held more positive beliefs about inclusion than paraprofessionals. Beliefs were most affected by education and years of experience but no significant differences between ECSE and ECE teachers were reported. However, more research is needed.

Lack of ECSE preparation. There is concern in the field that ECSE itinerant teachers tend to provide more direct services because they are graduating from universities that are not preparing them for an indirect, or consultative, service delivery role (Dinnebeil & McInerney, 2000; Dinnebeil, McInerney, & Hale, 2006). In fact, Klein and Harris (2004) suggest that by preparing preservice teachers for direct service only, university personnel preparation programs are preparing ECSE professionals for a job that may actually be disappearing. Perhaps this is because the existing personnel standards for the initial preparation of Early Childhood Special

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Education/Early Intervention professionals are focused almost exclusively on preparation for direct service delivery (CEC, 2009). Likewise, only a few of the DEC Recommended Practices relate to consultation as an indirect service delivery model. Consultation is mentioned but in the context of interdisciplinary and family collaboration and not general early childhood educators for the purpose of supporting inclusion (Klein & Harris, 2004; Wesley & Buysse, 2006).

Knowledge, skills, and dispositions needed in teacher preparation. Without a formal set of consultation competencies to guide the preparation of ECSE teachers, a review of the literature was conducted and only three studies explicitly designed to identify the competencies and training needs related to ECSE personnel preparation and inclusive practices were located.

The three studies used a variety of research designs to capture the perspectives of key stakeholder groups about the knowledge and skills important for preparing ECSE preservice teachers to work in inclusive settings. The Gallagher study (1997) involved a year-long qualitative study, using a focus group format, to investigate the evolving views of eight ECSE consultants (five ECSE teachers, two ECSE paraprofessionals; one speech-language pathologist) serving children in community-based programs. The Gettinger, Stoiber, Goetz, and Caspe (1999) study used four parallel forms of a needs assessment survey to survey 172 participants (24 university faculty, 77 preservice teachers, 43 inclusion professionals, 28 parents). Faculty, preservice teachers, and inclusion professionals represented four discipline areas: early childhood special education, school psychology, social work, and special education; parents were mothers of young children with disabilities from diverse socioeconomic and cultural backgrounds. The Dinnebeil, McInerney, & Hale (2006) study used Delphi methodology , a form of survey research that "reflects the systematic solicitation of opinions from an expert panel

concerning a particular topic" (p. 154), to understand the perspectives of itinerant ECSE teachers, general education teachers with whom itinerant teachers worked, parents of children whom the itinerant teachers served, and itinerant teachers' supervisors regarding the roles and responsibilities of ECSE itinerant professionals.

Results from the Gallagher (1997) study were based on patterns that emerged over the course of four focus group interviews. The Gettinger et al. (1999) study conducted a content analysis of literature on personnel preparation as well as the recommended practices and professional standards to develop, a priori, a needs assessment survey consisting of five domains representing best practices for itinerant service delivery. The roles and responsibilities that were used to construct the Delphi questionnaire in the Dinnebeil et al. (2006) study originated from the respondents initial response to an open-ended survey that contained three questions to determine the key roles and primary and secondary responsibilities of itinerant ECSE teachers.

All three studies identified interdisciplinary collaboration, consultation, and working with families as important roles for itinerant ECSE teachers. Two studies identified assessor (Dinnebeil et al., 2006; Gettinger et al., 1999) and direct service provider (Dinnebeil et al. & Gallagher) as important ECSE roles in inclusive settings. Additional skills related to lifelong learner (Dinnebeil et al.), challenging behavior (Gettinger et al.), and managing scheduling and logistical issues (Gallagher) were identified by individual studies but there was no consensus across studies on these roles.

Apparent, and somewhat disturbing, in the results of these studies is diversity across and within stakeholder groups. For example, in the Dinnebeil et al. (2006) study, "parents and early childhood teachers believe more strongly than itinerant teachers and supervisors in the

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importance of direct service provision" (p. 165). The fact that there is so little agreement as to what ECSE itinerant need to know and be able to do has serious implications for the provision of specialized instruction in inclusive settings and the implementation of an indirect service delivery model.

ECSE teachers serving children in inclusive settings need an additional set of skills that are different from those required for working directly with a child. However, these skills are not in lieu of direct service delivery skills but in addition to those skills. While itinerant ECSE teachers still need the expertise to work directly with children, they also need additional skills to support and train the primary caregivers who are with the child on a daily basis (Dinnebeil, et al., 2004). However, noticeably absent from the professional standards, recommended practices, and literature is a clear understanding of the critical knowledge and skills needed to deliver effective inclusive services by itinerant ECSE teachers. This proposed study plans to address this gap in the literature by investigating experienced practitioners' perceptions of the knowledge, skills, and dispositions ECSE preservice teachers need to effectively support early childhood inclusion.

Conceptual Framework for Teacher Preparation

Adaptive Expertise. Although the need to prepare ECSE teachers for inclusive practice has been established, how to add this content to an already full curriculum within the limited timeframe of preservice education is challenging. The reality is that preservice education does not fully develop the knowledge, skills, and dispositions that any new teacher needs to work effectively in the rapidly changing world of practice. Instead, it is suggested that a more effective strategy is for teacher educators to help preservice teachers become adaptive experts who are prepared to learn throughout their lifetime (Bransford, Darling-Hammond, & LePage, 2005).

The concept of adaptive expertise is built on the seminal work of Giyoo Hatano and his colleagues (Hatano & Inagaki, 1986; Hatano & Ouro, 2003) who studied farmers, abacus experts, sushi chefs, and other types of experts to differentiate adaptive experts from routine experts. Both routine and adaptive experts continue to learn throughout their lifetimes; however, routine experts perform core competencies with greater and greater efficiency while adaptive experts actually change their core competencies to develop new and different ways of doing things (Bransford, Derry, Berliner, & Hammerness, 2005). Schwartz, Bransford, and Sears (2005) describe adaptive expertise as an optimal interaction between innovation and efficiency (see Figure 1). Effective teachers must be able to balance both efficiency and innovation. First, they must be able to efficiently perform a variety of activities such as giving directions, engaging children during center time, or transitioning from one routine to another, without stopping to think about how to do each. At the same time teachers must also be innovative, which may mean changing the ways things are typically done in order to better meet the needs of children. For example, an ECSE teacher in an inclusive setting may need to think of alternate ways that a child with limited language might participate in circle time.
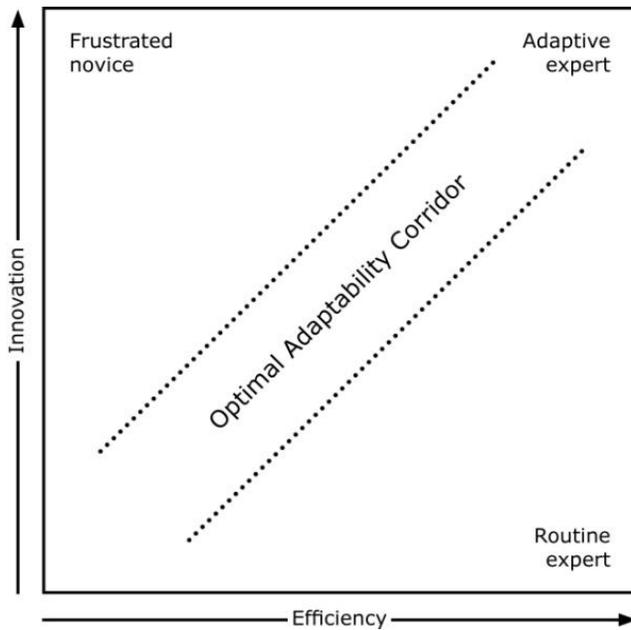
Figure 1: The Dimensions of Adaptive Expertise (Darling-Hammond & Bransford 2005)

Three problems in learning to teach. Teacher education programs can help preservice

teachers become adaptive experts by addressing three widely documented problems in learning

to teach (Hammerness, et al., 2005; National Research Council, 2000). The first problem in

learning to teach is the *apprenticeship of observation*, identified by Dan Lortie in 1975.

Preservice teachers develop ideas about teaching based on their own experiences as students.

This can result in serious misconceptions about teaching, for example, thinking that teaching is

easy or mechanistic. Because preservice teachers filter their learning through these

preconceptions, they affect what teachers learn in class and in practice. While many

preconceptions are hard to change (Richardson & Placier, 2001) they must be addressed for

learning to occur. It is suggested that teacher educators first identify the beliefs and attitudes of

preservice teachers and use what is learned "as a springboard from which to begin the process of

conceptual and behavioral change" (Hammerness et al., 2005).

The second problem in learning to teach is the *problem of enactment*. Mary Kennedy (1999) describes this as the ability to put what has been learned into action. Teachers are required to perform many tasks at once; unfortunately many do not automatically draw on their learned knowledge in the context of practice. To better prepare teachers for action, teacher educators must ensure that candidates have continuous opportunities to practice and reflect on teaching during their preservice preparation (Schon, 1983). Other studies suggest that when preservice teaches are able to immediately practice the skills learned in class and receive feedback from their colleagues they are able to enact new practices more effectively (Cohen & Hill, 2000; Lieberman & Wood, 2003).

The third problem in learning to teach is the *problem of complexity*. Teaching is an incredibly complex task that requires teachers to develop the concept of metacognition, in which they have the ability to monitor and modify their own performance (Flavell, 1979). As teachers learn to assess their own performance they can begin to focus not only on their teaching practices but more importantly on the impact they have on children's learning.

This study investigated the perceptions of ECSE practitioners, specifically how they overcame the problems of apprenticeship of observation, enactment, and metacognition. Survey research was used to examine broad beliefs, practices, and recommendations for preparation. Follow up focus group interviews were conducted to more fully understand the complexities of practitioners' beliefs and practices. Focus group interviews were utilized to gain a deeper understanding of the roles and responsibilities of inclusive ECSE practitioners, as well as their recommendations for helping teacher candidates address the identified problems in learning to teach.

Learning to teach in community. Hammerness et al. (2005) developed a framework for

teacher learning that addresses the three problems in learning to teach and the development of

adaptive expertise (see Figure 2). "This framework suggests that new teachers learn to teach in a

community that enables them to develop a *vision* for their practice; a set of *understandings* about

teaching, learning, and children; *dispositions* about how to use this knowledge; *practices* that

allow them to act on their intentions and beliefs; and *tools* that support their efforts" (p. 385).

Learning Community

Understanding
Deep knowledge of content, pedagogy, students, and social contexts
(for example, understanding the knowledge, methods, purposes, and forms of the discipline, understanding learning and development)

Practices
Developing, practicing, and enacting a beginning repertoire
(for example, how to engage in instructional activities such as discussions, debates, explanations, feedback, etc.)

Vision
Images of the possible
(for example, a set of images of good practice that inspire and guide practice)

Dispositions
Habits of thinking and action regarding teaching and children
(for example, reflection upon practice, taking an inquiry stance; persistence in working with children toward success)

Tools
Conceptual and practical resources for use
(for example, theoretical tools such as learning theory; practical tools such as running records to analyze reading)

Figure 2: Learning to Teach in Community

According to Feiman-Nemser (2001),

Teacher candidates must…form visions of what is possible and desirable in

teaching to inspire and guide their professional learning and practice. Such visions

connect important values and goals to concrete classroom practices. They help

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teachers construct a normative basis for developing and assessing their teaching

and their students' learning (p. 1017).

It is this vision of teaching that begins to address the apprenticeship of observation and the

process of enactment (Hammerness et al.). In addition, teachers need to have a deep

understanding or knowledge of their subject matter (Shulman & Shulman, 2004). This includes

understanding the knowledge, the purposes, the methods, and the forms of a subject (Boix-

Mansilla & Gardner, 1997). Conceptual and practical tools are needed to put understandings into

practice. These include concepts about teaching and learning as well as instructional approaches

and strategies. These tools help teachers to put their intentions into action.

Understandings and tools are integrated into a set of practices that consist of a variety of

instructional activities to promote student learning as well as strategies to guide their use.

Preservice teachers also need to develop a set of dispositions or what they think and believe

about teaching, children, and the role of the teacher. Finally, this model emphasizes that learning

to teach occurs within communities (Cochran-Smith & Little, 1999). In fact, the ability to learn

from others is important to the development of adaptive expertise. Being a teacher is not simply

about knowing the answers, instead it is about having the skills to collaborate with others and

problem solve as needed. It is important that teachers become members of a growing network of

shared expertise and end the practice of isolated teaching in self-contained classrooms (Fulton,

Yoon, & Lee, 2005). In communities of practice knowledge is acquired through engagement in

practice and practice is made meaningful through problem-solving and reflection with others

who engage in the shared experience (Buysse, Sparkman, & Wesley, 2003).

Darling-Hammond and Bransford (2005) suggest that adaptive expertise represents the gold standard and desired outcome of teacher preparation. Therefore, the Learning to Teach in Community model, which is built on the adaptive expertise concept, will help provide the organizational structure needed to examine the responses of experienced practitioners participating in this study.

Summary and Limitations of Existing Literature

The existing body of literature provides a strong understanding of the rationale for and benefits of inclusive practices based on legal, moral, rational, and empirical arguments. Much of the research on early childhood inclusion has focused on classroom effects, including the types of inclusive programs, the quality and environmental arrangements of the inclusive setting, and the instructional practices, or lack thereof, provided by early childhood teachers. However, there is surprisingly little research on the preparation of preservice ECSE teachers for inclusive practice. Studies have shown that specialized instruction is an important factor in inclusion that has an impact on child outcomes. Although limited, research is confirming that, despite its importance, young children with disabilities are not receiving specialized instruction on a consistent basis in inclusive settings. There is also limited research showing that itinerant ECSE teachers tend to use a more direct, rather than indirect service delivery approach.

The results of this literature review revealed significant gaps in the research about the knowledge, skills, and dispositions preservice ECSE teachers need to provide effective inclusive services. The changing roles and responsibilities of ECSE teachers continue to be poorly understood, particularly related to consultation. This study investigated the perspectives of ECSE

inclusion practitioners to inform the content and process for the preparation of preservice

teachers for inclusive practice.

Chapter 3

Methodology

As the shift in early childhood special education service delivery moves from segregated to more inclusive and supportive models in the least restrictive environment, ECSE teachers are expected to assume expanded roles that include indirect service delivery. Yet, the professional standards, recommended practices, and literature reveal little about the knowledge, skills, and dispositions needed for inclusive practice or how people acquire those abilities and attitudes. This study addressed this gap by investigating what experienced early childhood special educators believe about inclusion, how they implement inclusive practices, and what they recommend to prepare preservice teachers for inclusive practice. Specific research questions included:

1. What are the beliefs and attitudes of experienced ECSE practitioners about early childhood inclusion?

   a. Is there a difference in the inclusion beliefs and attitudes of ECSE IPOP practitioners in terms of formal training?

   b. Is there a difference in the inclusion beliefs and attitudes of ECSE IPOP practitioners in terms of prior inclusive teaching experiences?

   c. Is there a difference in the inclusion beliefs and attitudes of ECSE IPOP practitioners in terms of years of ECSE teaching experience?

   d. Is there a difference in the inclusion beliefs and attitudes of ECSE IPOP practitioners in terms of years of ECSE inclusive teaching experience?

2. fWhat do experienced practitioners identify as the essential knowledge, skills, and dispositions itinerant ECSE teachers need to provide effective inclusive services?

3. What do experienced practitioners recommend for preparation of preservice ECSE teachers for professional itinerant roles that support early childhood inclusion?

Study Design

This study used a sequential explanatory mixed method design (Appendix A), incorporating survey data with focus group interviews, to examine the perceptions of experienced inclusive ECSE practitioners. This mixed method strategy collected and analyzed data in two phases. In the first phase, quantitative data were collected and analyzed to provide a general understanding of the phenomenon. In the second phase, qualitative research built on the results of the quantitative data and explored participants' views in greater depth (Creswell, 2009; Ivankova, Creswell, & Stick, 2006). Researchers utilize a mixed method approach when neither quantitative nor qualitative data alone can adequately answer the research question (Green, Caracelli, & Graham, 1989; Miles & Huberman, 1994; Green & Caracelli, 1997; Tashakkori & Teddlie, 2003).

Mixed method research originated with Campbell and Fisk (1959) to study the validity of psychological traits. Later, other researchers began to use this design as a strategy to neutralize biases by triangulating data sources across quantitative and qualitative methods (Jick, 1979). In the early 1900s, researchers began to also use this approach to integrate or connect quantitative and qualitative data. For example, some studies incorporated qualitative quotes to support statistical results (Creswell & Plano Clark, 2007), while others used the results from one method to identify questions to ask for the other method (Tashakkori & Teddlie, 2003). Although a

mixed method design requires additional time and resources to collect and analyze both types of data, its straightforwardness and potential for a better understanding and explanation of results are appealing (Creswell, 2009; Ivankova et al., 2006).

Mixed method research has increasingly been used to investigate issues in early childhood special education. Li, Marquart, and Zercher (2000) identify a number of mixed method studies that have been used in early intervention to address: family perceptions of services and family experiences (Bernheimer, Gallimore, & Kaufman, 1993; McWilliam, Lang, Vandiviere, Angell, Collins, & Underdown, 1995); child behavior change (Schwartz & Olswang, 1996); views about inclusion (Buysse, Wesley, Keyes, & Bailey, 1996; Peck, Carlson, & Helmstetter, 1992); personnel preparation programs (Capone & Divenere, 1996); technical assistance projects (Wesley & Buysse, 1996), and functional assessment of children (Arndorfer, Miltenberger, Woster, Rortvedty, & Gaffaney, 1994). To better understand the complex nature of early childhood inclusion, The Early Childhood Research Institute on Inclusion (ECRII) used a variety of quantitative and qualitative methods to create case studies of 16 early childhood inclusive programs from 4 geographical regions across the United States. Researchers used a mixed method design to collect and analyze data in this large, national study (Li et al., 2000; Odom, 2002; Odom et al., 1999).

Although teacher educators are beginning to recognize that ECSE teachers need different skills to work in inclusive settings, the knowledge, skills, and dispositions critical to the preservice preparation of ECSE teachers have not yet been identified. This study used the strengths of the mixed method research design to first analyze existing survey data that was collected as part of the Office of Special Education Programs (OSEP) funded ECSE preparation

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grant, *Preparing for Change*, at Virginia Commonwealth University to identify the beliefs, attitudes, and practices of experienced ECSE practitioners of early childhood inclusion. Once the survey analysis was completed follow up focus group interviews were conducted to more fully understand the complexity of those beliefs and seek recommendations for the preparation of preservice ECSE teachers.

Sample Selection

The focus of this study was the perceptions of ECSE practitioners currently participating in the Virginia Department of Education (VDOE) statewide initiative, Inclusive Placement Options for Preschoolers (IPOP). In an effort to meet the U.S. Department of Education (DOE) Program Performance Plan requirement to annually increase the percentage of young children with disabilities educated with their typically developing peers, VDOE implemented a statewide initiative to support a continuum of preschool inclusive placement opportunities. Supported by VDOE's Technical and Training Assistance Centers (TTAC), school divisions may apply to receive long term technical assistance to guide systemic change in their preschool programs so that the number of settings with inclusive practices increases (see Appendix B for IPOP application). Twenty-six school divisions in Virginia are participating in the IPOP initiative. Each division was required to form a planning team of key stakeholders to plan, pilot, and evaluate a new inclusive initiative. Stakeholders who could be affected by the change to the system were encouraged to participate on the IPOP teams and include agency representatives, community partners, principals and assistant principals, special education directors, preschool program directors (e.g., Virginia Preschool Initiative, Title I), direct service providers (e.g., Head Start, community child care centers, community preschools), ECE and ECSE teachers,

paraprofessionals, related service providers, parents, transportation personnel, and community members.

The potential participants in this study were all of the ECSE teachers serving on IPOP planning teams across Virginia. This purposefully selected group was chosen because of their knowledge of and experience with early childhood inclusion. IPOP planning team members receive two to three years of long term technical assistance, with year one devoted exclusively to planning. During the planning year, team members are educated about inclusive practices and grounded in the federal, state, and local rationales for inclusion. In addition, planning team members develop a shared understanding of the key concepts associated with early childhood inclusion. Members study types of program models and visit ECE inclusive programs to develop a vision of quality early childhood inclusion. They identify barriers and solutions to initiating and sustaining inclusive opportunities and develop job descriptions to include the roles and responsibilities associated with new inclusive practices. Planning team members are also actively involved in the systematic planning, implementation, and evaluation of the inclusive initiative. Team members collaboratively develop an inclusive philosophy and goals. They plan ways for ECSE, ECE, and related service providers to learn about each other's programs and conduct in-service training on recommended practices. Policies are established to support inclusive opportunities and a process for making individualized placement decisions in the least restrictive environment is developed. Finally, team members design and implement ongoing evaluations and use the results to make informed data-based decisions for program improvement (VDOE, 2007). Thus, these ECSE practitioners are well-informed about the rationale, models, and

processes that are critical to effective early childhood inclusion, and their expert perspectives can be informative for personnel preparation.

The co-director of the VDOE TTAC at VCU assisted in recruiting participants by providing contact information for the planning team leader in each of the twenty-six school divisions. Each team leader was contacted with a request for the email addresses of the ECSE teachers serving on their planning team. Each ECSE teacher received an email (Appendix C) explaining the study and inviting them to participate in the web-based My Thinking about Inclusion (MTAI) survey by clicking the link provided in the email. Upon clicking the survey link participants were asked to click the "I agree" or "I do not agree" button, indicating their desire to participate in the survey.

At the end of the MTAI survey, participants were recruited for participation in the second phase of the study, a face to face focus group interview, to identify the knowledge and skills ECSE teachers need to provide quality inclusive services. Survey participants clicked, "Yes, I would like to be contacted" (and provided contact email or telephone number) or "No, I would not like to be contacted". The researcher contacted the participants by the preferred method indicated on the survey (email or phone) to further describe the details of the study and request participation in Phase II. Focus group interviews were determined based on the location of the ECSE teachers who volunteered to participate in phase II. A letter of assent was distributed to participants at the focus meeting prior to data collection, in accordance with VCU Internal Review Board procedures.

