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Preclusion: The Solution to the Inclusion Confusion

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Preclusion:

The Solution to the Inclusion Confusion

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Abstract:

Many public schools in the United States are implementing inclusion programs; however, some research has shown that students with disabilities are not benefiting from inclusion. Part of the difficulty with inclusion lies with the implementation practices of the schools. Stigmatizing by labeling a child is another concern; even through inclusion, ownership of the child is questionable. It is also illogical to take children from the general education classroom, label them as having a disability, and then return them to the same classroom with modifications and support. Modification and support could easily be provided without referring children for special education services. By examining the assessment practices of schools, and the perception of inclusion by special education teachers, it is proposed that preclusion, the providing of modifications and support without special education, is best practice. Preclusion would not only benefit students who have disabilities without the stigma, but also those who would not qualify for special education, but would benefit from services provided in the general education classroom.

Preclusion: The Solution to the Inclusion Confusion

Inclusion has been a critical issue in the field of special education for several years. Multiple studies have been conducted to validate or invalidate inclusionary practices (Hunt & Goetz, 1997; Salend & Duhaney, 1999) and the implementation procedures have been debated (Fox & Ysseldyke, 1997; Gerber, 1995; Salend & Duhaney, 1999; Shepherd & Brown, 2000). A major consideration of inclusion is whether it is best practice (Baker, & Zigmond, 1990; Fuchs, Fuchs, & Fernstrom, 1993; Synder, 1999).

According to the Individual with Disabilities Education Act (IDEA), children with disabilities are to be placed in the Least Restrictive Environment (LRE). Under IDEA, the LRE states that children with disabilities will be educated to the maximum extent appropriate with students who do not have disabilities (CFR 300.550 (1)). In addition, IDEA clearly states that "special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only if the nature or severity of the disability is such that education in the regular classes with the use of supplementary aids and services cannot be achieved satisfactorily (CFR 300.550 (1))." Finally, IDEA stipulates that unless the students Individual Education Program requires some other arrangement, the student must be educated in the school where he would attend if he did not have a disability (CFR 300.552 (c)). While not mentioned specifically in any federal regulations, inclusion evolved from LRE (Villa & Thousand, 1995), and the debate has often centered on whether inclusion is "appropriate" for the child with a disability (Gerber, 1995). The laws also specified that schools are to meet the individual

needs of children with disabilities. As a result, children should not be placed in inclusionary programs carte blanche.

Inclusion should provide the necessary support to promote the learning of every student within the neighborhood school and the regular education classroom (Manset & Semmel, 1997). However, problems in implementing inclusion ranging from lack of training to lack of administrative support are common (Beattie, Anderson, & Antonak, 1997; Crockett, & Kauffman, 1998; Snyder, 1999). Often, due to this lackadaisical implementation of inclusion, students with disabilities do not benefit educationally from inclusion (Scruggs, & Mastropieri, 1995; Gerber, 1995) and teachers experience frustration.

One major flaw of inclusion exists which prevents it from being truly effective except in the most idealistic situations. True integration of students with disabilities in the general education classroom becomes increasingly difficult once a child has been placed under the special education umbrella. For all practical purposes, inclusion and special education is an oxymoron. Under special education, true inclusion does not exist and should not be considered a part of the continuum of services provided under IDEA. True inclusion should occur before special education services are considered. Schools are just as capable as providing this "preclusion" without stigmatizing children with a special education label.

This article will examine teachers' perceptions of inclusion, preclusion, and modifications attempted prior to special education referral. Assessment procedures that lead to inclusion and preclusion will be reviewed. Implementation of inclusion and preclusion will be discussed, as well as the advantages of preclusion over inclusion.

Procedure

An informal survey was conducted to examine teachers' perceptions of inclusion, preclusion, and modifications attempted prior to special education referral. This was a cross-sectional survey involving teachers (N=30) enrolled in an alternative certification program. These teachers had a minimum of one-year teaching experience in special education in two southwestern school districts. The survey contained a total of eight close-ended questions and one open-ended question. The purpose of these questions was to collect data on aspects ranging from modifications attempted prior to special education referral to whether the participants believed that inclusion was being implemented appropriately in their school.

Setting:

The research was conducted with teachers from two school districts in an urban city in southwest Texas. School District A has three high schools, four middle schools, twenty-one elementary schools, one magnet school, and one alternative school. School District B has three high schools, seven middle schools, and seventeen elementary schools, and encompasses an area larger than the state of