Instrumentation

The overall purpose of this study was to examine the beliefs, practices, and recommendations of ECSE practitioners participating in Virginia's IPOP initiative. In this study a survey and focus group interviews were used as sources of information.

Survey. The 28-item comprehensive version of the *My Thinking about Inclusion Survey* (MTAI; Stoiber, Gettinger & Goetz, 1998; Appendix D) was used to determine IPOP practitioners' beliefs related to early childhood inclusion. The MTAI survey was originally developed to measure the inclusive beliefs of parents and early childhood practitioners. The MTAI items were informed by previous attitudinal studies and consist of three sections: beliefs, pragmatics, and demographics. The beliefs section is made up of three subscales. The first subscale, *core perspectives*, is based on research "showing that beliefs permeate one's perception of a concept" (p. 109). Rooted in a moral perspective, this section attempts to assess participants' ethical beliefs about educating children with and without disabilities. This subscale includes 12 statements such as:

- Students with special needs have the right to be educated in the same classroom as typically developing students.
- Children with exceptional education needs should be given every opportunity to function in an integrated classroom.
- It is feasible to teach children with average abilities and exceptional needs in the same classroom

The second subscale, *expected outcomes*, reflects the view that beliefs influence educational practices and outcomes. This subscale surveys the participants' expectations for academic and social outcomes of inclusion. Included in this subscale are 11 statements such as:

- Inclusion is socially advantageous for children with special needs.

- Children with exceptional needs are likely to be isolated by typically developing students in inclusive classrooms.

- Children with special needs in inclusive classrooms develop a better self-concept than in a self-contained classroom.

The third belief subscale, *classroom practices*, is grounded in research linking beliefs to classroom and instructional practices. The developers attempt to capture participants' beliefs about the daily realities of inclusion. This subscale includes 5 statements such as:

- Children with exceptional needs monopolize teachers' time.

- Parents of children with exceptional education needs require more supportive services from teachers than parents of typically developing children.

- A good approach to managing inclusive classrooms is to have a special education teacher be responsible for instructing the children with special needs.

In the Pragmatics section participants are presented with twelve disability types and asked to identify the ease with which children with these disabilities can be accommodated in an inclusive classroom. Participants are also asked how prepared they feel to teach children with these disabilities in an inclusive setting. Next, participants are asked to rate the extent to which factors, such as time, attitudes, and experience, interfere with inclusive practices. Finally, participants rank ten methods for improving inclusive practices. In the demographics section,

practitioners are asked to identify their training, highest education level completed, and years of experience.

The developers piloted a preliminary version of the MTAI with fifty early childhood practitioners (special educators, regular educators, paraprofessionals, and support service personnel) and ten parents. According to the authors, they "altered the scale based on comments regarding the importance, face validity, appropriate wording for parent use, and clarity of specific items" (Stoiber et al., p.112). The psychometric properties of the MTAI scale were established by the developers based on responses from 128 early childhood practitioners recruited from ten early childhood inclusive programs in Wisconsin. Geographical sampling was used to recruit participants from different regions across the state. To validate the measure, the three belief subscales and total belief scale were examined for internal consistency using Cronbach's alpha. Reliability analyses resulted in the following alphas: Core Perspective, .80; Expected Outcomes, .85; Classroom Practices, .64; and Total Beliefs, .91. Subscale to total scale correlations ranged from .73 to .91. Principal components analysis established the unidimensional construct of the three belief subscales, resulting in the extraction of only one factor in each subscale. The developers recommended retaining the subscales as separate scales based on the principle components analysis and moderate subscale intercorrelations (< .80).

Permission to use the comprehensive version of the MTAI survey was granted by the first author through email correspondence on October 7, 2009. To gain a better understanding of the participants in this study, particularly related to variables associated with teacher preparation, additional questions were added to the demographics section. In addition to area of training, highest education level, and years of teaching experience, participants in this study were also

asked to identify years of ECSE teaching experience, years of inclusive ECSE teaching experience, formal training in inclusive practices, current teaching setting and role, experience working in inclusive settings, and quality of inclusive experiences.

Focus Group Interviews. Focus groups, or "group interviews that are structured to foster talk among the participants about particular issues" (Bogden & Biklen, 2007, p. 109), were used in this study as a follow up to the MTAI survey. ECSE IPOP practitioners who volunteered during the survey phase - participated in a focus group that was accessible, distraction free, and centrally located for the participants. To better understand experienced practitioners' perceptions of early inclusive services practitioners were asked: (1) to identify the knowledge, skills, and dispositions needed to provide quality early inclusive services; (2) to describe their professional roles and identify the successes and challenges in implementing inclusive practices; and (3) to give their recommendations for preparing ECSE preservice teachers.

The researcher facilitated the focus group interviews using a semi-structured interview format based on the results of the MTAI survey and the adaptive expertise conceptual framework. For example, because preservice teachers tend to develop conceptions of teaching based on their own experiences as students, practitioners were asked if they teach the same way in which they were taught. Follow up probes were used to ask about the complexity of teaching and to describe what good teaching in an inclusive setting looks like.

Procedure

Characteristic of sequential explanatory mixed method research, this study was conducted in two distinct phases with quantitative data (survey) collected and analyzed first, followed by qualitative data (focus group interviews) (Creswell, 2009). Focus group interview

data were used to help explain and elaborate on the survey data collected in the first phase (Ivankova et al., 2006).

Phase I: Survey. The MTAI was set up as a web-based survey by the VCU Office of Assessment and Technology Services (OATS) using *Inquisite©* survey software. Initial recruitment and participation occurred in compliance with the approved protocol for the Institutional Review Board at Virginia Commonwealth University. Participants were recruited through the VDOE TTAC co-director at VCU and IPOP planning team leaders.

The OATS office sent an e-mail letter, with the survey link embedded, to sixty-five ECSE IPOP planning team members across Virginia, requesting their involvement in the study. Follow up e-mail reminders (Appendix E) were sent at two and three week intervals following the initial request. At the end of the web-based survey, participants were invited to provide email or phone contact information if they wished to participate in a follow up, face to face, focus group interview to identify what ECSE teachers need to know and be able to do.

Phase II: Focus Group Interviews. The nineteen ECSE IPOP practitioners who volunteered to participate in the focus group were contacted by the researcher to answer questions and explain the focus group procedure. The number of focus groups held was determined by the location of the volunteers. Focus groups were conducted in a location that was accessible, distraction free and centrally located to the participants. Permission to digitally record the meeting was requested and the recordings were sent to a transcriptionist within 24 hours of the focus group interview.

The researcher moderated the focus group interviews, assisted by a moderator aide, using a semi-structured interview format (Appendix F). The Preparing for Change graduate

assistant served as the moderator aide. During the focus group interview the aide took field notes and operated the digital recorder. Immediately following the session the aide captured her perceptions of the meeting by completing her field notes. (Vaughn et al. 1996).

Prior to the closing statement, the moderator conducted a member check to verify how participants perceived the issues discussed. It was important for the moderator to assess how each member viewed the key topics discussed, rather than assume that the length of time spent on a topic was an indication of its significance to all participants (Vaughn et al., 1996). During and immediately following the focus group interview, the researcher and moderator aide compiled field notes, described and reflected on their impressions regarding participants' words, intensity of responses, nonverbal communication, and ideas that dominated the conversation (Bogden & Biklen, 2007; Vaughn, et al.).

Data Analysis

A mixed data analysis process, often referred to as mixed analysis, was used to analyze the survey and focus group interview data collected in this study (Onwuegbuzie, Slate, Leech, Collins, 2007; Tashakkori & Teddlie, 2003). Onwuegbuzie and Teddlie (2003) identified seven stages of data analysis that are available for use in the mixed analysis process: (a) data reduction (reducing quantitative data, using descriptive statistics, and qualitative data, using descriptive themes, to manageable pieces); (b) data display (organizing and visually presenting quantitative and qualitative data in graphs and matrices); (c) data transformation (quantitizing or qualitizing data); (d) data correlation (correlating quantitative data with qualitized data or vice versa); (e) data consolidation (combining quantitative and qualitative data to create new or consolidated codes, variables, or data sets); (f) data comparison (comparing data from two sources); and (g)

data integration (weaving or integrating what has been discovered into a coherent whole or two separate sets of coherent wholes). Five of the seven stages were used to analyze the survey and focus group data in this study: data reduction, data display, data transformation, data comparison, and data integration.

During analysis, this study used a parallel tracks mixed analysis approach (Li et al. (2000). Using this approach, analysis of the survey and focus group interview data sets occurred separately until the point of data comparison and integration. The MTAI survey responses were collected by OATS and data reduction began through coding and data entry into PASW Statistics 18. Once populated, OATS sent the PASW Statistics 18 database to the researcher for analysis. The reduction process proceeded with data cleaning (identification and removal of missing data and outliers), and descriptive statistical analysis. Frequency distributions and descriptive analyses provided numeric summaries of the study sample and measure. Further analysis included the use Independent sampless t-tests and Analysis of Variance (ANOVA) to examine factors associated with the beliefs of ECSE IPOP practitioners. For example, the relationship between items such as practitioners' years of experience and overall beliefs about inclusion were examined. All quantitative data were organized and visually displayed using graphs and tables. Data transformation followed in the form of a narrative report summarizing the numerical data which is found in Chapter 4.

Focus group interview data were initially analyzed using the following steps: (a) data review; (b) data reduction; (c) data display; and (d) data transformation. First, all data from the focus group session were reviewed, including the interview protocol, digitally recorded tapes, transcripts of the sessions, and field notes. From this review the researcher identified several big

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ideas gleaned from the data (Vaughn et al., 1996). Next, data were reduced by coding transcripts according to the specific categories in the Learning to Teach in Community model (vision, understanding, tools, practices, dispositions, and community). Subcategories for each category were then developed based on the transcript coding and displayed in a matrix format on chart paper (Miles & Huberman, 1994).

At these points the separate analyses of the quantitative and qualitative data were brought together for a mixed analysis at the data comparison and integration stage. Summary themes from the focus group interviews and narrative summary of the survey data were displayed in a table format to facilitate comparison of the two sources of data (Appendix G).

Utilizing a parallel tracks approach allowed for an in-depth understanding of ECSE IPOP practitioners perceptions of the knowledge, skills, and dispositions that should be taught in ECSE preservice teacher preparation programs. As in the Li et al. (2000) study, this approach allowed the measurement of "overlapping but different aspects of inclusion", as well as the opportunity to "reconcile discrepancies in interpretation" that might occur had only one research method been used (p. 125).

Summary

While the reauthorization of IDEA (2004) reaffirms the importance of services in natural environments and inclusive programs, the SPENSE study found that 77% of preschool special educators' instructional time was in special education rather than integrated programs, and teachers' confidence in their collaborative skills was directly related to their professional development and experience (Carlson et al., 2002). Reflective of national trends, Virginia's State Performance Plan (SPP) and Annual Performance Report (APR) to OSEP show a significant

number of preschool children educated in segregated settings and others who have only limited opportunities to interact with typically developing peers. To meet the USDOE and VDOE mandated goals to increase the percentage of preschoolers with disabilities who are educated with typically developing peers, preservice programs must be updated to prepare high quality personnel for new roles in inclusive settings. As a critical component of the system, preservice programs are needed not only to increase the quantity of EI/ECSE professionals, but more importantly to prepare highly qualified personnel knowledgeable about early education systems and change processes in order to effectively support and expand inclusive practices in Virginia. This study investigated the perspectives of ECSE inclusion practitioners to inform the content and process of ECSE personnel preparation to better prepare preservice teachers for changing roles and responsibilities in inclusive settings.

<center>Chapter 4</center>

<center>**Findings**</center>

Professional standards, recommended practices, and literature reveal little about the knowledge, skills, and dispositions early childhood special educators need for inclusive practice or how those abilities and attitudes are acquired. The purpose of this study was to investigate experienced ECSE practitioners' beliefs and attitudes and their perceptions of what preservice teachers need to know and be able to do to effectively support early childhood inclusion.

This chapter presents the results of a mixed methods study that incorporated a web based survey and face-to-face focus group interviews to address the following research questions.

1. What are the beliefs and attitudes of experienced ECSE practitioners about early childhood inclusion?

   a. Is there a difference in the inclusion beliefs and attitudes of ECSE IPOP practitioners in terms of formal training?

   b. Is there a difference in the inclusion beliefs and attitudes of ECSE IPOP practitioners in terms of prior inclusive teaching experiences?

   c. Is there a difference in the inclusion beliefs and attitudes of ECSE IPOP practitioners in terms of years of ECSE teaching experience?

   d. Is there a difference in the inclusion beliefs and attitudes of ECSE IPOP practitioners in terms of years of ECSE inclusive teaching experience?

2. What do experienced practitioners identify as the essential knowledge, skills, and dispositions itinerant ECSE teachers need to provide effective inclusive services?

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3. What do experienced practitioners recommend for preparation of preservice ECSE

   teachers for professional itinerant roles that support early childhood inclusion?

Results of the quantitative survey data identified the beliefs, attitudes, and practices of

experienced ECSE inclusion practitioners, while results of qualitative focus group interviews

provided a more comprehensive understanding of the complexity of those beliefs and practices

and recommendations for preparing ECSE preservice teachers for inclusive practice.

Phase I: Survey

Survey Participants

The MTAI survey results were based on responses provided by ECSE practitioners

serving on the Virginia Department of Education IPOP planning teams. Requests to participate in

the web based survey were emailed to 65 ECSE planning team members in 26 school divisions

across Virginia, with a link to the survey provided. Fifty four practitioners responded to the

survey request, representing an 83% return rate. Participants' responses to the MTAI survey

were used to examine practitioner beliefs, ease of accommodation and preparedness to teach by

disability, barriers to inclusion, and methods to improve inclusive practice.

One survey was discarded because only one of the six survey sections was completed.

Surveys with only a few missing responses were retained for analysis and variables with missing

data were deleted using pairwise deletion. Data were tested for assumptions and no problems

were found for the assumptions of normality and homogeneity of variance. Boxplots were used

to examine the data for outliers and none were found.

To provide a clear understanding of the participants in this study, frequencies of the

educational and experiential variables reported by the ECSE practitioners are provided in

Table 1. More than 60% of practitioners had 10 or more years of ECSE teaching experience. Conversely, only 16% had the same number of years of inclusive teaching experience. In fact, 55% had fewer than three years of inclusive teaching experience. More than half of the practitioners reported that they had received *a lot* of formal training while 41% reported *some* or *very little* formal training. Similarly, 65% had *very positive* prior inclusive teaching experiences and 27% *somewhat positive* experiences.

Table 1

Frequency Distribution of ECSE Practitioners' Preparation

Preparation	Frequency	Percent
Years teaching (N = 51)		
First year		
	0	0
1-3 years		
	8	15
4-5 years		
	4	8
6-9 years		
	7	14
10-15 years		
	9	18
15+ years		
	23	45
Years inclusion (N = 45)		
First year	4	9
1-3 years	21	46
4-5 years	8	18
6-9 years	5	11

10-15 years	4	9
15+ years	3	7
Teaching license (N = 51)		
Collegiate Professional	49	96
Provisional	2	4
Highest degree (N = 51)		
Bachelors	6	12
Graduate	45	88
Formal training (N = 51)		
None	0	0
Very little	3	6
Some	18	35
A lot	30	59
Quality experiences (N = 48)		
Very negative	0	0
Somewhat negative	0	0
Somewhat positive	13	27
Very positive	31	65
No experience	4	8

Beliefs and Attitudes

ECSE practitioner beliefs (research question 1) were based on results of the My Thinking about Inclusion Survey (MTAI) section I. This portion of the survey is made up of three belief subscales: core perspectives, expected outcomes, and classroom practices. Subscale and total results were based on a 5-point Likert type scale in which a lower score indicated more positive beliefs and a higher score indicated more negative beliefs. Results indicate that IPOP practitioners had overall positive beliefs about inclusion. In other words, practitioners had positive core beliefs about early childhood inclusion and expect positive child outcomes for all children (Table 2).

Table 2

Means and Standard Deviations for the My Thinking about Inclusion Scale

Survey Item	*n*	*M*	*SD*
Subscale 1: Core Perspectives	**53**	**2.10**	**.47**
1. Students with special needs have the right to be educated in the same classroom as typically developing students.	53	1.36	.48
2. Inclusion is NOT a desirable practice for educating most typically developing students. (R)	53	1.72	.77
3. It is difficult to maintain order in a classroom that contains a mix of children with exceptional education needs and children with average abilities.(R)	53	2.42	1.05
4. Children with exceptional education needs should be given every	53	1.38	.53

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opportunity to function in an integrated classroom.

5. Inclusion can be beneficial for parents of children with exceptional education needs.	53	1.49	.58
6. Parents of children with exceptional needs prefer to have their child placed in an inclusive classroom setting.	53	2.21	.86
7. Most special education teachers lack an appropriate knowledge base to educate typically developing students effectively. (R)	53	1.92	.92
8. The individual needs of children with disabilities CANNOT be addressed adequately by a regular education teacher. (R)	53	2.47	1.01
9. We must learn more about the effects of inclusive classrooms before inclusive classrooms take place on a large scale basis. (R)	53	2.87	1.27
10. The best way to begin educating children in inclusive settings is just to do it.	53	2.96	1.22
11. Most children with exceptional needs are well behaved in integrated education classrooms.	53	2.64	.79
12. It is feasible to teach children with average abilities and exceptional needs in the same classroom.	52	1.75	.56
Subscale 2: Expected Outcomes	**53**	**1.94**	**.46**
13. Inclusion is socially advantageous for children with special needs.	52	1.42	.54
14. Children with special needs will probably develop academic skills more rapidly in a special, separate classroom than in an integrated classroom. (R)	52	2.58	1.13

15. Children with exceptional needs are likely to be isolated by typically developing students in inclusive classrooms. (R)	52	1.98	.80
16. The presence of children with exceptional education needs promotes acceptance of individual difference on the part of typically developing students.	52	1.27	.45
17. Inclusion promotes social independence among children with special needs.	51	1.69	.55
18. Inclusion promotes self-esteem among children with special needs.	51	1.69	.62
19. Children with exceptional needs are likely to exhibit more challenging behaviors in an integrated classroom setting. (R)	51	2.27	.85
20. Children with special needs in inclusive classrooms develop a better self-concept than in a self-contained classroom.	51	2.25	.87
21. The challenge of a regular education classroom promotes academic growth among children with exceptional education needs.	51	2.35	.89
22. Isolation in a special class does NOT have a negative effect on the social and emotional development of students prior to middle school. (R)	51	2.08	.82
23. Typically developing students in inclusive classrooms are more likely to exhibit challenging behaviors learned from children with special needs. (R)	51	1.91	.74

Subscale 3: Classroom Practices	**53**	**2.85**	**.52**
24. Children with exceptional needs monopolize teachers' time.	53	3.47	1.03
25. The behaviors of students with special needs require significantly more teacher-directed attention than those of typically developing children. (R)	53	3.00	1.13
26. Parents of children with exceptional education needs require more supportive services from teachers than parents of typically developing children. (R)	53	2.98	1.01
27. Parents of children with exceptional needs present no greater challenge for a classroom teacher than do parents of a regular education student.	53	2.53	1.07
28. A good approach to managing inclusive classrooms is to have a special education teacher be responsible for instructing the children with special needs. (R)	53	2.28	.99
Total MTAI (subscales 1, 2, & 3)	**53**	**2.18**	**.40**
Total MTAI* (subscales 1 & 2)	**53**	**2.02**	**.43**

Note. R = reverse scoring. Rated on a 5-point scale where 1 = Strongly Accept; 3 = Undecided / Neutral; 5 = Strongly Reject.
*Subscale 3 omitted due to low reliability

Reliability analyses for the three belief subscales and the total MTAI belief scale were examined for internal consistency using Cronbach's alpha. This analysis resulted in the following alphas: Core Perspectives (subscale 1) .78; Expected Outcomes (subscale 2) .82;

Classroom Practices (subscale 3) .22; and Total MTAI .86. MTAI Subscales 1 and 2 demonstrated adequate reliability (> .70), however Subscale 3 (Classroom Practices) was omitted from further analysis due to the low reliability estimate (alpha = .22) for this sample. A recalculation of the Total MTAI reliability with Classroom Practices omitted produced an alpha of .88.

Formal training. To address research sub-question 1a, concerning formal inclusion training among IPOP ECSE practitioners, an independent sampless t-test was conducted (Table 3). Differences in group mean beliefs were examined based on amount of formal training (a lot vs. some or very little). IPOP practitioners who reported receiving *a lot* of inclusive training had more positive beliefs about expected child outcomes than those receiving *some or very little* inclusive training, t (49) = 2.17, p < .05. Practitioners with more training also had more positive overall beliefs about inclusion, t (49) = 1.95, p < .05.

Further comparisons revealed practical as well as statistically significant differences. On the basis of Cohen's categories of small, medium, and large effect sizes (Ellis, 2010), training had a small effect on core beliefs but a medium effect on expected outcomes and overall inclusion beliefs.

Table 3

Differences of Beliefs Based on Training

| Survey | Some | | Alot | | | | 95% CI | | Cohen's |
	M	*SD*	*M*	*SD*	*t*(49)	*p*	*LL*	*UL*	*d*
Core	2.21	.46	2.06	.46	1.08	.284	-.121	.405	.33
Expected	2.13	.42	1.85	.46	2.17*	.035	.021	.530	.64
Total	2.32	.39	2.11	.37	1.95*	.057	.006	.427	.55

Note. CI = confidence interval; *LL* = lower limit; *UL* = upper limit.
*p < .05

Prior inclusive teaching. To address research sub-question 1b, concerning prior inclusive teaching experiences among IPOP ECSE practitioners, an independent samples *t*-test was conducted (Table 4). Differences in group mean beliefs were examined based on the quality of prior inclusive teaching experiences (somewhat positive vs. very positive). IPOP practitioners did not differ significantly at the .05 level, indicating that the quality of prior inclusive teaching experiences is not related to IPOP ECSE practitioners' beliefs about inclusion. Despite the lack of statistical significance, effect size calculations were conducted to determine the possibility of practical effects of prior inclusive experiences on beliefs. However, based on Cohen's categories, prior inclusive teaching experiences had no effect on inclusive beliefs as the differences were too low to even register as a small effect (.20).

Table 4

Differences of Beliefs Based on Quality of Prior Inclusive Teaching Experiences

| Survey | Somewhat Positive | | Very Positive | | | | 95% CI | | Cohen's |
	M	SD	M	SD	t(49)	p	LL	UL	d
Core	2.03	.38	2.13	.49	-.61	.270	-.121	.405	-.23
Expected	1.94	.52	1.89	.43	.37	.356	.021	.530	.10
Total	2.15	.39	2.17	.39	-.11	.456	.006	.427	-.05

Note. CI = confidence interval; *LL* = lower limit; *UL* = upper limit.
p < .05

ECSE teaching experience. To address research sub-question 1c, concerning beliefs and years of ECSE teaching experience among IPOP practitioners, a one way analysis of variance (ANOVA) was conducted (Table 5). Results did not differ significantly at the .05 level, indicating that years of ECSE teaching experience is not related to practitioners' beliefs about inclusion. However, calculations of the value of eta squared (η^2) suggested that years of ECSE teaching experience had a small effect on expected child outcomes and a medium effect on core perspectives and overall beliefs.

Table 5

One Way Analysis of Variance of Beliefs Based on Years of ECSE Teaching Experience

	Core Perspectives				Expected Outcomes				Total Beliefs			
	df	F	*p*	η^2	df	F	*p*	η^2	df	F	*p*	η^2
Between	2	2.04	.141	.08	2	1.02	.367	.04	2	1.68	.198	.06
Within	48	(.204)			48	(.213)			48	(.178)		
Total	50				50				50			

p < .05

Inclusive teaching experience. To address research sub-question 1d, concerning beliefs and years of inclusive teaching experience among IPOP practitioners, a one way analysis of variance (ANOVA) was conducted (Table 6). In contrast to years of ECSE teaching experience, years of inclusive teaching experience differed significantly at the .05 level for IPOP practitioners' beliefs regarding core perspectives, $F(2, 42) = 7.54$, $p < .01$ and total beliefs, $F(2, 42) = 5.81$, $p < .01$.

While the one way ANOVA revealed a difference in means, it did not indicate where the differences between groups lay; therefore, further analysis was warranted. *Post hoc* tests were conducted to compare three groups of IPOP practitioners by years of teaching experience in inclusion (1 - 5 years; 6 - 15 years; more than 15 years). Because the samples sizes for each group were very different (n = 33, n = 9, n = 3) the Hochberg's GT2 *post hoc* test was used (Field, 2005). Next, Levene's test was used to determine homogeneity of variance. Levene's was not significant at the .05 level indicating that homogeneity of variance had not been violated.

Results indicated that IPOP practitioners with one to five and six to fifteen years of inclusive teaching experience had more positive core perspective beliefs and total beliefs about inclusion than those with more than 15 years of experience. Eta squared calculations indicated a small effect size on core perspective beliefs but a large effect size regarding the impact of years of inclusive experience on expected outcomes and overall beliefs.

Field (2005) also recommends "running the Games-Howell procedure in addition to any other tests you might select because of the uncertainty of knowing whether the population variances are equivalent" (p. 341). Results of the Games-Howell test revealed the same pattern of results as the Hochberg's GT2: practitioners with one to five and six to fifteen years of inclusive teaching experience had more positive core perspective beliefs and total beliefs than those with more than 15 years of experience.

Table 6

One Way Analysis of Variance of Beliefs Based on Years of Inclusive Teaching Experience

	Core Perspectives				Expected Outcomes				Total Beliefs			
	df	F	p	η^2	df	F	p	η^2	df	F	p	η^2
Between	2	7.54	.002**	.03	2	2.84	.070	.12	2	5.81	.006**	.22
Within	42	(.159)			42	(.188)			42	(.143)		
Total	44				44				44			

Note. Values enclosed in parenthesis represent mean square.
**$p < .01$

Knowledge, Skills, and Dispositions

   Accommodations and Preparedness. Sections II and III of the MTAI surveyed IPOP practitioners' perceptions of ease of accommodation and preparedness to teach by disability (research question 2; Table 7). Practitioners indicated that children with speech and language delays, learning disabilities, and mild cognitive disabilities can be accommodated more easily than those with other disabilities in early childhood inclusive settings. Conversely, practitioners indicated that children with moderate/severe cognitive disabilities, brain injury/neurological disorders, and challenging behaviors require the greatest amount of classroom accommodation.

   In a fully inclusive classroom setting, IPOP practitioners reported feeling most prepared to teach young children with speech and language delays, mild cognitive disabilities, and attention deficit hyperactivity disorder. They felt least prepared to teach children with visual impairments, hearing impairments, and brain injury/neurological disorders.

Table 7

Ease of Accommodation and Preparedness to Teach Ranked by Disability

	Accommodation		Preparedness	
Rank	Disability	*M*	Disability	*M*
1	Speech and Language Delay	1.62	Speech and Language Delay	3.37*
2	Learning Disability	2.11*	Mild Cognitive Disability	3.37*
3	Mild Cognitive Disability	2.11*	Attention Deficit Hyperactivity Disorder	3.17
4	Attention Deficit Hyperactivity Disorder	2.45	Learning Disability	3.13

5	Hearing Impairment	2.85	Autism/Pervasive Developmental Disorder	3.08
6	Physical/Motor Impairment	2.94	Moderate/Severe Cognitive Disability	2.88
7	Autism/Pervasive Developmental Disorder	3.04*	Physical/Motor Impairment	2.85
8	Visual Impairment	3.04*	Challenging Behavior	2.71
9	Emotional Disturbance	3.08	Emotional Disturbance	2.50
10	Challenging Behavior	3.11*	Brain Injury/Neurological Disorder	2.47
11	Brain Injury/Neurological Disorder	3.11*	Hearing Impairment	2.20
12	Moderate/Severe Cognitive Disability	3.21	Visual Impairment	2.16

Note. Ease of accommodation rated on 4-point scale where 1 = no or very little accommodation and 4 = major accommodation. Preparedness rated on 4-point scale where 1 = not prepared and 4 = extremely prepared.

*tie

Barriers. Section IV of the MTAI survey asked IPOP practitioners to rank order eight factors that interfere with inclusion (research question 2; Table 8). IPOP practitioners reported teacher attitudes as the greatest barrier to inclusion, followed by limited opportunities for collaboration and limited time. Parent attitudes were considered to be the least barrier to inclusion, followed by current work commitments.

Table 8

Mean Rankings for Barriers to Inclusion

Interfering Factor	*M*
Teacher Attitudes	3.21
Limited Opportunities for Collaboration	2.90
Limited Time	2.73
Little Knowledge about Inclusion	2.71
Little Support from the Schools/Agency	2.69
Lack of Experience with Inclusion	2.63
Current Work Commitments	2.52
Parent Attitudes	1.94

Note. Rated on a 4-point scale where 1 = does not and 4 = does extremely

Recommendations for Preparation

Section V of the MTAI asked IPOP practitioners to rank order 10 methods for improving inclusive practices in terms of their usefulness (research question 3; Table 9). IPOP practitioners identified observation of other teachers in inclusive settings, direct teaching experiences, and inservice training/workshops as their top three preferred methods for improving inclusive practice. Independent reading and research involvement were ranked as their least preferred methods.

Table 9

Mean Rankings for Improving Inclusive Practices

Method	*M*
Observation of other teachers in inclusive settings	2.70
Direct teaching experience with children with disabilities	3.44
Inservice training/workshops	3.78
Consultation activities with other teachers, specialists, and parents	4.18
Exposure to children with disabilities	4.48
Discussion groups on inclusive practices	5.55
University course work	6.90
Collaborative experiences with university faculty	7.58
Research involvement	8.10
Independent reading	8.20

Note. Rated on a 10-point scale where 1 = best preferred and 10 = least preferred.

Phase II: Focus Group Interviews

Focus Group Participants

Focus group results were based on the responses of 10 ECSE IPOP practitioners who volunteered via the MTAI survey to participate in follow up focus group interviews. Initially, 19 practitioners volunteered, however, 10 were available to participate in the focus groups. During March, 2011 three focus groups were conducted in southwest (n = 3), southeast (n = 3), and central (n = 4) Virginia.

A detailed description of the 10 focus group participants is provided in Table 10. Participants were representative of all early childhood service delivery models. All participants were fully licensed ECSE teachers and several had additional teaching endorsements as well. In addition, one participant was a Nationally Board Certified teacher. Years of teaching experience were at each end of the continuum; three participants had been teaching one to five years while the other seven had been teaching 16 or more years. Conversely, all participants had taught less than 10 years in an inclusive setting. One participant had no inclusive teaching experience; six had one to five years of inclusive teaching experience and three had six to ten years of experience. Representative of the teaching field, seven participants were Caucasian and two were African American. Participant names have been changed to protect their identities.

Table 10

Focus Group Participant Demographics

Category	Li	Ca	Na	Ma	Ka	Jo	La	Je	St	Sa
Model										
Self-contained		x	x			x				
Reverse								x	x	
Co-teaching					x					x
Itinerant				x			x			
Unknown	x									
Years Teaching Exp										
1-5								x	x	x

	1	2	3	4	5	6	7	8	9	10
6-10										
11-15										
16-20	x	x	x							
21+				x	x	x				x
Years Inclusion Exp										
0			x							
1-5	x	x				x	x	x	x	
6-10				x	x					x
11-15										
16-20										
21+										
Endorsement										
ECSE	x	x	x	x	x	x	x	x	x	x
K-12 MR			x						x	
K-12 LD		x	x							
K-4/6		x		x		x				
Early Childhood		x								
National Board	x									
Highest Degree										
Bachelor's		x			x		x			
Master's	x		x	x		x		x	x	x

Note. Names have been changed to maintain confidentiality.

Analysis

According to the procedure outlined in Chapter 3, analysis of focus group data began with a cursory view of all qualitative data sources (interview protocol, digital recordings, transcriptions, and field notes) to identify the big ideas or overarching themes that emerged. For example, positive core beliefs, lack of clarity regarding models and teaching roles, and need for training. Next, the researcher read through each transcript making margin notes and highlighting significant statements describing how these ECSE IPOP practitioners were experiencing the phenomenon of inclusion. Verbatim statements were first categorized using the six key components of the Learning to Teach in Community (Hammerness et al., 2005) framework (vision, understanding, practices, tools, dispositions, and community), and two additional categories - barriers, and preparation. Next, the eight categories were aligned to the three research questions (Appendix H). Research Question 1: Beliefs and Attitudes aligned to vision and dispositions; Research Question 2: Knowledge, Skills, and Dispositions aligned to vision, understanding, tools, practices, dispositions, and barriers; Research Question 3: Recommendations for Preparation aligned to Community and Preparation.

Beliefs and Attitudes

Beliefs are strong predictors of teaching practices (Lortie, 1975; Pajares, 1992). This means that beliefs can influence whether and how inclusive practices are implemented. When ECSE IPOP practitioners were asked about their beliefs, they shared beliefs about teaching, inclusion, and teaching role.

Teaching. Consistent with the *apprenticeship of observation* (Lortie, 1975) problem in learning to teach, ECSE IPOP practitioners in this study admitted to entering the teaching

profession with serious misconceptions about teaching. They talked about thinking teaching would be easier than it is, not having a good understanding of the paperwork expectations, and not realizing the amount of advance preparation time required. LaDonna said, "I thought it was going to be a piece of cake. Ooooh, boy, was I wrong!" Other participants described similar expectations. For example, Mary said she thought that too many teachers have an unrealistic television image of teaching as perfect little children sitting in their desks and raising their hands. The teacher has all the materials she needs and all parents are supportive. Even Jennifer, whose mother was a special education teacher, did not realize how hard teaching could be. In her first year of teaching, she taught a self-contained class of children with emotional issues and shared how she started the year happy and excited only to be "torn apart by a room full of 5th graders." Kathy, on the other hand, has a child with significant disabilities. She said she knew what she was getting into because she was living it personally.

Inclusion. It was evident that all 10 practitioners believed that all children have the right to inclusive experiences. However, for several there was the proverbial "but", that suggested doubt. For example, Natasha liked the concept of inclusion, BUT; Stacey understood the benefits and potential, BUT. Natasha questioned whether inclusion could really be implemented and supported correctly. Others, like Stacey, questioned whether inclusion really benefited all children. Stacey, implementing a reverse inclusion model where typically developing children are brought into the ECSE classroom to serve as models, questioned whether the typically developing children were getting a quality program. She expressed doubt, particularly when children with more significant disabilities in the room required so much of her attention and time. Other practitioners questioned whether inclusion was appropriate for children with more

significant disabilities. They shared how children had to be ready for inclusion therefore children with milder disabilities were often the ones handpicked for the inclusive placements.

On the other hand, Kathy believed that inclusion does benefit all children because all need to learn how to live together. She expressed her feelings this way,

> When you get out in the real world, there are no special education churches, there are no special education malls, there are no special education anything when you get out in the world, you're in the world and so why do we think that when we are educating our kids, not just kids with IEPs but kids without, why do we think that they should believe the world is segregated that way? You don't have those issues with community involvement if you've taught these kids together all along.

Other practitioners expressed a similar philosophy stating that kids are just kids. In other words, children with disabilities must be recognized as children first.

Teaching Role. Practitioners reported conflicting beliefs about their teaching role. Several implementing a co-teaching model had been told by supervisors that they would not be able to identify the special educator from the general educator because all students would belong to both teachers. Yet, the teacher who is Nationally Board Certified and has more teaching experience than her co-teacher described herself as "a highly educated, highly paid assistant." Another practitioner felt strongly that ECSE teachers should expect to be run over if they are going into the general education classroom because the general education teacher is not going to want to share her classroom. But Kathy, who was currently implementing a modified co-teaching model where she and her assistant rotate between two inclusive general education classrooms, felt that this model did not give the early childhood teacher enough support. She thought they

needed to go back to a traditional co-teaching model where the special education teacher was in the room all the time.

There were similar differences in perspectives regarding the itinerant role. Mary, an early childhood teacher licensed in both early childhood and ECSE, described the itinerant teaching role:

> The difference is the itinerant teacher is not teaching the children, okay? They want to, because that's all they know how to do. But that's not her role. Her role is to teach me how to do this. She's basically got about an hour a week which is so minimal; the rest of the time this is my kid.

Yet, Sally described it as loss of control and preferred a reverse inclusion model so that the ECSE teacher could retain control over the curriculum and expectations. And Stacey described the itinerant role as an abstract position, lacking structure.

One practitioner expressed fear and a lack of confidence at the thought of teaching with another adult. Natasha, an ECSE teacher in a self-contained classroom, had never taught in an inclusive setting. Although she believed inclusion was beneficial to some children with disabilities, she wanted her own classroom. She said,

> It's not like you're in your own classroom where if you make a mistake no one's going to see it, but if you're like with another teacher, you know, what are they going to think of me? I made a mistake, or I didn't teach this the correct way, so to me it would be more pressure because it's like three other adults in the classroom, not just you and the teacher assistant.

Knowledge, Skills, and Dispositions

Understanding. According to Hammerness et al. (2005), understanding in the context of early inclusion is a deep knowledge of inclusion and how to make inclusion accessible to others. In an indirect service delivery model, the ECSE teacher would make inclusion accessible to the child by supporting the early childhood teacher. For example, the ECSE teacher would ascertain the early childhood teachers' prior knowledge and experiences with inclusion and their understanding of their teaching role. Teachers must know what inclusion is, know why inclusion is important, know how inclusion is implemented and validated, and know how to communicate knowledge of inclusion to others.

Models. Practitioners reported that ECSE teachers need to understand the types of service delivery models that are used in preschool settings. Surprisingly, two practitioners were not clear as to which model they were actually implementing but then went on to describe it according to accepted definitions. It was also evident that the names of models have different meanings for different people. Unlike Mary's earlier description of itinerant teachers, Stacey described her school's consultative model as used for "ones that really don't need that much support so I just go in to the teacher to check with the teacher if they need me and I co-teach with the ones that need more support."

Participants expressed the view that general early childhood teachers rarely understand inclusion or what it means for them. LaDonna reported that her colleagues thought it was the end of the world because they were certain that the children with disabilities were going to interrupt other children while they were learning. In fact, one practitioner even suggested that having a

more in-depth understanding of how models work and explaining it to others may even change negative attitudes.

Roles. As reported previously, the role of the ECSE inclusion teacher is not well defined nor well understood by those in authority, ECSE teachers, or early childhood teachers. Role confusion leads to negative attitudes, lack of confidence, and turf issues. ECSE teachers need a clear understanding of their roles within each model, not only to explain it to others but so they can effectively implement the model (Hammerness et al., 2005). Many of the practitioners were not confident in their understanding of certain models and shared they did not even have a vision or picture of what they should be doing, much less be able to explain it to another teacher.

Inclusion. IPOP practitioners recognized that effective inclusive service delivery requires an understanding of the context of the early childhood classroom. For example, Jennifer shared the importance of preservice teachers understanding different early childhood curricula. Similarly, Mary felt it would make life easier if the ECSE teacher had an idea of which curriculum was being used in the inclusive classroom because of the differences in sending a child into a High Scope classroom than one using Creative Curriculum. Others stressed the importance of also understanding Virginia's Foundation Blocks of Learning: Comprehensive Standards for Four Year Olds and how to embed IEP objectives within the curriculum used in the classroom.

Jennifer discussed her need for more understanding of typical child development. LaDonna suggested more understanding of assessments, such as PALS data, because teachers often get the reports and then do not know how to interpret or use the data. Sally stated the importance of preservice teachers understanding and being able to use whatever tools the state is

using. For example, "QRIS (Quality Rating and Improvement System) is being implemented across Virginia in early childhood classrooms, therefore it would make sense that it would be taught to preservice teachers."

Across all three focus group practitioners expressed a clear need for ECSE teachers to learn how to teach adults, because other teachers are often not accepting when another teacher wants to give them suggestions. Carolyn shared that, "There are so many things about special education that they [early childhood educators] don't know that they should know but they haven't been taught. It's hard for a teacher to tell another teacher what to do." One practitioner suggested using role plays to learn how to work with other adults. She had experienced this in her preservice program and actually used what she had learned when she became a teacher. Carolyn suggested using scenarios to help prepare preservice teachers for "everything from where do you put your pocketbook when you enter the classroom to dealing with a resistant teacher".

Tools

Tools connect understandings about inclusion to the practice of inclusion. In early childhood inclusion ECSE teachers need tools such as consultation and coaching skills, adult learning strategies, and teamwork skills. They also need practical tools such as IEPs, behavior management skills, and implementing assessments. Not only do these tools help ECSE teachers work smarter but they also enable them to put their intentions into action – a major task in learning to teach. (Hammerness et al., 2005).

Conceptual tools. IPOP practitioners stressed the importance of understanding adult learning strategies because they were the ones often educating regular educators about inclusion

and the IPOP initiative. Beyond basic collaboration skills, all three groups identified teamwork and relationship building as critical tools to support inclusion. Jennifer shared that in her preparation program, teamwork content had been combined with medical aspects content and she felt strongly that because they are both such important topics they should not be taught together.

Others pointed out the need for conflict resolution tools. Mary described itinerant teachers this way,

I've had people that were really good at it and others who really stink at it. The ones that are good at it are the ones that know how to teach adults, how to say it to the adult so that I don't feel so stupid, okay, I mean you have to be careful because you know; you're stepping on somebody's toes if you're telling them what to do. So you have to say it cautiously and you have to tell them, it's kind of like when we have parent/teacher conferences, tell them three things they did right before you start telling them, and then tell them this is what the child is doing and these are some things that might help get, so that it takes it off of, you're not doing what you're supposed to be doing or you don't know what you're doing, kind of thing. And that's real tricky because you are teaching an adult and basically it's a competent adult usually. They just don't know how to deal with that specific child or that specific situation. And most of the time the difference is that they don't have the training.

Two groups suggested that working together is like a marriage. Lisa shared that, when attending a conference, a supervisor shared that he brought a marriage counselor in to consult with his team because he felt that the skills needed were very similar. Practitioners across all groups

agreed that they had not been trained to work with other adults, however they were able to recommend a number of practical tools that might help ECSE teachers work with other adults.

Practical tools. Observation skills were identified as critical to working with adults and to developing functional IEPs. More specifically, an ECSE teacher with good observation skills has concrete information to share with the early childhood educator and that would facilitate better problem solving. Kathy identified the child's present level of performance as the most important part of the IEP if it describes more than just test items. It should describe what the child can do in a variety of environments. Others agreed that most IEPs are not useful, but if written functionally, they could be extremely useful tools in the inclusive classroom.

Practitioners also identified a number of specific assessment tools and materials as essential for working in early childhood settings. In addition to the previously mentioned QRIS, Foundation Blocks of Learning, Developmental Milestones, and various preschool curricula, practitioners felt strongly that ECSE teachers need to be trained to implement the ECERS-R (Early Childhood Environment Rating Scale-Revised), CLASS (Classroom Assessment Scoring System), ELLCO (Early Language and Literacy Classroom Observation) , and PALS-PreK (Phonological Awareness Literacy Screening for Preschool).

Mary described seeing more children coming to school who don't know how to get along with children. She expressed concern that children don't know how to share or how to play anymore. "Therefore teachers will never get to teach alphabet letters and sounds if you they cannot help the children who cannot get along with each other or sit beside each other on the rug. She suggested that you have to know how to teach social and emotional skills." Kathy suggested

that additional training in behavior management, such as positive behavior supports, is needed as well.

Practices. In the Learning to Teach in Community framework (Hammerness et al., 2005), understandings and tools are integrated into a set of practices. Practices, in the context of early childhood inclusion, describe what the ECSE teacher does in the classroom. For example, does the ECSE teacher provide direct instruction to the child or does the teacher support the children indirectly by supporting the early childhood teacher? Practices include explaining and discussing concepts and strategies, modeling strategies, and offering constructive feedback.

What you do. IPOP practitioners across all three focus groups reported that they basically learned to teach on the job. Lisa said, "99% is on the job training." Kathy described what the first day is like for new teachers. "You're thrown in the first day of being a brand new teacher and its like, whoa, what do I do and where do I even start?"

They expressed similar experiences when beginning in an inclusive setting. Many had been promised extensive training only to arrive the first day of school without any. They soon found that even with positive core beliefs about inclusion, actually implementing inclusive practices were difficult. Mary shared that she had always wanted to teach in an inclusive setting. Yet, when she became the inclusion teacher, her reaction was, "Oh gosh, how do I make this happen, now that I've gotten what I wanted? How am I supposed to put my money where my mouth is?"

Lisa said that special education teachers know how to teach and regular education teachers know what to teach. In an inclusive setting, she discovered that she did not possess the

early childhood content knowledge needed. Neither did she know what to do with a group of 17 or 18 preschoolers or how to organize her time to prepare for a large number of children.

Based on these experiences, practitioners reported that in inclusive settings ECSE teachers must be able to differentiate instruction, write functional IEP goals, and embed interventions. But again, IPOP practitioners reported they were not properly prepared to do this during their preservice training, much less how to do it in the context of the early childhood classroom. Mary shared her experience at a conference,

> It just made the light bulb go off for me because it was just like, oh, okay that's how I can do it. Maybe we'll be working on alphabet for some of these kids. Maybe for passing around objects, and we're working on alphabet for this child, it may just be holding the object and releasing and that's the entire goal that we're working on for him. Or maybe this child we're working on just learning what the vocabulary is but we're not talking about, the goal isn't for them to learn their letters.

She now incorporates differentiated instruction in her weekly lesson plans using the High Scope curriculum categories: earlier learner, middle learner, and later learner.

Several practitioners shared the necessity of learning how to write functional IEP goals that can actually be implemented within classroom routines and activities. Mary shared the frustration experienced when ECSE itinerant teachers lack this skill:

> If they're bound and determined that all they want that kid to do is stack those one inch cubes, okay, but everybody else in the class is doing play doh right now. Well, play doh isn't in this kid's IEP, well, no, neither should stacking one inch cubes! But that's what they learned to write in IEPs and so that's what they want to do instead of play doh. You

know, teachers should be embedding those IEP goals into whatever is going on in classroom. It's a big deal.

How you do it. Practitioners shared that flexibility is the key to enactment. They reported that the beauty of the job is that every year is different. There are different challenges that must be overcome but that is what makes the job exciting.

Kathy described what differentiated instruction and embedded interventions might look like in the general education classroom.

> Maybe the child with special needs is not quite as engaged and sometimes it can be something very simple that an environmental support would help. It can be things that in no way says that the teacher [general educator] isn't doing their job, but they're [the special educator] able to say, you know, I noticed that and maybe you could try this and see if it might be something that would make this work better for you. I just think knowing how you can differentiate and if you're sitting in a group and you're talking about something, how could you pull that child in that has more issues, could you use some visuals, could you use some of those kinds of things.

Other practitioners reported that embedded interventions are equally as beneficial for typically developing peers.

Dispositions and Barriers. Like the MTAI survey respondents, focus group practitioners identified teacher attitudes as the greatest barrier to inclusion. Carolyn described children with disabilities as sometimes being treated as the step child in the early childhood classroom and Sally described them as being treated like "aliens." However, other practitioners shared that early childhood special education teachers are just as likely to have negative attitudes toward inclusion

as early childhood teachers. Sometimes ECSE teachers think they are the only ones that can teach the child with disabilities. Natasha said that often the special education teacher will suggest that early childhood teachers do not want children with disabilities in their classes, "as if they are using that as the excuse for not attempting inclusion." In some cases, special educators have even voiced that they do not want to "do" inclusion.

As mentioned previously, lack of training is also a barrier to inclusion. One practitioner mentioned lack of planning time and described how she used the weekend to try and collaborate with her assistant or the early childhood teacher. Turf issues were also identified as a barrier to inclusion, particularly when the ECSE teacher feels like she is intruding on the early childhood classroom. Several shared how they are not given any personal or work space in the early childhood setting or within their school building. One practitioner said she uses her van to store materials she might need at school.

Several practitioners reported rarely, if ever, being exposed to inclusion, much less to images of good practice. For example, Carolyn said, "I know I never saw anybody, never any teachers do any inclusion." Lisa agreed saying that she had no prior experiences, only those that she had implemented.

Not having the appropriate people on the planning team was identified as a barrier to inclusion. LaDonna noted the importance of including people with authority, otherwise decisions made at the meetings cannot be implemented. Natasha recognized the importance of planning team members who follow through. When practitioners were shown the MTAI survey results on barriers to inclusion, Jennifer noted that little support from the schools/agency was ranked as the 5th (out of 8) greatest barrier to MTAI; however she felt strongly that it was a greater barrier to

inclusion because without their support it is difficult to implement inclusion at the classroom level. Others identified parent education and support as critical. When parents realize that inclusion is possible at the preschool level then they become better advocates for their children. And Mary shared that, although "ridiculous", sometimes it is the transportation department who ultimately decides whether a child gets placed in an inclusive setting. Therefore it is critical to have a transportation representative on the IPOP planning team.

Recommendations for Preparation

Community was the recurring theme throughout IPOP practitioners' recommendations for preparing preservice ECSE teachers for inclusion. Practitioners described community as collaborative learning in context. For example, they suggested early field experiences to connect practitioners to the field, extensive clinical experiences to receive ongoing support with feedback, and book studies to change practice. In this type of situated learning knowledge is developed in a social context that can be applied to everyday experiences (Barab & Duffy, 2000; Wesley & Buysse, 2006). Community becomes a place to share ideas and problem solve.

They felt strongly that opportunities to see good inclusive practice in action, to apply what is learned in context, and to learn together enhanced their knowledge development. Mary said that while she can read a book, actually seeing someone doing it is more powerful. Stacey preferred to see examples of specific practices, "like examples of data collection from different schools or teachers, examples of lesson plans, just different ideas from everybody." And LaDonna expressed an interest in direct experiences. She shared how her medical aspects class had taken trips to the university hospital to get hands on experience in the occupational and physical therapy labs.

IPOP practitioners also expressed the importance of having preservice teachers in the field early on in their preparation program. Jo suggested that, "They need to learn that teaching is not all roses. And I think the best way to find that out is to be in the classroom more than maybe just a semester." Mary suggested, "You better love teaching because not all children are easy to love day after day and the perks for teaching are not pats on the back or monetary compensation; the perks are that snotty little hug. I mean, really. Those are the things you get."

Sally suggested that teachers should learn from one another. She felt that she got more out of sharing experiences and discussions with her classmates in a recent course than the content itself. Jennifer mentioned a similar experience during her last preservice class. Therefore it came as no surprise that when shown the MTAI results for preferred methods of training, Jennifer suggested that discussion groups should be ranked as number three. She was amazed at how much she learned from others and was disappointed that the opportunity had not occurred earlier in her preservice program.

Sally also shared that she is currently leading a book study with her preschool teachers focused on engagement (McWilliam & Casey, 2010) and was finding this a successful strategy to promote change in the classrooms.

LaDonna suggested a preparation model similar to nursing programs where you have extensive clinical experiences following a course before going back into the classroom. That would enable the preservice teacher to receive constructive feedback and detailed practice. Sally suggested that for those teachers who are already employed with a provisional license, a method should be devised for them to use their classroom for practice. And Stacey stressed the importance of applying what is being learned in the context of inclusion.

Rather than workshops where teachers "get all these great ideas and then you come back and you get in the swing of things and it's hard to see how you can really implement them", Kathy suggested that access to a model demonstration site would be a better learning experience for teachers.

> It might change the mindset of those who don't believe inclusion can work. I came from a very definitive background that inclusion was the right thing to do because of my daughter, so however you can make it happen, you make it happen. But when I was in another state they had a really great model program that students and teachers could actually go and see that this actually works, you see that you can actually do this. One of the biggest barriers that I've heard is, how can you make it work? I don't believe this can work this way. The model program was wonderful because it had the preschool program and lots of materials and they did lots of training. They used the preschool program for trainings – even in the evenings.

IPOP practitioners recommended a blended program approach to prepare early childhood and early childhood special educators for inclusion. In fact, Jennifer felt that if she been prepared in a blended program with dual endorsement, "I would be extremely prepared for inclusion!" She expressed concern that soon she will be required to have a general education degree in order to continue to teach in an inclusive setting. Sally shared that she feels a stigma is attached to ECSE and that it is not seen as a preschool teaching position. She recently knew an ECSE teacher who the administration would not hire in an early childhood position. Most participants agreed that having a dual endorsement would eliminate this issue and ensure that all children were receiving quality services.

Summary

This chapter presented the quantitative and qualitative results of the data collected to examine the beliefs and attitudes of experienced ECSE practitioners, to determine the educational and experiential differences associated with beliefs, to identify the knowledge, skills, and dispositions necessary for inclusive practice and to explore recommendations for preparation. Descriptive and inferential statistics were used to analyze the quantitative survey data to address the first research question and sub-questions related to beliefs and attitudes. These ECSE IPOP practitioners had overall positive beliefs and attitudes about inclusion. Statistical and practical significance was found for beliefs and amount of formal training and for beliefs and years of inclusive teaching experience. While statistical significance was not determined for beliefs and years of ECSE teaching experience, practical significance was found. There was no statistical or practical significance between beliefs and quality of prior inclusive experiences. IPOP practitioners indicated that children with mild disabilities are easier to accommodate in the inclusive classroom than children with more significant disabilities. Similarly, practitioners felt more prepared to teach young children with milder disabilities in a fully inclusive setting than children with more significant disabilities. Teacher attitudes and limited opportunities for collaboration were identified as the greatest barriers to inclusion and parent attitudes as least likely to interfere with inclusion. Observation of other teachers in inclusive settings and direct teaching experiences were identified as the preferred methods for improving inclusive practice and independent reading and research involvement least preferred.

Results of follow up focus group interviews provided a deeper understanding of early childhood inclusion by examining ECSE IPOP practitioners' beliefs about inclusion, their

perceptions of the knowledge, skills, and dispositions needed for effective inclusion and their recommendations for preparing preservice teachers. Participants advocated strongly for training prior to the implementation of inclusion, particularly about inclusion models, teaching roles, and early childhood programs. They identified teaching other adults, differentiating instruction, and embedding functional IEP goals and objectives in routines and activities as important skills for ECSE teachers in inclusive settings. They agreed with the MTAI survey results that teacher attitudes are a major barrier to inclusion. However they indicated that early childhood special educators are just as likely to have negative attitudes about inclusion as are general early childhood teachers. While these practitioners indicated strong core beliefs about inclusion, most felt that inclusion is not as appropriate for children with significant disabilities. Practitioners participating in focus groups tended to favor a co-teaching or reverse inclusion model rather than a consultative model. And finally, practitioner recommendations for preparation included providing images of good practice through model demonstration programs; increasing clinical experiences and offering them earlier in the program; and using a blended preparation model so preservice teachers receive licensure in both early childhood and early childhood special education. A more detailed discussion of the findings is presented in the next chapter.

Chapter 5

Conclusions and Recommendations

As increasing numbers of young children with disabilities are included with their typically developing peers in early childhood programs service delivery is shifting from a segregated to more inclusive and supportive model. Yet, there is little guidance in the professional standards, recommended practices, or research on how to effectively prepare preservice ECSE teachers for inclusive practice. This mixed method study was conducted to extend understanding of what ECSE teachers need to know and be able to do in inclusive settings by looking to ECSE practitioners in the field who have both a strong understanding of inclusion and who practice inclusion on a daily basis. To inform teacher preparation, this study specifically aimed to investigate how early childhood inclusion is actualized in practice in one state seeking to systematically increase the inclusive placement options available for preschool age children with disabilities. This chapter begins with a brief review of the research problem, methods used, and significance of the study. Next it presents an interpretation of results, discussion of findings, and limitations of the study. The chapter concludes with implications for teacher preparation and recommendations for further research.

Research Problem and Methodology

Well trained personnel are essential to the successful inclusion of young children with disabilities, yet few preservice preparation programs are adequately preparing early childhood special educators to work in integrated settings. To address the changing service delivery paradigm in early childhood, the knowledge, skills, and dispositions necessary to adequately support young children in inclusive settings need to be identified. The purpose of this study was

to begin to build this knowledge base by investigating what experienced early childhood special educators believe about inclusion, how they implement inclusive practices, and what they recommend to prepare preservice teachers for inclusive practice.

Specific research questions included:

1. What are the beliefs and attitudes of experienced ECSE practitioners about early childhood inclusion?

    a. Is there a difference in the inclusion beliefs and attitudes of ECSE IPOP practitioners in terms of formal training?

    b. Is there a difference in the inclusion beliefs and attitudes of ECSE IPOP practitioners in terms of prior inclusive teaching experiences?

    c. Is there a difference in the inclusion beliefs and attitudes of ECSE IPOP practitioners in terms of years of ECSE teaching experience?

    d. Is there a difference in the inclusion beliefs and attitudes of ECSE IPOP practitioners in terms of years of ECSE inclusive teaching experience?

2. What do experienced practitioners identify as the essential knowledge, skills, and dispositions itinerant ECSE teachers need to provide effective inclusive services?

3. What do experienced practitioners recommend for preparation of preservice ECSE teachers for professional itinerant roles that support early childhood inclusion?

In order to examine the perceptions of experienced practitioners, this study used a sequential mixed method design (Creswell, 2009). A survey followed with focus group interviews was used to describe experienced IPOP practitioners' perceptions of what ECSE preservice teachers need to know and be able to do to effectively support early childhood

inclusion. Study participants were drawn from ECSE practitioners involved in a statewide initiative promoting increased inclusion opportunities for young children with disabilities. The Inclusive Placement Opportunities for Preschoolers (IPOP) initiative was developed to assist Virginia in changing its segregated service delivery system for preschoolers to a more inclusive model. Twenty-six school divisions in Virginia are currently receiving long-term technical assistance from the Virginia Department of Education.

Significance of Study

Beliefs are important determinants and predictors of teaching practice (Lortie, 1975; Pajares, 1992). A number of studies have noted the importance of beliefs to early childhood inclusion and beliefs continue to be identified as a barrier to successful inclusion. Despite the dramatic change in the roles and responsibilities required of itinerant ECSE teachers, little is known about the inclusive beliefs of these teachers who strongly influence whether and how inclusive practices are implemented. A number of studies have examined the beliefs of early childhood teachers and several include participants from a variety of disciplines, including ECSE. However, noticeably absent from the literature are studies focused specifically on ECSE teachers' beliefs about inclusion.

Despite the growing concern in the field regarding the lack of preparation of teachers for inclusive practice, only three studies were found that specifically addressed the roles and responsibilities of ECSE teachers in inclusive settings. The studies used practitioners to describe perceptions about inclusive practice, challenges, and supports to improving practice. Gallagher's qualitative study (1996) investigated ECSE teachers' evolving views of their changing needs and responsibilities during their first year as itinerant teachers. Gettinger, Stoiber, Goetz, and Caspe

(1999) surveyed four groups, one of which was ECSE teachers, validating professional competencies important for early childhood inclusion specialists and compared perceptions across respondent groups. The most recent study, Dinnebeil, McInerney, & Hale (2006), used Delphi methodology (systematic solicitation of opinions from an expert panel around a specific topic) to examine the perceptions of four diverse stakeholder groups, one of which was ECSE itinerant teachers, regarding the key roles and responsibilities of itinerant ECSE teachers. One of the roles identified in the Delphi study was lifelong learner, which is foundational in the development of adaptive expertise. This means that teachers understand that preservice preparation is merely the beginning of their professional development, not the end. Effective teachers continue to learn from their own practice and others throughout their career. While building on this research that used practitioners to define roles and responsibilities, the IPOP study extends to investigate ECSE practitioners' beliefs, experiences in implementing inclusive practices, and recommendations for the preparation of preservice teachers. In addition, this study builds on the MTAI study (Stoiber, Gettinger, & Goetz, 1998) that examined practitioners' beliefs about inclusion, ease of accommodation and level of preparation by disability type, and barriers to and preferred methods for improving inclusive practices, and extends to focus specifically on ECSE inclusion practitioners.

This study incorporated a combination of methods that were used in the previous studies – MTAI survey and focus groups - to gain a greater understanding of experienced practitioners' recommendations for preparing new ECSE teachers. To inform teacher preparation, this study further analyzed data using current research about how teachers learn (Bransford et al., 2005),

which is based on Bransford's prior work about how people learn (National Research Council, 2000).

Interpretation of Results

Fifty-three ECSE IPOP practitioner surveys and three focus groups, with a total of 10 IPOP practitioner participants, were administered in Virginia. Participants represent 26 school divisions participating in a statewide initiative to support a continuum of preschool inclusive placement opportunities. This purposefully selected group of ECSE IPOP planning team members was chosen because of their knowledge of and experience with early childhood inclusion.

Across survey respondents, 96% were fully licensed ECSE teachers and 3% held a Provisional Teaching License. Almost half of the practitioners had more than 15 years of ECSE teaching experience while 23 % had less than five years. This trend was reversed for years of inclusive teaching experience with the majority (73%) having less than 5 years of experience and only 7% had more than 15 years of ECSE inclusive teaching experience. Of the respondents, 59% reported having received a lot of formal inclusive training and 41% reported some or very little formal training. The discrepancy was larger for quality of prior inclusive teaching experience; 64% reported very positive prior experiences while only 27% reported somewhat positive prior inclusive teaching experiences.

Similar to survey respondents, all focus group participants were fully licensed ECSE teachers, with several reporting additional teaching endorsements as well. In addition, one participant was a Nationally Board Certified teacher. Years of teaching experience were at each end of the continuum; three participants had been teaching one to five years while the other

seven had been teaching 16 or more years. Similar to survey data the trend reversed for years of inclusive teaching experience. However, in the focus group, all participants had fewer than 10 years of teaching experience in an inclusive setting. One participant had no inclusive teaching experience; six had one to five years of inclusive teaching experience and three had six to ten years of experience. Representative of the teaching field, seven participants were Caucasian and two were African American. Despite the small number of focus group participants, all individualized service delivery models were represented, providing a variety of viewpoints.

Analysis

As outlined in Chapter 3, a mixed data analysis process was used to analyze the survey and focus group interview data collected in this study. Characteristic of a sequential explanatory mixed method design, data collection occurred in two distinct phases. Quantitative survey data were collected and analyzed prior to the collection and subsequent analysis of the qualitative focus group data. The quantitative and qualitative data phases were linked when the survey results were used to develop the focus group interview questions, in order to help explain and elaborate on the survey responses. However, the data analyses were separate and distinct processes for each phase of this study and findings were reported accordingly in Chapter 4.

At this point in the study the separate analyses of the quantitative and qualitative data were brought together for data comparison and integration, resulting in an integrated, or mixed, interpretation of the two data sources. This is referred to as a parallel tracks mixed analysis approach (Li et al., 2000) as illustrated in Figure 3. Interpretation consisted of a comparison of congruence and conflict in results and variation among respondents within the Learning to Teach

in Community framework categories – vision, understanding, practices, tools, dispositions, and community (Hammerness et al., 2005).
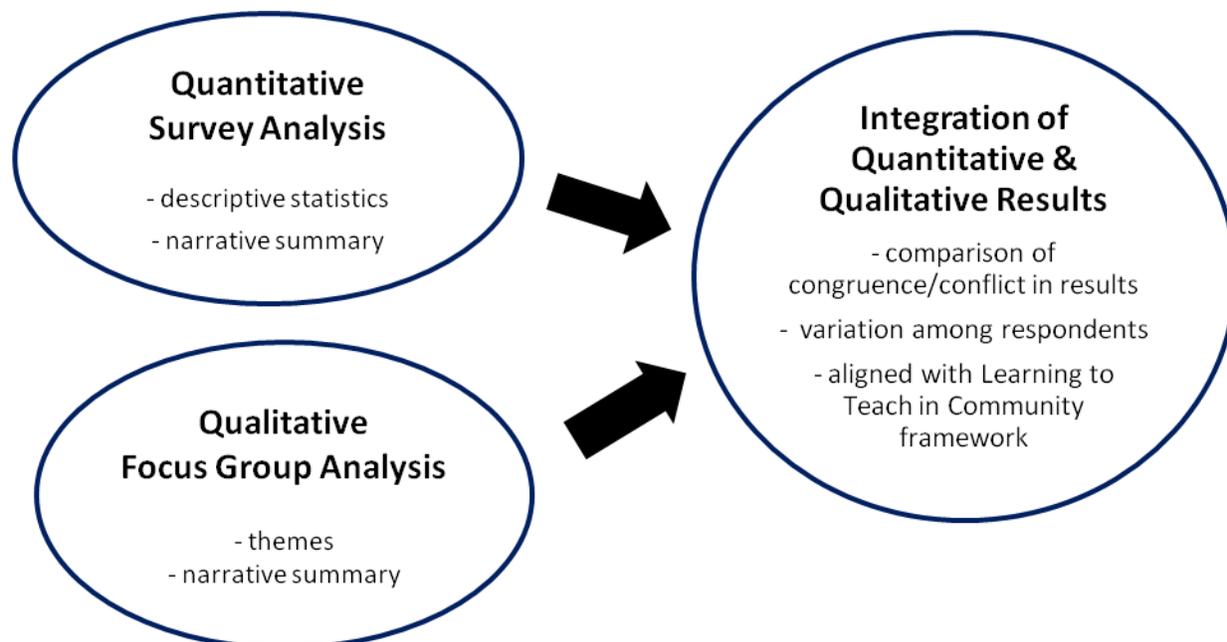
Figure 3: Parallel Tracks Mixed Analysis (Li et al., 2000)

Vision

A vision of early childhood inclusion in the context of the Learning to Teach in Community framework means that practitioners having a clear sense of what inclusion teachers do, what good inclusive teaching is, and what they hope to accomplish as an inclusion teacher Results from this study do not indicate that IPOP practitioners have a shared vision of early childhood inclusion.

In the MTAI survey, Subscale 2, Expected Outcomes, and Subscale 3, Classroom Practices provided insight about the vision of the 53 survey respondents. The expected outcomes section assessed practitioner expectations for the academic and social outcomes of inclusion while classroom practices focused on practitioner beliefs about the daily realities of inclusion.

Although the classroom practices subscale was omitted from further statistical analysis in chapter four due to low reliability responses, the subscale is examined further in this section to describe practitioners' visions for inclusion.

A mean ranking of expected outcome items varied from 1.27, indicating a strongly accepted belief to 2.58, indicating an agreed upon belief (but approaching the 3.00 undecided/neutral rating). Survey results indicated strong positive beliefs related to the benefits of inclusion. The strongest shared belief was that inclusion promotes the acceptance of individual differences by typically developing children, followed by beliefs that inclusion is socially advantageous, promotes social independence, and builds self-esteem in children with disabilities. There was little indication from focus group participants that they had these same strong beliefs about the benefits of inclusion. One participant provided an example of what is possible and desirable from inclusion when she shared that the 5th grade teachers of students who had remained in an inclusive program through elementary school were shocked at the caring and considerate attitudes of the typically developing students, not only to the children with disabilities but to their peers as well. However, other participants reported rarely, if ever, being exposed to good inclusion during their preservice training or on the job, leaving them without good images of practice. Instead, they shared a vision of inclusion that included resistance by general early childhood teachers resulting in turf issues and being relegated to the role of assistant teacher or helper.

Perhaps the greatest indication of the lack of shared vision for good inclusive practice was the fact that several focus group participants were either resistant to moving out of their comfort zone in the self-contained classroom or had either moved to or were considering a move

to a more restrictive teaching environment. Despite the fact that survey participants agreed that isolation in a self-contained class had negative effects on the social emotional development of children, one focus group participant expressed a strong desire to keep her own classroom because she lacked confidence in her skills and felt insecure teaching in front of other adults. Two participants had previously taught in an inclusive setting but were now teaching in a self-contained class. Another participant was considering recommending a reverse inclusion model for her school division because of previous negative experiences in an itinerant service delivery model. Another participant who had been an itinerant teacher for several years shared her excitement in recently acquiring a self-contained classroom for children who were not ready for inclusion, although she would continue to support several children who remained on her itinerant caseload. Finally, survey participants agreed that the best approach to managing the inclusive classroom is <u>not</u> to have the special education teacher responsible for instructing children with disabilities, however, a focus group practitioner who expressed strong beliefs about inclusion was hoping to move back to a strictly co-teaching model after 3 years of implementing a modified co-teaching model. She felt strongly that the early childhood teacher was frustrated and needed the special educator in the classroom full time to provide consistent and ongoing support to the children with disabilities.

Recommendations to increase vision. Both survey and focus group participants were in agreement that vision was critical to preservice teachers' professional learning and practice. Survey participants ranked observation of other teachers in inclusive settings as their most preferred method for preparation. Likewise, focus group participants stressed the importance of seeing good teaching in action so that ECSE practitioners know exactly what good inclusive

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teaching should look like and how it should be actualized in practice. Because good inclusive practice is difficult to find, the development of university-community partnerships was suggested to build model demonstration sites where preservice and inservice teachers could see good inclusive practice and also be trained by on-site by professionals who have been successful in model implementation.

Understanding

Understanding early childhood inclusion in the context of the Learning to Teach in Community framework (Hammerness et al., 2005) requires ECSE teachers to think about and understand teaching differently from what they learned from prior experiences as students or from previous traditional teaching experiences providing direct services to young children with disabilities. Results from this study indicated that IPOP practitioners have varied levels of understanding regarding models of service delivery, teaching roles, and adult learning principles.

Early childhood inclusion is a complex phenomenon that is further complicated by the variety of organizational contexts and individualized service models available (Odom et al., 1999). Where inclusive programs are located significantly influences how services are delivered. It also impacts the roles and responsibilities of ECSE teachers. Focus group participants had little understanding of the context of the early childhood classroom, particularly curricula, typical child development, and assessments. At the same time, they indicated that early childhood teachers lack understanding of special education. This lack of knowledge in both disciplines could explain much of the resistance among practitioners as well as the struggles and frustrations that focus group practitioners' have experienced when providing consultative services.

MTAI respondents ranked little knowledge about inclusion as the fourth barrier to inclusion out of eight possible choices. They considered teacher attitudes, lack of opportunities for collaboration, and limited time to be greater barriers. However, examination of the focus group transcripts indicated that participants considered lack of knowledge a more significant barrier to inclusion. Limited time and opportunities for collaboration were only mentioned once by one participant across all three focus groups. Instead, it was clear that focus group practitioners wanted and needed more training and clarity about models, their teaching roles, and adult learning.

The MTAI also surveyed practitioners' perceptions of levels of preparedness by disability type. Similar to views expressed in the focus group interviews, results indicate that IPOP practitioners were better prepared to include children with mild to moderate disabilities than those with more significant disabilities. Given the ambiguity expressed by focus group participants regarding service delivery models and roles, it is not surprising that they have more difficulty including children with more significant disabilities into a system they themselves do not completely understand.

Recommendations for preparation. Focus group participants indicated that the knowledge they had about inclusion models and roles had come primarily from their involvement in the IPOP initiative. Practitioners such as Jennifer, a recent graduate, indicated that while these topics are often mentioned in coursework it is not enough to develop deep knowledge or understanding of the subject matter. Similarly, survey participants indicated that university coursework, research involvement, and independent reading were least preferred methods for improving their knowledge of inclusion. To develop a better understanding of

inclusion, focus group practitioners suggested that coursework include role play, problem solving possible inclusion scenarios, and teaching content in the context of early childhood inclusive settings. For example, when writing lesson plans require that the plan be written in the context of an inclusive setting rather than assuming a well-written individualized lesson plan will generalize to an inclusive setting. Again, practitioners talked about the importance of vision and seeing good inclusive models and good inclusive teaching in action to build understanding.

Tools

According to the Learning to Teach in Community framework (Hammerness, 2005) tools are critical to early childhood inclusion because they bridge the gap between understanding and practicing inclusion. Results from focus group interviews indicated that ECSE practitioners often lack the necessary conceptual and practical tools to implement quality inclusive practices.

As reported in Chapter Four the conceptual tools critical to inclusion are those related to adult learning. As service delivery in early childhood inclusion shifts to a more indirect approach, ECSE teachers must know how to teach other adults. They need to know how to build relationships in order to effectively problem solve, make use of their social influence to motivate others to change, and provide professional support to inclusive teachers (Buysse & Wesley, 2005). Wanting to remain in a self-contained classroom because of lack of confidence in working with other adults, continuing to accept ones role as a teaching assistant, and moving back to a co-teaching model in order to be in the classroom fulltime all indicate that most focus group practitioners lack skills in working with and teaching other adults. However, Mary and Sally provided evidence, through their examples, that they understood the importance of knowing how to approach and communicate with other adults. Both practitioners recognize early

childhood inclusion teachers as competent adults who lack training in working with young children with disabilities.

Survey participants ranked teacher attitudes as the greatest barrier to inclusion. There was consensus across all three focus group groups that attitudes are the greatest barrier to inclusion but they were also quick to point out that early childhood special educators also have negative attitudes about inclusion. Results seem to indicate that many of these negative attitudes have roots in adult learning and relationship issues.

Recommendations for preparation. Consistent with literature reporting that teacher preparation programs are not preparing ECSE teachers to effectively support the learning needs of young children with disabilities included in early childhood programs (Dinnebeil, Pretti-Frontczak, & McInerney, 2009; Klein & Harris, 2005), IPOP practitioners reported not being prepared for indirect service delivery, and, specifically, about how to work with other adults. Focus group participants were in agreement about the critical importance of a teamwork class in an ECSE preservice preparation program. They also emphasized the need to link what is taught at the university level to trends in the field. For example, they believed that Virginia preservice teachers should be taught about the IPOP initiative and systems change during their preservice preparation.

Practices

Within the Learning to Teach in Community framework (Hammerness et al., 2005) understandings about early childhood inclusion and effective tools are integrated into a set of inclusive practices. Inclusive practice is the point of enactment or the ability to put what has been learned into action. Findings from focus group interviews indicated that IPOP practitioners were

unable to enact their intentions in practice because they lacked the necessary tools to do so. Previous studies indicated that inclusion teachers who have not been prepared for early childhood inclusion, specifically indirect service delivery, and who lack confidence, will revert back to the role in which they are most comfortable and familiar – direct instruction, with little interaction with adults (Dinnebeil et al., 2001; Dinnebeil et al., 2006, & Gallagher, 1997). Therefore it is critical that preservice teachers are prepared to enact effective inclusive services prior to the first day as a new teacher.

Results from focus group interviews indicated that practitioners did not feel prepared for practice when entering the teaching field, and instead felt that most of the skills in learning to teach had been developed on the job. All practitioners talked about how unprepared they were to teach, particularly in the early childhood classroom. In contrast, MTAI respondents strongly agreed that special educators have the appropriate knowledge base to educate typically developing children effectively (Section I. 7). Focus group practitioners identified three major skills that teachers need to implement inclusion effectively – writing functional IEPs, differentiating instruction, and embedding instruction in routines. In addition, they suggested that flexibility is critical to the success of an ECSE practitioner in an inclusive setting. In fact, Mary suggested that flexibility can be the difference in whether or not a person makes it as a teacher.

Recommendations for preparation. Survey and focus group results indicated that lack of experience with inclusion was a barrier to inclusion. MTAI respondents identified direct teaching experiences with children with disabilities as the second most preferred method for inclusive practice. Focus group participants were in agreement and suggested hands on

experiences, early field experiences, and more intensive clinical placements to better prepare preservice ECSE teachers for inclusive practice.

Dispositions

Dispositions about inclusion within the Learning to Teach in Community framework (Hammerness et al., 2005) refer to what practitioners think about inclusion, children, and the role of the ECSE teacher in an inclusive setting. This includes the ability to reflect and learn from practice.

Results from the MTAI survey indicated positive overall beliefs about early childhood inclusion and suggested that beliefs are related to inclusive experiences and training. Further analysis of the survey reveal similar results on the two belief subscales. Respondents had strong core beliefs that children with disabilities have the right to be educated with their typically developing peers ($M = 1.36$) and that all children should be given every opportunity to function in an inclusive setting ($M = 1.49$). Focus group participants expressed similar strong core beliefs that all children have the right to inclusion. However it was also apparent that core beliefs do not necessarily lead to implementation. Natasha expressed positive core beliefs about inclusion but still did not want to teach in an inclusive setting. Other participants expressed how, despite strong core beliefs about inclusion, they struggled to implement effective inclusive practices.

MTAI results also indicated a strong core belief that inclusion is beneficial for parents of children with disabilities ($M = 1.49$). This was not discussed at any of the focus group interviews and in fact, there was very little discussion about parents. Another strong belief indicated on the MTAI was that inclusion is desirable for educating typically developing peers ($M = 1.72$). Results of focus group interviews indicated variation at both ends of the continuum

regarding this topic with Kathy sharing the benefits of inclusion for typically developing children as a result of six years of inclusive experience and Stacey expressing doubt as to whether the typically developing children in her reverse inclusion class were getting enough attention.

Recommendations for preparation. As mentioned previously, teacher attitudes were rated the greatest barrier to inclusion on the MTAI survey. Focus group practitioners agreed but noted that ECSE practitioners were just as likely to have negative attitudes toward inclusion. Suggestions to improve inclusive practice and attitudes included opportunities to see good inclusive practices, to practice what is learned and receive feedback, and to learn from colleagues.

Community

Community is foundational to the Learning to Teach in Community framework (Hammerness et al., 2005). Critical to managing the complexity of inclusion is the ability to learn from others. Surprisingly, MTAI results indicated that community was not a preferred method for improving inclusive practice indicated by the fact that the three community activities -- consultation activities with other teachers, specialists, and parents; discussion groups on inclusive practices; and collaborative experiences with university faculty - were rated fourth, sixth, and eighth (out of 10), respectively.

IPOP practitioners talked about the benefits of collegial learning but, other than Sally, it was not evident that they used their community to improve the inclusive settings in which they were teaching. Results indicated variation in the comfort level of practitioners in working with other adults. For example, Natasha was extremely uncomfortable; Lisa voiced difficulty sharing

information, working with, and teaching other adults; Sally initiated a book study to change practice, and; Mary and Kathy expressed comfort in collegial interactions.

Recommendations for preparation. Early field experiences, book study, intensive clinical experiences, and blended licensure programs have been recommended previously for the preparation of ECSE teachers. While excellent strategies, Sally also recognized that it is difficult to prepare a teacher for everything they will face in practice and suggested collegial learning as a way to continue learning beyond the preservice program. This aligns with Bransford, Darling-Hammond, and LePage (2005) who suggest that teacher educators should help preservice teachers become adaptive experts - teachers who are prepared to learn throughout their lifetimes.

Discussion of Findings

There continues to be concern in the field that ECSE itinerant teachers provide more direct services because they are graduating from universities that are not preparing them for an indirect, or itinerant-consultation, service delivery role (Dinnebeil & McInerney, 2000; Dinnebeil et al., 2006). Existing personnel standards (CEC/DEC, 2008) and the DEC Recommended Practices (Sandall et al., 2005) are focused almost exclusively on preparation for direct service delivery. Therefore personnel preparation programs must find new and effective ways to prepare early childhood special educators for inclusive practice (Gettinger, Stoiber, Goetz, & Caspe, 1999).

With so little guidance from the standards, recommended practices, and research, this study proposed to build on what little knowledge exists about preparation for early childhood inclusion by going to experienced practitioners in the field. Specifically, this study aimed to describe their beliefs and attitudes about inclusion, what they thought ECSE preservice teachers

need to know and be able to do to provide effective inclusive services, and their recommendations for preparation.

Beliefs and Attitudes

Despite the fact that teachers will engage in activities in which they feel most confident and avoid those in which they are uncomfortable (Bandura, 1986; Brownell & Pajares, 1999), previous studies have not looked exclusively at the inclusive beliefs of ECSE teachers. Although the participants in this study were ECSE teachers on IPOP planning teams, it would have been presumptuous to assume positive beliefs and attitudes, especially since beliefs can determine whether and how inclusive services are implemented (Stoiber et al., 1998).

The MTAI survey results indicated that ECSE IPOP planning team members had positive beliefs about inclusion, however follow up focus group interviews revealed wide variation in those beliefs. In fact, one practitioner was so uncomfortable with the idea of teaching with other adults that she preferred to keep her own self-contained classroom or, if forced into inclusion, she preferred the reverse inclusion model so she could retain control of her own classroom. At the same time, it was evident that having strong core beliefs about inclusion does not ensure implementation. Several practitioners shared strong core beliefs, particularly about the rights of children to be educated with their typically developing peers; however, they found it difficult to act on their intentions without the necessary knowledge and skills.

Knowledge, Skills, and Dispositions

A second purpose of this study was to investigate what experienced practitioners identify as the essential knowledge, skills, and dispositions itinerant ECSE teachers need to provide effective inclusive services.

Unlike K-12 grades that offer a natural setting for inclusion, programs for typically developing preschoolers are not often found in public schools. Having to understand and negotiate the organizational contexts of agencies outside the public school system is a barrier to early childhood inclusion. Where inclusive programs are located significantly influences how services are delivered and this in turn impacts the roles and responsibilities of the ECSE teacher. Focus group participants revealed considerable confusion over the types of service delivery models available and how those models were implemented. This was surprising given the attention that IPOP planning team members spend on this topic.

Focus group interviews revealed considerable confusion over teaching roles as well. Like three previous studies (Dinnebeil, 2006; Gallagher, 1997, & Gettinger, et al., 1999) that addressed the roles and responsibilities of ECSE teachers in inclusive settings, focus group participants identified interdisciplinary teaming, direct service provider, assessor, and lifelong learner as roles in which they had participated as well. Practitioners also shared struggles and frustrations in working with other adults. There appeared to be little collaboration or communication among adults. Given the training and technical assistance received by these IPOP practitioners, it was surprising that several described their positions more as assistants than teachers, and were unclear about consultative roles.

As the field shifts from direct to indirect delivery of services, preparing teachers for a variety of roles that involve working, communicating, and collaborating with other adults is critical. A recurring theme throughout the focus group interviews was the need for training in this area. Without consultation knowledge and skills, these practitioners appeared to be retreating to service delivery models that require less adult interactions, such as self-contained and reverse

inclusion models, in an attempt to avoid teaching other adults. This is a significant barrier to implementing inclusive services. The success of inclusive preschool programs is dependent on the relationships among the adult participants (Lieber et al., 1997) and this appears to be the root cause of many of the problems shared by focus group practitioners. While there was little discussion as to what kind of child outcomes practitioners were experiencing across their programs, it is obvious that as the PEELS (Markowitz et al., 2006) study indicated, children with disabilities are not being supported consistently in inclusive programs.

The results of this study indicate that there is still much to be done in order for young children with disabilities to be successfully supported in inclusive settings. Despite the fact that there are strong moral, empirical, rational, and legal reasons for inclusion, children with disabilities are not receiving the specialized instruction needed because practitioners continue to lack the knowledge, skills, and confidence to effectively implement inclusive services. This has serious implications for personnel preparation programs, which is the focus of the Implications for Teacher Preparation section.

Study Limitations

While this study contributes to the understanding of how to prepare early childhood special educators for inclusive practice, certain limitations should be noted. Guba's Model of Trustworthiness of Qualitative Research (as cited in Krefting, 1991) emphasizes the importance of neutrality or ensuring that the findings are based on information provided by the participants and not other biases, motivations, and perspectives. One way to enhance neutrality in qualitative research is the use of more than one researcher in the analysis of the data. However, if this is not

the case, then the use of reflexive analysis is recommended to assist the researcher in recognizing his or her influence on the data (Krefting, 1991).

The use of a single researcher was identified as the first limitation of this study. Because it is impossible for the researcher to divorce herself from past experiences, beliefs, and values, researcher bias can best be addressed by first acknowledging its reality (Bogden & Biklen, 2007). In this study, the researcher is the co-director of the Preparing for Change grant (focused on preparing preservice ECSE teachers for inclusive practice) and the instructor of two courses on inclusion (ECSE 603 Integrating Early Childhood Programs; ECSE 672 Preschool Internship). The course syllabi (see Appendix I) expose the instructor's (researcher's) strong focus on consultation content and implementation opportunities. To address this limitation and provide rigor, the researcher engaged in reflexive analysis in which the influence of previous teaching and grant experiences were examined (Krefting, 1991). A field journal, which included study logistics as well as reflections on thoughts, feelings, ideas, and hypotheses related to adaptive expertise and the three problems in learning to teach, was utilized. In addition, the researcher reviewed the digital recording and transcript in between focus group meetings to ensure that she was not influencing participant responses.

A second limitation of this study is the use of survey data. As with all self-reported survey data, there is concern about what is reported and the actual beliefs and inclusive practices of the survey respondents. Because inclusion can evoke strong emotions and participants were planning team members of a state initiative on inclusion, there was also the potential for social desirability, in which participants answer in ways that are most socially desirable. The fact that this survey has been used in previous studies and its psychometric properties evaluated provided

some rigor to the research design. In addition, follow up focus group interviews provided the opportunity to address any questions or discrepancies that appeared during the survey data analysis.

A third limitation is related to the study sample. Despite a high response rate (83%), the relatively small survey sample size (N=53) may affect the conclusions that can be drawn from this study. However, this study was not designed to generalize results to a larger population but to describe the perceptions of Virginia ECSE IPOP practitioners. This information will be particularly useful and of interest to teacher educators preparing preservice ECSE teachers in Virginia.

A similar limitation has to do with the focus group sample. Nineteen IPOP practitioners volunteered to participate in a follow up focus group meeting. Despite numerous attempts by phone and email to find a date and location that was suitable to a majority of the participants, travel time to the location impacted participation. Two groups had three participants each and one group had four participants for a total of 10 participants across all three focus group meetings. The recommended group size for an academic focus group is 5-8 people (Krueger & Casey, 2010).

An identified limitation of qualitative data is the transferability of data due to a lack of participant representativeness of the group being studied (Krefting, 1991). While a nominated sample addresses this limitation, all of the focus group participants in this study were volunteers. This may mean that focus group participants were not representative of all experienced IPOP practitioners who completed the MTAI survey. However, practitioners were representative of possible individualized service delivery models. Lincoln and Guba (1985) suggest that it is not

the responsibility of the researcher to prove transferability. Instead, researchers should provide detailed information about the participants and the research context so that others can judge transferability for themselves. Therefore, detailed background information about the focus group participants was gathered at the beginning of each meeting, while also maintaining their confidentiality. A description of focus group participants is provided in Table 10.

A final limitation is the researcher's inexperience as a focus group moderator. As Bers (1989) states, "focus group interviews need trained moderators who understand the dynamics of group interaction" (p. 149). To address this limitation, several strategies were employed. Although focus groups are informal, a protocol including target questions and follow-up probe questions was developed. The researcher had planned to conduct a pilot focus group interview with advisory board members of the Preparing for Change personnel preparation grant. Moderator performance and changes to the focus group protocol were to be made based on feedback from advisory board members. Despite attempts to convene a group, a pilot group was not conducted due to conflicting schedules. However, a moderator aide was present during all three focus group interviews to take notes, prompt the moderator, and monitor time.

Implications for Teacher Preparation

Federal law (IDEIA, 2004) mandates services in the least restrictive environment. In adherence to this law, the U.S. Department of Education is required to submit an annual performance report to Congress on the implementation of IDEIA. One of three monitoring priorities is related to the provision of a free appropriate education in the least restrictive environment. For preschool programs, states are required to report the percentage of children with Individualized Education Programs, ages three to five, who receive special education and

related services in settings with their typically developing peers. Ironically, while well trained personnel are essential to the successful inclusion of young children with disabilities, few preservice preparation programs seem to be adequately preparing early childhood special educators to work in inclusive settings.

There is little guidance in the professional standards, recommended practices, or research on how to effectively prepare preservice ECSE teachers for inclusive practice. This study began to address this gap by investigating what experienced ECSE practitioners believe about inclusion, how they implement inclusive practices, and what they recommend for preparing preservice teachers for inclusive practice. Results indicated that while ECSE teachers have strong core beliefs that all children have a right to be included with their typically developing peers, they lack the knowledge and skills to effectively implement inclusive practices in early childhood.

ECSE teachers serving children in inclusive settings need an additional set of skills that are different from those required for working directly with a child. While itinerant ECSE teachers still need the expertise to work directly with children, they also need additional skills to support and train the primary caregivers who are with the child on a daily basis (Dinnebeil et al., 2004). Teacher educators are challenged to add this content to an already full curriculum within the timeframe of preservice education. In reality, preservice education cannot fully develop the knowledge, skills, and dispositions that any new teacher needs to work effectively in a rapidly changing world of practice. Therefore it is suggested that a more effective strategy is for teacher educators to help preservice teachers become adaptive experts who are prepared to learn throughout their lifetime (Bransford et al., 2005). Using current research on how teachers learn,

Bransford and his colleagues developed a framework for teacher learning (Learning to Teach in Community) to address the problems in learning to teach.

The primary purpose of this study was to use experienced inclusive practitioners' knowledge to inform the content and process for the preparation of preservice ECSE teachers for inclusive practice. The results of these findings were organized using the Learning to Teach in Community framework. Results from this study confirm that having a vision of good inclusive practice is critical to preservice teachers' professional learning and practice. Practitioners must see good inclusive teaching in action in order to develop images of good practice and recognition of what is possible and desirable in inclusive teaching. However, good inclusive practice is difficult to find, therefore teacher educators must initiate the development of university-community partnerships to begin to develop visions of good practice through model demonstration sites where preservice teacher can see and train in programs offering high quality inclusive services to preschool children.

Analysis of experienced practitioners' beliefs revealed varied levels of understanding regarding models of service delivery, teaching roles, and adult learning. As these form the foundation of good inclusive practice, practitioners need to see high quality inclusive models and teaching in action to build a deeper understanding of effective inclusive practice. In addition, this content should be included in coursework through strategies such as role playing and problem solving in the context of a variety of early childhood settings. Linking course content to trends in the field will enable preservice teachers to develop a better understanding of why specific knowledge is important, as well as preparing them to apply this knowledge early in their careers.

Adult learning is critical to the success of inclusion. Consultation has been recommended as a strategy to support early childhood teachers address the inconsistent and isolated ways in which services are provided in inclusive settings (Buysee et al., 1994; Buysse & Wesley, 2005; File & Kontos, 1992; Palash & Wesley, 1998). This requires significant changes in the roles and responsibilities of the ECSE teacher, particularly in communicating and collaborating with teachers and staff in early childhood programs (Lieber et al., 1997). ECSE teachers need to know how to solve problems, use social influence, and provide professional support (Buysse & Wesley, 2005). Practitioners indicated that they specifically need skills in writing functional IEPs, differentiating instruction, and embedding interventions. Not only must this content be added to the repertoire of skills of preservice ECSE practitioners but opportunities to practice and hone those skills prior to employment through intensive clinical experiences is critical to building both skills and comfort.

Teacher attitudes were rated as the greatest barrier to inclusion by practitioners. Because beliefs are important determinants and predictors of teaching practice (Lortie, 1975), teacher educators need to assess preservice teachers' beliefs and attitudes early in their preparation program and use this as the starting point of instruction. Finally, foundational to the Learning to Teach in Community framework is the ability to learn from others (Hammerness, 2005). If ECSE teachers are expected to work with and teach other adults they must learn how to do this during preservice preparation. Teachers can no longer be taught in isolation, as teaching in no longer an isolated profession. Teacher educators should consider a blended licensure program where early childhood and early childhood special educators learn together and graduates are certified in both disciplines.

While the changes suggested will require considerable change within teacher preparation, programs must do a better job of preparing ECSE teachers for inclusive practice. Previous studies indicated that inclusion teachers who have not been adequately prepared for early childhood inclusion, specifically indirect service delivery, and who lack confidence will continue to choose to use a direct service delivery approach (Dinnebeil et al., 2001; Dinnebeil et al., 2006, & Gallagher, 1997). If ECSE practitioners continue to rarely engage the adults in inclusive settings, young children with disabilities will continue to be unsupported and not receive the specialized instruction needed from early childhood teachers.

Recommendations for Further Research

While this mixed method study provided information about the beliefs and practices of experienced ECSE practitioners, there are still many unanswered questions and the need for additional research. Despite the increased governmental demand for accountability on the provision of services to young children with disabilities in the least restrictive environment, little research has been conducted since the late 1990's and early 2000s. There is little evidence from this study that the field is indeed successfully moving from a direct to indirect service delivery model in Virginia. To fully understand early childhood inclusion in the United States, a national descriptive study is needed to provide a clear picture of the current landscape for early inclusion.

One focus of this study was to describe the beliefs and attitudes of experienced ECSE teachers using survey and follow up focus groups. Given the paucity of research on the beliefs of ECSE practitioners, further research is needed. Because this study demonstrated variation in the beliefs of ECSE practitioners participating in focus group interviews that was not evident in findings from the MTAI survey, direct observations of practice would add a fuller description of

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practice and provide another context for understanding the apparent discrepancies between beliefs and actual practice. This study should also be expanded to include early childhood practitioners and related service providers serving on IPOP planning teams across the state. This would increase the diversity of perspectives and provide a broader picture of inclusive practices in Virginia.

Given the influence of beliefs on practice, additional research on the impact of ECSE practitioners' beliefs on placement decisions is also warranted. Like the Stoiber et al. (1998) study, results of the MTAI survey indicated that practitioner beliefs were related to training received and years of experience. Additional research is needed to determine possible predictors of inclusive placement decisions.

Another focus of this study was identification of the knowledge, skills, and dispositions needed for effective inclusive practice. Results indicated considerable confusion about the organizational context and individualized service delivery models in early childhood inclusion and the role of teachers. Further research is needed to identify the root of this confusion and related strategies for training.

Finally, more information is needed on the effective implementation of consultation and coaching in early childhood. Buysse & Wesley (2005) identify the need for additional empirical evidence to examine the effectiveness of consultation in early childhood, and the results of this study add further evidence to this assertion. While little research has examined the effectiveness of consultation in early childhood, more research is available on school-based consultation. Researchers should consider replicating these studies in early childhood settings.

Summary

This mixed method study investigated how early childhood inclusion is actualized in practice in one state seeking to systematically increase the inclusive placement options available for young children with disabilities. Results indicated that while ECSE practitioners have strong core beliefs, they are often not able to translate those beliefs into practice. The findings also suggest confusion about organizational contexts, individualized service delivery models, and teaching roles in early childhood inclusion. While practitioners identified a number of skills such as adult learning principles, functional IEPs, differentiated instruction, and embedded interventions as necessary tools, more research is needed to determine the most effective way to prepare ECSE practitioners to use these tools in the classroom. Finally, this study clearly indicates a need for further research to better inform the preparation of ECSE practitioners for inclusive practices.

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Appendix A

Visual Model for Sequential Explanatory Mixed Methods Design

Phase	Procedure	Product
Quantitative Data Collection	Statewide web-based survey (N=53)	Numeric data
Quantitative Data Analysis	Data screening Frequencies SPSS v. 18	Missing data Outliers Descriptive statistics Visual display Narrative summary
Connecting Quantitative & Qualitative Phases	Survey participants volunteer for focus group (N = 10) Develop interview questions	Focus group participants Focus group protocol
Qualitative Data Collection	Face-to-face focus groups Focus group protocol	Digital recording Transcripts Field notes
Qualitative Data Analysis	Coding & thematic analysis Theme development	Codes & themes based on LTTC framework Identify congruence/conflict in categories Visual data display using LTTC framework
Interpretation of Quantitative & Qualitative Analysis	Compare survey & focus group results Summarize all results according to LTTC categories	Visual display of framework Discussion Implications Future research

Appendix B

IPOP Application

Initial Application for Inclusive Placement Opportunities for Preschoolers (IPOP)
2009-2010

VDOE's Training and Technical Assistance Centers

Introduction

VDOE's T/TACs are pleased to invite a team from your division to apply for an Inclusive Placement Opportunities for Preschoolers (IPOP) Long-Term Technical Assistance (LTTA) partnership. This application includes the following: (1) information related to requirements that need to be completed by the division **PRIOR** to application submission, (2) an application form, (3) directions for submitting an application, and (4) a description of the selection process. LTTA is a systems change process designed to help you develop, implement, and sustain a research-based initiative within your division to address the development or expansion of inclusive placement opportunities for preschoolers with disabilities within the placement continuum. This process requires:

- Obtaining staff and administrative support and commitment,
- Forming a planning team (see page 2 of this document),
- Holding at least monthly scheduled meetings,
- Developing and implementing an action plan, and
- Evaluating the progress of the initiative.

Accepted applicants will receive technical assistance support from T/TAC for 2-3 years while developing and implementing this initiative.

As technical assistance providers, T/TAC will:

- Provide technical assistance,
- Assist your team in identifying needs,

- Provide professional development,
- Assist team in choosing a research-based model,
- Assist in planning for the implementation of the model,
- Assist in assessing selected early childhood classrooms in your division/community,
- Provide resources, including early childhood materials,
- Provide limited financial support, and
- Assist in developing a plan for sustainability.

PART 1: *Requirements to complete PRIOR to application submission*
During this prerequisite phase, the following steps must be completed:
1. Gather Momentum for the Need for Change to the Existing System.

Determine if there is support for the need for change related to beginning or expanding inclusive placement opportunities for preschoolers with disabilities. Some questions to ask include: Do others share the need to begin or increase inclusive opportunities for young children with disabilities? Do others understand the philosophical, legal, and educational rationale for inclusion? Identify a small group of people in the division and community who share your concern about this need for change.

2. Obtain Administrative Approval to Form an IPOP Planning Team.
After identifying a small group of people who understand there is a need for change within the division and community, get approval from the division administration to plan for inclusive opportunities. This request for approval to form a planning team may be done by preparing and presenting a general rationale for the need for change to building level administrators, division level administrators, agency directors, superintendent, community partners, and/or the larger governing body (e.g., supervisory or school board). Make sure to review the steps in systems change (page 3) that will be implemented if selected to participate in a LTTA project with the T/TACs.
3. Form a Planning Team Consisting of Key Stakeholders and Reach Consensus on Need for LTTA.

Once there is administrative approval, ask representatives from all the relevant sub-groups within the division and community to participate on a planning team. Identify an individual to be the team lead and/or coach and serve as liaison to the larger governing board and the agency director or superintendent (see Roles and Responsibilities of the Team Lead page). Representatives from the following groups are encouraged to participate on the IPOP team: agency representatives, community partners, principals and assistant principals, special education director, other school division preschool program directors (e.g., VPI, Title 1), direct service providers (e.g., Head Start, community child care centers, community preschools), teachers and paraprofessionals, related service providers, parents, community members, and any other group (e.g., representatives of the transportation department) who could be affected by the change to the system. **Invite these people to attend a meeting to learn about the purpose of the planning team and the steps related to the IPOP systems change initiative.**

This planning team is a requirement if your application for LTTA is accepted. The team will learn and begin using a collaborative team meeting process with rotating roles for meeting participants. A regular monthly meeting date will be set and team meetings will be scheduled for the year. The planning team's goal will be to select, plan for, pilot, and evaluate the new initiative to address your agency or school need. Therefore, its role will be to gain stakeholder support for the initiative and involve stakeholders in all aspects of development of the initiative, including the development of policies and procedures to ensure the new initiative sustains. T/TAC staff roles will include guiding the team to conduct steps as outlined in the phases of systems change in this application, and participating as a team member on the planning team. Consider reviewing the phases and steps in systems change to determine whether this potential team is interested in applying for LTTA. If there is consensus to apply for LTTA, then complete the next step.

4.) As a Team, Complete the Application Form on pages 5-8.

By completing the steps listed above, the first phase of system change, Readiness, has been completed.

Phases and Steps in Systems Change to Begin/Expand Inclusive Placement Opportunities for Preschoolers with Disabilities

Note: Steps may not occur in a sequential order

1. *Readiness Phase*
   - Gather momentum for the need for change to the existing system
   - Obtain administrative approval to form an IPOP planning team
   - Form a planning team consisting of key stakeholders to review what is required to make a change to a system
   - Identify personnel to be team lead and or coach
   - Explain the purpose of the planning team and gain consensus for the need to apply for LTTA
   - As a team, complete the T/TAC LTTA application

2. *Planning Phase*
   - Learn a structured team meeting process
   - Gather information about the current state of affairs in the school division/community
   - Learn about research-based models that have successfully addressed preschool inclusive practices
   - Visit/communicate with sites that use these models
   - Select a model to use to address your need
   - Participate in the Virginia Quality Rating and Improvement System (see QRIS page)
     - attend rater training
     - attend mentor training
   - Develop a philosophy to support the initiative, including what and how young children learn, common curriculum, approach to discipline, professional development, roles and responsibilities
   - Complete an IPOP action plan, including an evaluation plan and timeline
   - Develop a proposal to add the new initiative to the system
   - Gain the support of school division/community program administrators for the initiative

- Develop a description/guide for the initiative
- Share information about the initiative, elicit concerns, and gain support from stakeholders
- Plan for and conduct ongoing evaluations and use results to improve the initiative
- Plan for and conduct a series of in-service training sessions
- If applicable, develop and recommend job knowledge, skills, and abilities (KSAs), job revisions, and selection criteria to use for staff selection in the initiative
- Build expertise of IPOP team lead and/or coach
- Determine roles and responsibilities for team lead and/or coach

3. *Implementation Phase*
- Plan for and conduct orientation activities for staff and families to introduce and create awareness of the initiative
- Pilot the initiative
- Conduct regularly scheduled team meetings with participants in the initiative
- Continue participation in planning team meetings
- Evaluate the pilot and determine how to continue, improve, and expand the initiative
- Evaluate the effectiveness of the coaching role and team member roles, and make adjustments as necessary

4. *Continuation Phase*
- Revise the written description/guide
- Develop or revise policies to support the philosophy and goals for the initiative
- Make the initiative a tangible part of the division
- Plan for ongoing professional development for new and returning staff, coaches and IPOP Planning Team members

Questions and Answers about Systems Change

Q.   *What is systems change?*

A.   An orderly plan to add a new initiative or alter an existing program and set of policies within an established system.

Q.   *Who participates on a division/program/agency planning team in a systems change project?*

A.   A planning team is made up of volunteers from each of the following stakeholder groups: administrators (e.g., principal and assistant principal, the special education director, system preschool programs director, agency director), direct service providers (e.g., teachers and paraprofessionals, related service providers), community preschool/child care representatives, and any other group essential to the success of the initiative (e.g., members of the transportation department, school nurse). T/TAC staff also participates as team members.

Q.   *How often does the planning team meet and what do they do?*

A.	The planning team meets monthly and follows a structured meeting process where leadership is shared and members volunteer to complete tasks prior to subsequent meetings. Tasks may include building consensus with others for the need for change, collecting information about the need for change, surveying parents and direct service providers regarding their perceived need for change, and visiting programs currently using research-based models. The planning team also involves the entire staff and family members in the development of sample materials, the identification of training needs, revising existing forms and processes, developing policies to ensure the change sustains, etc.

Q.	*How long does it take to change a system?*

A.	Typically two to five years. The first year is devoted primarily to planning for the change to the system. In subsequent years, planning continues and implementation begins. Putting a new initiative into practice almost always involves first trying out (e.g., piloting) and evaluating a small portion of the new initiative before making a full-scale change to the system.

Q.	*What are the critical features of systems change?*

A.	There are many different models for systems change; however, these four critical phases occur in all models:
- Readiness
- Planning
- Implementation
- Continuation

Within each phase of systems change, there might be several steps. Each group involved in changing a particular system will identify the specific steps and how those steps will be sequenced for their unique situation.

PART 2: *Initial Application for Inclusive Placement Opportunities for Preschoolers (IPOP)*

School Division:

_____

Date: _____

Proposed Members who agree to serve on   **Position:**
      the IPOP Planning Team:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Contact Person:

Name: _____ **Position**: _____

Address:_____

Phone: _____**Fax**:_____

E-mail address: _____

Summer contact information if different from above: _____

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A. **Please check one:**

- ❑ New preschool placement opportunities initiative
- ❑ Expansion of an existing program

B. **Briefly describe why this initiative was selected. Be specific (ex., describe a survey/self-evaluation completed, data collected). How do you believe this grant will help your division reach your goals?**

C. **Describe the actions you have taken to address this need and the outcome of those actions. Please share what worked and what did not work with previous actions taken.**

D. **Describe the anticipated impact your team hopes to achieve as a result of implementing this initiative. List specific outcomes you want to achieve.**

E. **Identify at least three specific strengths of your division that will assist in implementing your initiative.**

F. **Describe existing and/or potential barriers that might affect the implementation of the initiative. Consider all possible circumstances that may arise associated with the initiative.**

G. Identify and describe additional resources that could be provided by your division/community to support your proposal. Resources may include people, money, time, and expertise within your division and/or community.

H. These are the required components of the LTTA agreement. Please have your team review these items and indicate any concerns you may have with them.

1. Establish a Long-Term Technical Assistance Planning Team consisting of family members, teachers, administrators, community agency personnel, instructional assistants, and other relevant team members.
2. Identify a person to serve as the team lead and fulfill the logistical responsibilities associated with this role.
3. Identify a person to serve as a coach (see Roles and Responsibilities page).
4. Participate in mandatory systems change/teaming/evaluation workshops (all team members).
5. Conduct at least monthly planning team meetings at a time when all team members can be present.
6. Arrange and support weekly planning time for teaching staff involved in the classroom.
7. Implement the IPOP action plan and incorporate it into your existing school improvement plan.
8. Schedule release time for teachers and planning team members to participate in activities associated with this initiative.
9. Participate in the Virginia Quality Rating and Improvement System (QRIS) and collect ongoing data for evaluation of the initiative.
10. Implement a plan for sustainability of the model.

   Our team has concerns with the components listed above:

Suggested times in September and October 2009 that your team could meet to attend a required training on systems change/teaming.

Please identify an administrator/designee in your program who will be available to meet with the T/TAC representatives once the application has been reviewed.

Administrator/designee: _____

Position: _____

Address: _____

_____

Phone (w/area code):_____ Fax (w/area code):_____

E-mail address: _____

Signatures   **Date:**

Superintendent:

_____

Division Program Coordinator/Agency Coordinator/Director(s) from Participating Programs:

_____

_____

_____

_____

_____

_____

_____

IPOP Planning Team Members: **Title:**

_____

_____

_____

_____

_____

_____

PART 3: *Directions for Submitting*
After completing the application form, please **mail the original and 2 copies (postmarked no later than May 29, 2009***)* **to:**
T/TAC @ (your regional T/TAC, see Superintendent' memo)
Attn:
Address:

Call Phyllis Mondak at 804.225.2675 or your regional T/TAC for clarification or questions.

PART 4: *Selection Process*

A fair and impartial team will review applications. Point values will be assigned to each component of the application. The attached scoring rubric will be used to evaluate the applications. The identified contact person for each site will be notified in writing in August 2009 of the application acceptance.

Appendix C

Email Letter for ECSE Practitioners

Dear IPOP Colleague,

You have been recommended as a potential participant in a survey being conducted as part of the Office of Special Education Programs (OSEP) funded ECSE preparation grant, *Preparing for Change*, at Virginia Commonwealth University. The purpose of the *My Thinking about Inclusion* survey is to explore what Virginia IPOP practitioners think about early inclusion.

As an ECSE teacher providing inclusive services, your participation will provide valuable insight into the complexities of early inclusion. The information gathered from this survey will be used to better prepare future ECSE teachers for inclusive practice. All results will remain confidential and no identifying information will be included. What we find from the study may be presented at meetings or published in professional journals; however your name or identifying information will not be used at any time.

As teacher preparation instructors we value the opinions of ECSE practitioners. While you do not have to participate in this study, it will be greatly appreciated if you would take the time to share your views with us. If you choose to participate, you may stop the survey at any time without penalty. You may also choose not to answer particular questions that are in the study.

If you have any questions or comments about this study, please contact me at 804-827-2663 or by email at bbhooper@vcu.edu

The survey will be available for 2 weeks and will take approximately 15 to 20 minutes to complete. To begin click on the following link:

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Thank you for participating in this important study!

Sincerely,

Belinda Hooper, Ed.S.
Preparing for Change Co-Director
School of Education Affiliate Professor
Virginia Commonwealth University

Appendix D

My Thinking about Inclusion (MTAI) Survey

By completing this survey you are agreeing to participate in the research
- o **I agree**

- o **I do not agree**

My Thinking about Inclusion (MTAI) Survey
Inclusion Beliefs Survey

I. Please check the appropriate box to rate the extent to which you agree or disagree with each statement.

	Strongly Accept	Agree	Undecided /Neutral	Disagree	Strongly Reject
1. Students with special needs have the right to be educated in the same classroom as typically developing students					
2. Inclusion is NOT a desirable practice for educating most typically developing students.					
3. It is difficult to maintain order in a classroom that contains a mix of children with exceptional education needs and children with average abilities.					
4. Children with exceptional education needs should be given every opportunity to function in an integrated classroom.					
5. Inclusion can be beneficial for parents of children with exceptional education needs.					
6. Parents of children with exceptional needs prefer to have their child placed in an inclusive classroom setting.					
7. Most special education teachers lack an appropriate knowledge base to education typically developing students effectively.					
8. The individual needs of children with disabilities CANNOT be addressed adequately by a regular education teacher.					
9. We must learn more about the effects of inclusive classrooms before inclusive classrooms take place on a large scale basis.					
10. The best way to begin educating children in inclusive settings is just to do it.					
11. Most children with exceptional needs are well behaved in integrated education classrooms.					
12. It is feasible to teach children with average abilities and exceptional needs in the same classroom.					
13. Inclusion is socially advantageous for children with special needs.					
14. Children with special needs will probably develop academic skills more rapidly in a special, separate classroom than in an integrated classroom.					
15. Children with exceptional needs are likely to be isolated by typically developing students in inclusive classrooms.					
16. The presence of children with exceptional education needs promotes acceptance of individual difference on the part of typically developing students.					

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	Strongly Accept	Agree	Undecided /Neutral	Disagree	Strongly Reject
17. Inclusion promotes social independence among children with special needs.					
18. Inclusion promotes self-esteem among children with special needs.					
19. Children with exceptional needs are likely to exhibit more challenging behaviors in an integrated classroom setting.					
20. Children with special needs in inclusive classrooms develop a better self-concept than in a self-contained classroom.					
21. The challenge of a regular education classroom promotes academic growth among children with exceptional education needs.					
22. Isolation in a special class does NOT have a negative effect on the social and emotional development of students prior to middle school.					
23. Typically developing students in inclusive classrooms are more likely to exhibit challenging behaviors learned from children with special needs.					
24. Children with exceptional needs monopolize teachers' time.					
25. The behaviors of students with special needs require significantly more teacher-directed attention than those of typically developing children.					
26. Parents of children with exceptional education needs require more supportive services from teachers than parents of typically developing children.					
27. Parents of children with exceptional needs present no greater challenge for a classroom teacher than do parents of a regular education student.					
28. A good approach to managing inclusive classrooms is to have a special education teacher be responsible for instructing the children with special needs.					

II. Please indicate the ease that you believe each of the following types of disabilities can be accommodated in an inclusive classroom setting.

	1 No or very little accommodation	2 Minor Accommodation	3 Much Accommodation	4 Major Accommodation
Speech and Language Delay				
Learning Disability				
Mild Cognitive Disability				
Moderate/Severe Cognitive Disability				
Attention Deficit Hyperactivity Disorder				
Visual Impairment				
Hearing Impairment				
Physical /Motor Impairment				
Emotional Disturbance				
Challenging Behavior				
Brain Injury/Neurological Disorder				
Autism/Pervasive Developmental Disorder				

II. Please indicate the level of preparedness you feel you have in teaching children in a full inclusion classroom.

	1 Not prepared	2 Somewhat Prepared	3 Very Prepared	4 Extremely Prepared
Speech and Language Delay				
Learning Disabiltiy				
Mild Cognitive Disability				
Moderate/Severe Cognitive Disability				
Attention Deficit Hyperactivity Disorder				
Visual Impairment				
Hearing Impairment				
Physical /Motor Impairment				
Emotional Disturbance				
Challenging Behavior				
Brain Injury/Neurological Disorder				
Autism/Pervasive Developmental Disorder				

IV. Please rate the extent to which the following factors interfere with inclusive practices.

	1 Not prepared	2 Somewhat Prepared	3 Very Prepared	4 Extremely Prepared
Limited Time				
Limited Opportunities for Collaboration				
Teacher Attitudes				
Lack of Experience with Inclusion				
Little knowledge about Inclusion				
Current Work Commitments				
Little Support from the Schools/Agency				
Parent Attitudes				

V. Please rank order the following 10 methods for improving inclusive practices in terms of their usefulness from best (1) to least (10) preferred.

_____Direct Teaching Experience with Children with Disabilities

_____Observation of Other Teachers in Inclusive Settings

_____Inservice Training/Workshops

_____Consultation Activities with other Teachers, Specialists, and Parents

_____Exposure to Children with Disabilities

_____Discussion Groups on Inclusive Practices

_____University Coursework

_____Research Involvement

_____Collaborative Experiences with University Faculty

_____Independent Reading

VI. The following questions ask about your own training and career experiences in order to develop a description of the group of people participating in this study.

    1. What type of ECSE teaching license do you currently hold?
- a. Collegiate Professional License
- b. Provisional License

    2. How many years of early childhood special education teaching experience do you have?
- a. This is my first year
- b. 1-3 years
- c. 4-5 years
- d. 6-9 years
- e. 10-15 years
- f. 15 or more years

    3. What is your highest degree earned?
- a. Bachelors Degree
- b. Graduate Degree

    4. In what area (s) did you receive your Bachelor and/or Graduate degree training? *(check all that apply)*
- a. Early Childhood Special Education
- b. Special Education (K-12)
- c. Early Childhood Education (NK-3)

- d. Elementary Education
- e. Secondary Education
- f. Speech/Language Pathology
- g. Occupational Therapy
- h. Physical Therapy
- i. Other _____

    5. How much formal training have you had in the area of inclusive practices (college courses, workshops, inservices)?
- a. None
- b. Very Little
- c. Some
- d. A lot

    6. In what type of ECSE inclusive setting (s) do you currently work? *(check all that apply)*
- a. early childhood – collaborative
- b. early childhood - consultative

c. parttime early childhood/parttime early childhood special education – dual enrollment

d. parttime early childhood/parttime early childhood special education – visiting

e. parttime early childhood/parttime early childhood special education – parttime kindergarten

f. reverse inclusion – full time

g. reverse inclusion – parttime

7. What is your role as the ECSE educator?
   a. co-teacher
   b. consultant
   c. ECSE teacher

8. How many years have you been an early childhood special education **inclusion** teacher?
   a. This is my first year
   b. 1-3 years
   c. 4-5 years
   d. 6-9 years
   e. 10-15 years
   f. 15 or more years

9. How would you describe your experience(s) teaching in an inclusive setting?
   a. Very Negative
   b. Somewhat Negative
   c. Somewhat Positive
   d. Very Positive
   e. No experience

A follow up focus group will be held in the next few weeks to help identify what new ECSE teachers need to know and be able to do in order to provide quality inclusive services. If you choose to participate in the focus group or if you would like additional information, the contact information you provide below will **not** be linked to your survey responses. All survey responses will remain anonymous.

_____Yes, I would like to be contacted
   • Email address:
   • Phone number:

_____No, I would not like to be contacted.

Thank you for participating in this survey!

Appendix E
Follow-up Email to ECSE Practitioners

Dear IPOP Colleague,

This is a reminder that the *My Thinking about Inclusion* survey is still available for you to complete online.

As an ECSE teacher providing inclusive services, your participation will provide valuable insight into the complexities of early inclusion. The information gathered from this survey will be used to better prepare future ECSE teachers for inclusive practice.

All results will remain confidential and no identifying information will be included. What we find from the study may be presented at meetings or published in professional journals; however your name or identifying information will not be used at any time.

The survey is available at the following link until (date).

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Thank you for participating in this important study!

Sincerely,

Belinda Hooper, Ed.S.
Preparing for Change Co-Director
School of Education Affiliate Professor
Virginia Commonwealth University

Appendix F

Focus Group Protocol

Questions/probes with content like this will be asked:

Questions	Probes
APPRENTICESHIP OF OBSERVATION	
One problem in learning to teach is the preconceptions about teaching that affect what prospective teachers learn. Some say that prospective teachers develop conceptions of teaching based on their own experiences as students. Do you teach the same way in which you were taught?	Do you remember what you expected when you started teaching? Did you think teaching would be easy? Were you surprised by anything?
What are the critical skills related to inclusion that need to be addressed with prospective ECSE teachers?	What does good teaching in an inclusive setting look like? What is the first thing you would teach a new teacher in your program? Why do feel this is important?
ENACTMENT	
What would have improved your initial teacher preparation program to better prepare you to provide inclusive services?	What should have been addressed in college that was not? Did you have the opportunity to practice what you learned in classes and receive constructive feedback? What has made you a better inclusion teacher?
METACOGNITION	
What are your roles and responsibilities as an ECSE inclusion teacher?	Describe your work environment. Describe what you do each day.
What obstacles have you faced in your current employment?	Describe something that you struggle with as a teacher.
What do you do when you encounter an obstacle or problem?	What has worked best for you? Tried anything that didn't work? What do you still need to learn? What are your best resources for learning that?

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Learning to Teach in Community
Survey and Focus Groups Integrated

MTAI Survey	Focus Group Interviews
VISION	
Expected Outcomes	**Teaching - Aof O**
	Easy – piece of cake
Promotes acceptance of individual differences by typically developing children (1.27)	No preparation
	Less paperwork
Inclusion socially advantageous (1.42)	
	TV/perfect picture model
Promotes social independence (1.69)	
	Glorious
Promotes self-esteem (1.69)	
	Inclusion
Typically developing peers will not exhibit challenging behaviors learned from child w/disabilities (1.91)	Lack of progress
	Natural part of community
Not likely to be isolated by typically developing peers (1.98)	Lack of A of O
	-have never seen teachers implementing inclusion
	-no prior experiences
Isolation in special class has negative effect on social emotional development of children prior to middle school (2.08)	Possible & Desirable
	-5th graders-caring, considerate to all; recognized strengths/weaknesses in everyone
Develop better self-concept than in self-contained (2.25)	
	Typically developing children do not get quality program
not likely to exhibit more challenging behaviors in integrated classroom (2.27)	
	Can it really be implemented, supported correctly?
Challenge of regular classroom promotes academic growth (2.35)	

will not develop academic skills more rapidly in self-contained class (2.58)	Not appropriate for children w/significant disabilities **Teaching role** Disconnect between director description and practice in co-teaching model Assistant, helper, support aide ECE run you over Itinerant role abstract Need special educator in room full time Loss of control Fear; lack confidence Mary – not teaching children; teaching adult
UNDERSTANDING	
Preparedness by disability 1. mild cognitive 2. speech language 3. ADHD 4. LD 5. Austism/PDD 6. moderate cognitive 7. physical/motor 8. challenging behavior 9. ED 10. neurological 11. hearing impairment 12. visual impairment	**Models** Types How different people are implementing it Why they chose Unclear as to which they were implementing! Ambiguity of model types **Roles** ECE don't understand inclusion; their role

	ECSE role not well defined
	ECSE role not understood by authority; ECSE teacher; ECE teacher
	ECSE need to be able to implement model & explain it to others so they understand
	Evidence-based practices – implement; explain
	Role release
	Transdisciplinary model
	<u>Inclusion</u> Family perspectives (conflicting views) Important; parents should not get to decide
	Context of ECE class -curricula -typical child development -assessments (PALS; benchmarks); what to do with info! -QRIS
	Align to state initiatives; natl./state requirements
	How to teach adults!
TOOLS	
	<u>Conceptual</u> Adult learning strategies -how to teach -tact (social influence)

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	Teamwork skills
	Relationship building – like a marriage
	Practical
	Observation/reporting skills
	Functional IEPs
	Assessment
	-QRIS
	-Foundation Blocks
	-Developmental Milestones
	-Curricula
	-ECERS-R
	-CLASS
	-ELLCO
	PALS-PreK
	Behavior management
	Social Emotional Development

PRACTICES	
Classroom Practices	**What you do**
	Beginning enactment:
Good approach to managing inclusive classroom is not have sped teacher responsible for instructing children w/disabilities (2.28)	-train prior to implementation!
	-Not ready!
	-Don't know want to do
	-where to start on day 1?
Parents no greater challenge (2.53)	-99% of teaching is on the job training
Parents do not need more supportive services from teachers than parents of typical developing ch (2.98)	SPED-how to teach; ECE-what to teach (content)
	Skills:
Behaviors of children do not require significantly more teacher-directed	-Write functional IEPS

attention (3.00)	-Differentiate instruction
Monopolize teachers' time (3.47)	-Embed instruction
Accommodation by disability: 1. speech language 2. LD 3. mild cognitive 4. ADHD 5. hearing impairment 6. physical/motor 7. autism/ppd 8. visual impairment 9. ED 10. -challenging behavior 11. neurological 12. moderate/severe	**<u>How you do it</u>** Flexibility key To differentiate – observe, suggest Embed learning for ALL children How to teach large group How to organize time Write lesson plans

DISPOSITIONS	
<u>Core Perspectives</u> Have right to be educated in inclusive setting (1.36) Should be given every opportunity to function in inclusive setting (1.38) Beneficial for parents of children with disabilities (1.49) Desirable practice for educating typically developing (1.72) Feasible to teach children w/average abilities & exceptional needs in same classroom (1.75)	**<u>Core Perspectives</u>** *Varied by individual* Children w/disabilities have right to inclusion Benefits children w/disabilities Teacher attitudes greatest barrier – both ECE & ECSE -want my own classroom -ECE teacher is competent adult; just lacks training Only ECSE can teach child w/disabilities MY kid

Special educators do not lack appropriate knowledge base to educate typically developing children effectively (1.92)	Kids are just kids
	Benefits all children
Parents of child w/dis prefer to have child in inclusive setting (2.21)	Not appropriate for children w/significant disabilities
Not difficult to maintain order in inclusive classroom (2.42)	
Individual needs can be addressed by regular teacher (2.47)	
Most children well behaved in inclusive classroom (2.64)	
Need to learn more about effects before implementing inclusion large scale (2.87)	
Best way implement inclusion – just do it (2.96)	
COMMUNITY	
	Who belongs? School support or can't implement in classroom People with power to implement decisions Importance of parent awareness and advocacy Transportation **Learning together** Got more from collegial sharing & discussions in college course

	Very beneficial but didn't start until final class for Jennifer! Using book study to change practice Co-teachers should try things then share,discuss challenges
BARRIERS	
VISION	
Current work commitments (7)	Lack of vision - have never seen teachers implementing inclusion
UNDERSTANDING	
Little knowledge about inclusion (4)	Lack of training
TOOLS	
Limited time (3)	Planning time *(only mentioned by 1 person)*
PRACTICES	
Lack of experience w/inclusion (6)	Years of experience Turf issues No prior experiences
DISPOSITIONS	
Teacher attitudes (1) Parent attitudes (8)	Teacher attitudes - ECE & ECSE
COMMUNITY	
Limited opportunities for collaboration (2) Little support from schools/agency (5)	School support or can't implement in classroom People with power to implement decisions Planning team follow through
PREPARATION	

MTAI: Preferred Methods	Focus Groups
VISION	
Observation of other teachers in inclusive setting Exposure to children w/disabilities	**Vision** Provide vision of what it should look like -see good teaching in action -see real examples of data collection, lesson plans, ideas Build confidence – let ECSE know how it is supposed to work/what is should look like
UNDERSTANDING	
Inservice training/workshops University coursework Research involvement (of conceptual tool?) Independent reading	Lack deep knowledge; only scrape surface; never delve in Role play Scenarios Seeing- builds understanding better than just hearing Build understanding in through coursework context of inclusion -writing lesson plans -problem solving
TOOLS	
	Teamwork a separate class
PRACTICES	
Direct teaching experiences w/children w/disabilities	Connect being what is taught and why (put it in context – class and natl/state) **Enactment**

	Provide hands on opportunities
	Early field experiences
	Nursing model of clinical experiences
	If employed use classroom for practice
DISPOSITIONS	
COMMUNITY	
Consultation activities w/other teachers, specialists, parents	**<u>Interdisciplinary training</u>**
	Workshops ineffective
Discussion group on inclusive practice	
	Develop model demonstration site so vision and practice
Collaborative experiences w/university faculty	
	Blended ECE/ECSE preparation program – dual licensure
Research involvement (if action research)	

Research Questions
Focus Group Interview Integrated by Categories

Research Question 1: Beliefs and Attitudes	
Dispositions	**Vision**
<u>**Core Perspectives**</u> *Varied by individual* Children w/disabilities have right to inclusion Benefits children w/disabilities Teacher attitudes greatest barrier – both ECE & ECSE -want my own classroom -ECE teacher is competent adult; just lacks training Only ECSE can teach child w/disabilities MY kid Kids are just kids Benefits all children Not appropriate for children w/significant disabilities	<u>**Teaching - Aof O**</u> Easy – piece of cake No preparation Less paperwork TV/perfect picture model Glorious <u>**Inclusion**</u> Lack of progress Natural part of community Lack of A of O -have never seen teachers implementing inclusion -no prior experiences Possible & Desirable -5th graders-caring, considerate to all; recognized strengths/weaknesses in everyone Typically developing children do not get quality program Can it really be implemented, supported correctly? Not appropriate for children w/significant disabilities <u>**Teaching role**</u> Disconnect between director description and

	practice in co-teaching model
	Assistant, helper, support aide
	ECE run you over
	Itinerant role abstract
	Need special educator in room full time
	Loss of control
	Fear; lack confidence
	Mary – not teaching children; teaching adult

Research Question 2: Knowledge, Skills, and Dispositions
UNDERSTANDING

Models
Types

How different people are implementing it

Why they chose
Unclear as to which they were implementing!

Ambiguity of model types

Roles
ECE don't understand inclusion; their role

ECSE role not well defined

ECSE role not understood by authority; ECSE teacher; ECE teacher

ECSE need to be able to implement model & explain it to others so they understand

Evidence-based practices – implement; explain

Role release

Transdisciplinary model

Inclusion
Family perspectives (conflicting views)

Important; parents should not get to decide
Context of ECE class
-curricula
-typical child development
-assessments (PALS; benchmarks); what to do with info!
-QRIS
Align to state initiatives; natl./state requirements
How to teach adults!

TOOLS

<u>Conceptual</u>
Adult learning strategies
-how to teach
-tact (social influence)
Teamwork skills
Relationship building – like a marriage
<u>Practical</u>
Observation/reporting skills
Functional IEPs
Assessment
-QRIS
-Foundation Blocks
-Developmental Milestones
-Curricula
-ECERS-R
-CLASS
-ELLCO
PALS-PreK
Behavior management
Social Emotional Development

PRACTICES

<u>What you do</u>
Beginning enactment:
-train prior to implementation!
-Not ready!

-Don't know want to do
-where to start on day 1?
-99% of teaching is on the job training
SPED-how to teach; ECE-what to teach (content)

Skills:
-Write functional IEPS

-Differentiate instruction

-Embed instruction

How you do it
Flexibility key

To differentiate – observe, suggest

Embed learning for ALL children

How to teach large group

How to organize time

Write lesson plans

DISPOSITIONS

Core Perspectives
Varied by individual

Children w/disabilities have right to inclusion

Benefits children w/disabilities

Teacher attitudes greatest barrier – both ECE & ECSE
-want my own classroom

-ECE teacher is competent adult; just lacks training

Only ECSE can teach child w/disabilities

MY kid

Kids are just kids

Benefits all children
Not appropriate for children w/significant disabilities

BARRIERS
Lack of vision - have never seen teachers implementing inclusion
Lack of training
Planning time *(only mentioned by 1 person)*
Years of experience Turf issues No prior experiences
Teacher attitudes - ECE & ECSE
School support or can't implement in classroom People with power to implement decisions Planning team follow through

Research Question 3: Recommendations for Preparation
COMMUNITY
Who belongs? School support or can't implement in classroom People with power to implement decisions Importance of parent awareness and advocacy Transportation **Learning together** Got more from collegial sharing & discussions in college course Very beneficial but didn't start until final class for Jennifer! Using book study to change practice Co-teachers should try things then share, discuss challenges
PREPARATION
VISION
Vision

Provide vision of what it should look like
-see good teaching in action
-see real examples of data collection, lesson plans, ideas
Build confidence – let ECSE know how it is supposed to work/what is should look like

UNDERSTANDING
Lack deep knowledge; only scrape surface; never delve in
Role play
Scenarios
Seeing- builds understanding better than just hearing
Build understanding in through coursework context of inclusion
-writing lesson plans
-problem solving

TOOLS
Teamwork a separate class

PRACTICES
Connect being what is taught and why (put it in context – class and natl/state)
Enactment
Provide hands on opportunities
Early field experiences
Nursing model of clinical experiences
If employed use classroom for practice

DISPOSITIONS

COMMUNITY
Interdisciplinary training
Workshops ineffective
Develop model demonstration site so vision and practice
Blended ECE/ECSE preparation program – dual licensure

VIRGINIA COMMONWEALTH UNIVERSITY
School of Education
Department of Special Education and Disability Policy

ECSE 603.c90	**Integrated Early Childhood Programs I**
(30027)	2 credits
	Summer 2010
Instructor:	Belinda Hooper, Ed.S.
	bbhooper@vcu.edu
Office:	Oliver Hall, room 4064B
	804-827-2663
Office Hours:	By appointment and online
Course website:	www.blackboard.vcu.edu
Dates and Location:	Tuesdays & Thursdays, May 25 – July 1
	Westminster Canterbury Child Development Center
	1600 Westbrook Ave.
	Richmond, Va 23227-3337

COURSE DESCRIPTION

This course examines the needs, opportunities, resources, and barriers to early intervention and inclusive early childhood programs in Virginia and local communities. State and federal laws and policies, research-based practices, and local models will be studied to understand the context for systems change. A planning process that includes funding mechanisms, staffing patterns, curricula service models, family participation options, resource coordination, and program evaluation procedures will be emphasized.

COURSE OBJECTIVES

A. Demonstrate knowledge of needs for systems change in early childhood services to increase inclusive options for young children with special needs and methods to ensure high quality support for all staff, families, and children.
B. Demonstrate knowledge of the national and state requirements for early childhood special education in the implementation of Parts B and C of IDEA, including regulations and policy issues, and the Americans with Disabilities Act (ADA).
C. Demonstrate knowledge of the national, state, and local laws, policies and

guidelines for early education and care programs.

    D. Demonstrate comprehension of early childhood service delivery systems including child care, preschool, Head Start, Title I, Even Start, Virginia Preschool Initiative, early childhood special education, and early intervention.

    E. Identify and describe exemplary models of inclusion and explain the relative strengths and weaknesses of each.

    F. Demonstrate knowledge and skills in planning for successful models of inclusion and an ability to identify community supports and learning opportunities.

    G. Demonstrate an understanding of the various roles in collaborative service delivery including serving as a consultant, using a consultant, and collaborating with paraprofessionals, related services providers, and administrators.

    H. Demonstrate a thorough knowledge of the collaborative consultation process.

    I. Demonstrate knowledge of transition planning for young children with disabilities and their families.

    J. Demonstrate an understanding of service coordination and the role and responsibilities of the service coordinator on the team.

    K. Demonstrate an understanding of the family's role in collaborative consultation and as a member of the team.

    L. Demonstrate professional behaviors in interactions with colleagues, faculty, families, and professionals within the community and the online community of practice.

READINGS AND RESOURCES

Required Text:
Buysee, V. & Wesley, P. (2005). *Consultation in Early Childhood Settings.* Baltimore: Paul H. Brookes Publishing Co.

Supplemental Resource:
Sandall, S., Hemmeter, M.L., Smith, B.J., & McLean, M.E. (2005*). DEC Recommended Practices: A Comprehensive Guide for Practical Application in Early Intervention/Early Childhood Special Education.* Longmont, CA: Sopris West.

Sandall, S.R. & Schwartz, I.S. (2008). *Building Blocks for Teaching Preschoolers with Special Needs, Second Edition.* Baltimore: Brookes.

McWilliam , R.A. & Casey A.M. (2007).   *Engagement of Every Child in the Preschool Classroom.* Baltimore: Brookes.

Additional Readings:
Additional readings will be assigned by the instructor.

COURSE REQUIREMENTS

A. Class Participation

1. Using a community of practice format, this intensive six week course incorporates the use of lecture, class discussion, case study, field experience, and guest presenters to assist you in developing the research-based knowledge and skills necessary in planning and implementing successful models of inclusion. For this reason class attendance and participation is important.

   100% attendance   *10 points earned*
   1 absence   *8 points earned*
   2 absences   *5 points earned*
   3 absences   *3 points earned*
   4 or more absences   *you will need to drop the course*

   From this total 1 point will be deducted for **each** late or missing homework/discussion assignment.

2. Each class member is expected to be a contributing member of the class community of practice. Throughout the course members should complete and post the "Course CoP Contribution" form identifying their contribution, how it was delivered, and the outcome(s).

   3 or more posts   *10 points earned*
   2 posts   *8 points earned*
   1 post   *5 points earned*

B. Field-based Group Project *(a portfolio component)*

This purpose of this group project is to examine early childhood service delivery systems (i.e., Head Start/Even Start, Virginia Preschool Initiative, community-based child care). Each team will develop a handout and give an oral presentation describing one early childhood system (purpose, children served, family involvement, curriculum used, etc.). Each group will also identify the similarities and differences to an early childhood special education self-contained program. Finally each group will lead a discussion on how their early childhood program could support inclusion. All group members are expected to contribute to the project.

C. Individualized Education Program (IEP) *(a portfolio component)*

1. Using the Virginia Department of Education IEP sample form, you will develop an IEP based on a case study provided to you by the instructor. The IEP must contain the required components that are consistent with state and national regulations. Of particular importance is the present level of performance, development of appropriate and

functional family- and provider-identified outcomes/goals and documentation and justification of the inclusive opportunities for the child's participation with peers without disabilities.

2. After developing an IEP you will submit a written reflection that addresses your thoughts regarding the IEP process. Be sure to reflect on IEP development, implementation, and accountability.

3. Using the IEP Rubric posted on Blackboard, <u>self assess</u> your IEP assignment and reflection.

4. The IEP, written reflection, and self-assessed rubric should be posted in your Blackboard file by the date due.

D. Principles and Practices of Early Intervention *(a new portfolio component)*

The Infant and Toddler Connection of Virginia (Part C) now requires highly qualified personnel to provide early intervention services. With the exception of physicians, audiologists, and registered dietitians, all practitioners who provide service coordination or other early intervention services must obtain early intervention certification before they can provide direst service. This certification is required even if you have a Virginia teaching license in early childhood special education (birth – 5 years). During this course you are required to complete Module 5 – Supervision in Early Intervention with 80% proficiency on the competency test. You will complete the online module independently at http://www.eitraining.vcu.edu/index.php and submit a certificate of completion.

<u>**Summary of Assignments**</u>

Class Participation	20 points
Field-based Group Project	25 points
IEP	40 points
Certificate Module 5	15 points

TOTAL **100 POINTS**

GRADING SCALE
A = 93 - 100   **B** = 86 – 92   **C** = 79 – 85   **D** = 72 – 78   **F** = 71 - below

GUIDELINES FOR SUCCESS

1. The **academic integrity** guidelines and the disruptive student policy of VCU will be followed to ensure an ethical and courteous learning environment for all class members. Review policies at http://www.vcu.edu/safweb/rg/policies/honor.html

2. What to Know and Do To Be Prepared for **Emergencies at VCU**
    1. Sign up to receive VCU text messaging alerts
      (http://www.vcu.edu/alert/notify). Keep your information
      up-to-date.
    2. Know the safe evacuation route from each of your classrooms.

Emergency evacuation routes are posted in on-campus classrooms.

3. Listen for and follow instructions from VCU or other designated authorities.

4. Know where to go for additional emergency information (http://www.vcu.edu/alert).

5. Know the emergency phone number for the VCU Police (828-1234). Report suspicious activities and objects.

3. The Americans with Disabilities Act of 1990 requires Virginia Commonwealth University to provide a "reasonable accommodation" to an individual who advises us of a physical or mental disability. If you have a **disability** that requires an accommodation or an academic adjustment, please arrange a meeting with an instructor at your earliest convenience to discuss VCU procedures and access to campus resources (Academic Campus Office, 828-1139). You will find information about VCU services for students with disabilities at http://www.students.vcu.edu/rg/basics/disability.htm as well as VCU Access policies at http://www.vcu.edu/eeoaa/

4. Preparation, timeliness, communication, and participation are key principles for ensuring your **optimal learning** and contributions to the class as a learning community. Class preparation (readings, assignments) should be completed prior to each class meeting and all assignments are due on the stated dates (late assignments are not accepted without prior approval of the instructor). Weekly class attendance, prompt arrival, and courteous communication are expected. More than two absences (other than documented illness or family emergencies) result in the final grade being lowered by one letter grade. Please provide written notice by the second week re: absences due to religious holidays http://www.students.vcu.edu/rg/policies/attendance.htm.

5. Spelling, grammar, and **writing** style are important components of professional reports; therefore, all written assignments will be evaluated for content, clarity, format, and cohesiveness. Points will be deducted for spelling and grammatical errors. We use the Publication Manual of the APA (APA, 2001) for guidance regarding written format (including citations in text, references, headings, etc.). Please review guidelines posted on the course website, talk with me, and use the VCU Writing Center to assist you (see Writing Center at http://www.has.vcu.edu/owl).

6. To demonstrate your **technology** competencies (see VA Technology Standards for Teachers, http://www.pen.k12.va.us/VDOE/Compliance/TeacherED/tech.html) all assignments must be prepared and/or submitted using a computer (word processing, email communications with classmates and faculty, accessing resources on the World Wide Web). You will need an internet account (available free at VCU) and access to a computer (available in Oliver Hall and the library). Please see the VCU website (http://www.vcu.edu/it) for more information about campus technology accounts, labs, resources, and training opportunities.

The INFUSIO Technology Lab in Room 3107, Oliver Hall, is available to assist you in using a variety of technology tools, writing software, and resources to create interactive presentations.

Daily operational hours are printed on the lab door or available at
http://www.soe.vcu.edu/infusio.

7. Please **contact me** directly (office, phone, or email) if you have any questions, concerns, or suggestions about this course, assignments, and resources, so that we can work together to promote your optimal learning and participation.

ECSE 603: Integrated Early Childhood Programs I
Summer 2010

Date	Topic*	Presenter	Class Preparation Assignment**
Tuesday, May 25	Center Tour Introductions Course Overview & Communities of Practice		***Weekly assignments will be posted on Blackboard***
Thursday, May 27	Inclusion *"Including Samuel"* Field-based group project meetings	**Meet at Oliver Hall in the computer lab, room 3108**	
Tuesday, June 1	Overview of Early Childhood Inclusion ▪ State & Federal Laws and Policies		*IDEIA assignment*
Thursday, June 3	State Performance Plans (SPP)IEP Child Outcomes Summary Form (COSF)		*DEC Position Statement*
Tuesday, June 8	Early Childhood Settings		**Field project presentations**
Thursday, June 10	Models of Inclusion Roles and Responsibilities IPOP - Systems Change		
Tuesday, June 15	IEP ▪ present level of performance ▪ writing functional goals and objectives		**Certificate for EI Module 5 due**
Thursday, June 17	IEP ▪ writing functional goals and objectives ▪ inclusive placement opportunities		
Tuesday, June 22	IEP wrap-up Consultation in EC Settings ▪ Overview ▪ Stage 1 gaining entry ▪ Stage 2 building the relationship ▪ Stage 3 assessment		**IEP assignment due**
Thursday, June 24	Consultation in EC Settings ▪ Stage 4 setting goals ▪ Stage 5 selecting strategies ▪ Stage 6 implementing the plan		**Final course CoP Contribution forms due**
Tuesday, June 29	Consultation in EC Settings		
Thursday, July 1	Wrap-up		

Virginia Commonwealth University
School of Education
Department of Special Education & Disability Policy

ECSE 672.C91   **Internship, Early Childhood Special Education**
                            1 hour of graduate credit
                            Summer 2010

Instructor: Belinda Hooper, Ed.S.
                            bbhooper@vcu.edu
Office: Oliver Hall, room 4064B
                            804-827-2663
Office Hours: By appointment and online
Course website: www.blackboard.vcu.edu

Dates and Location: Westminster Canterbury Child Development Center
                            1600 Westbrook Ave.
                            Richmond, Va 23227-3337

COURSE DESCRIPTION:

The internship experience is designed to provide foundational knowledge and practical experiences in different community programs that serve young children (birth - 5) who are at risk for or have developmental disabilities, are from various cultural and linguistic backgrounds, and their families. These experiences are distributed across the graduate program, linked to other core courses, and aligned with CEC/DEC standards. Interns are actively engaged in reflecting on the connections among research, professional standards, and community practices, as well as their own professional development as early interventionists and early childhood special educators.

COURSE OBJECTIVES:

Through seminars and community-based learning, the student will:

1. Demonstrate an understanding of the theoretical and research foundations for early intervention and education. (CF I.1)

2. Demonstrate awareness of child and family characteristics, and their cultural and community contexts, as the basis for designing individually and developmentally appropriate intervention. (CF III.1)

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3. Demonstrate understanding of key elements in creating and maintaining positive and safe learning environments for young children with special needs in various preschool settings. (CF II.3)

4. Demonstrate knowledge of assessment practices for identification, evaluation, program planning, and program monitoring. (CF II.2)

5. Demonstrate awareness of staff and family roles in the development of individualized educational programs (IEPs) that promote children's learning and family involvement. (CF II.1)

6. Demonstrate awareness of diverse intervention strategies to promote the learning of young children with developmental delays and disabilities. (CF III.1)

7. Demonstrate awareness of administrative policies and procedures for diverse early intervention programs as well as the roles of various personnel across programs. (CF I.2)

8. Demonstrate awareness of professional standards for collaborating with families, educators, related service personnel, and other community service providers in planning, implementing, and evaluating intervention. (CF I.3)

9. Demonstrate understanding of ethical principles and dilemmas in early intervention/early childhood special education.(CF IV.4)

Required Text:

Buysee, V. & Wesley, P. (2005). *Consultation in Early Childhood Settings.* Baltimore: Paul H. Brookes Publishing Co.

Sandall, S.R. & Schwartz, I.S. (2008). *Building Blocks for Teaching Preschoolers with Special Needs.* Baltimore: Brookes.

Sandall, S., Hemmeter, M.L., Smith, B.J., & McLean, B. (2005) *DEC Recommended Practices: A Comprehensive Guide.* Longmont, CO: Sopris West (If you have an earlier version you can work from that version)

COURSE REQUIREMENTS

A minimum of 20 on-site hours is required for this internship.

1. **Seminars.** There will be a minimum of 3 seminar meetings. Be prepared to discuss assigned readings, field-based observations, reflections, professional roles, and program standards during the seminar meetings.

2. **Learning Environment Plan** *(a portfolio component)*

   A. You will be assigned to one classroom at the Westminster Canterbury Child Development Center. During the first 2 weeks of the internship experience, in addition to implementing the consultation model, you will analyze the learning environment of the assigned class using the *Quality Classroom Assessment* and *Classroom Action Worksheet* (Sandall & Schwartz, 2008) as well as recommended practice guidelines (NAEYC and DEC) and other resources. After assessing the learning environment you will develop recommendations to increase the effectiveness of the classroom environment.

   B. Using two case descriptions of children with disabilities ("Ava" – provided by the instructor and "Benita" – in the Buysse & Wesley text), identify specific modifications to the instructional environment to include these children effectively. Use the *Child Assessment Worksheet & Planning Worksheet* (Sandall & Schwartz, 2002), and other resources to identify specific changes to the physical environment, schedule, and activities. Explain your rationale for the recommendations and include any artifacts (e.g., drawings or photos of room, schedule for children/adults) that will clarify your analysis.

   C. Follow the Learning Environment Rubric to thoroughly develop this assignment.

3. **Inclusion Plan** *(a portfolio component)*

   A. You will be assigned to one classroom and child care provider at the Westminster Canterbury Child Development Center. During the internship experience you will assume the professional role of an itinerant ECSE teacher providing consultative services to one child in the classroom. Using the Buysse & Wesley consultation model, you will provide **consultative services** a minimum of **2 hours per week** in the assigned class (two hours one time per week or one hour two times per week). You may also meet at other times when it is convenient with the child care provider (for example, during the providers' weekly planning time), in order talk with the provider when he/she is not on-the-job, taking care of children.

   Once the goals (*Stage Four*) and strategies (*Stage Five*) of the consultative service is identified in collaboration with the provider, you will **implement the plan** (*Stage Six*) a minimum of 4 weeks. During the implementation stage you must include opportunities to model the identified strategies for the child care provider.

B. Forms from the Buysse & Wesley text will be used throughout the internship experience. Complete the "Contact Summary" form with the child care provider weekly and post in your individual file. The original should be left with the child care provider. If necessary use old-fashioned carbon paper so that you will have the information to make an electronic copy to post in your Blackboard file. In addition to the weekly Contact Summary form, complete the following forms when indicated on the weekly schedule of activities:

- Classroom Strengths, Needs, and Resources
- Intervention Plan
- Goal Attainment Scaling
- Final Report

C. A weekly log tracking your on-site hours and time spent on other internship activities and assignments should be posted weekly on Blackboard.

D. Post all weekly assignments in your individual Blackboard file each Friday by midnight.

PLACEMENT REQUIREMENTS

1. Orientation. You are expected to make arrangements with the center director to meet prior to beginning the internship. For students completing their internship at Westminster Canterbury, you will attend a group orientation at 11 a.m. on Wednesday, June 30, 2010. All interns are expected to follow the rules established for all center employees (dress code, confidentiality, etc.).

2. Meeting with child care provider. After meeting with the center director, it is your responsibility to contact your assigned child care provider to make arrangements to meet and begin the internship. A consistent schedule will be determined in collaboration with the child care provider, based on the needs of the child and provider.

3. Sign-in. You are required to sign in and out each time you visit the center. This form will be used by the center and course instructor to track on-site hours. You are also required to use the form posted on Blackboard to track your hours. Post this form in your individual file by 8 a.m. each Monday.

EVALUATION AND GRADING SCALE:

Assignments	Points
Seminar participation	20
Learning Environment Project	40
Inclusion Plan – Consultation	40

Total Points   **100**

GRADING SCALE
A = 93 - 100   **B** = 86 – 92   **C** = 79 – 85   **D** = 72 – 78   **F** = 71 - below

GUIDELINES FOR SUCCESS
1. The **academic integrity** guidelines and the disruptive student policy of VCU will be followed to ensure an ethical and courteous learning environment for all class members. Review policies at http://www.vcu.edu/safweb/rg/policies/honor.html

2. What to Know and Do To Be Prepared for **Emergencies at VCU**
    1. Sign up to receive VCU text messaging alerts
      (http://www.vcu.edu/alert/notify). Keep your information
      up-to-date.
    2. Know the safe evacuation route from each of your classrooms.
      Emergency evacuation routes are posted in on-campus
      classrooms.
    3. Listen for and follow instructions from VCU or other
      designated authorities.
    4. Know where to go for additional emergency information
      (http://www.vcu.edu/alert).
    5. Know the emergency phone number for the VCU Police (828-1234).
      Report suspicious activities and objects.

3. The Americans with Disabilities Act of 1990 requires Virginia Commonwealth University to provide a "reasonable accommodation" to an individual who advises us of a physical or mental disability. If you have a **disability** that requires an accommodation or an academic adjustment, please arrange a meeting with an instructor at your earliest convenience to discuss VCU procedures and access to campus resources (Academic Campus Office, 828-1139). You will find information about VCU services for students with disabilities at http://www.students.vcu.edu/rg/basics/disability.htm as well as VCU Access policies at http://www.vcu.edu/eeoaa/

4. Preparation, timeliness, communication, and participation are key principles for ensuring your **optimal learning** and contributions to the class as a learning community. Class preparation (readings, assignments) should be completed prior to each class meeting and all assignments are due on the stated dates (late assignments are not accepted without prior approval of the instructor). Weekly class attendance, prompt arrival, and courteous communication are expected. More than two absences (other than documented illness or family emergencies) result in the final grade being lowered by one letter grade. Please provide written notice by the second week re: absences due to religious holidays http://www.students.vcu.edu/rg/policies/attendance.htm.

5. Spelling, grammar, and **writing** style are important components of professional reports; therefore, all written assignments will be evaluated for content, clarity, format, and cohesiveness. Points will be deducted for spelling and grammatical errors. We use the Publication Manual of the APA (APA, 2001) for guidance regarding written format (including citations in text, references, headings, etc.). Please review guidelines posted on the course website, talk with me, and use the VCU Writing Center to assist you (see Writing Center at http://www.has.vcu.edu/owl).

6. To demonstrate your **technology** competencies (see VA Technology Standards for Teachers, http://www.pen.k12.va.us/VDOE/Compliance/TeacherED/tech.html) all assignments must be prepared and/or submitted using a computer (word processing, email communications with classmates and faculty, accessing resources on the World Wide Web). You will need an internet account (available free at VCU) and access to a computer (available in Oliver Hall and the library). Please see the VCU website (http://www.vcu.edu/it) for more information about campus technology accounts, labs, resources, and training opportunities.

The INFUSIO Technology Lab in Room 3107, Oliver Hall, is available to assist you in using a variety of technology tools, writing software, and resources to create interactive presentations. Daily operational hours are printed on the lab door or available at http://www.soe.vcu.edu/infusio.

7. Please **contact me** directly (office, phone, or email) if you have any questions, concerns, or suggestions about this course, assignments, and resources, so that we can work together to promote your optimal learning and participation.

ECSE 672: Preschool Internship**
Summer 2010 Schedule

Date	Activity	Assignments*
Thursday, June 17	**Seminar 1**	6:30-8:30 pm
Wednesday, June 30	**Orientation & paperwork**	Westminster Canterbury CDC
Week of July 12	Stages 1, 2, & 3 Learning Environment Assign.	*-Post log* *-Post "Contact Summary" Form* *-Post "Classroom Strengths, Needs, and Resources Form*
Thursday, July 15	**Discussion Board***	*Post an update AND respond to a colleague on the discussion board*
Week of July 19	Stages 4 & 5 Learning Environment Assign.	*-Post log* *-Post "Contact Summary" Form* *-Post "Intervention Plan" Form*
Thursday, July 22	**Seminar 2**	**Location will be posted on BB**
Week of July 26	Stage 6 Learning Environment Assign.	*-Post log* *-Post "Contact Summary" Form*
Thursday, July 29	**Discussion Board**	*Post an update AND respond to a colleague on the discussion board*
Friday, July 30	**Learning Environment Assignment DUE**	
Week of August 2	Stage 6	*-Post log* *-Post "Contact Summary" Form*
Week of August 9	Stage 6 Stages 7 & 8	*-Post log* *-Post "Goal Attainment Scaling" Form* *-Post "Final Report" Form*
Thursday, August 12	**Seminar 3**	
Friday, August 13	***ALL POSTS DUE! Late posts cannot be accepted – grades will be entered no later than Monday morning, August 16th!***	

*post weekly assignments each Friday by midnight

****a minimum of 20 on-site hours is required** (this includes meetings times with adult providers outside the classroom, for example, during their planning time)

***each Thursday you are required to post an update of your week (including questions you might want your colleagues to assist you with) AND you must respond to at least one colleague

Vita

Belinda Bourne Hooper was born July 20, 1954 in Richmond, Virginia and is an American citizen. She graduated from West Point High School, West Point, Virginia in 1972. She received her Bachelor of Science Degree from Virginia Commonwealth University, Richmond, Virginia in 1978 and subsequently taught general and special education in the public schools in West Point and King and Queen County for 14 years. She received a Master of Education Degree in Early Childhood Special Education (ECSE) and Intellectual Disabilities K-12 from Virginia Commonwealth University in 1981. In 2003, she graduated from The George Washington University in Washington, D.C. where she received an Education Specialist Degree. Mrs. Hooper has been the Project Coordinator for two Office of Special Education Programs (OSEP) funded ECSE teacher preparation grants at Virginia Commonwealth University since 2003. She is currently the Project Co-Director of a third OSEP funded teacher development grant focused on preparing preservice ECSE teachers for inclusive practice.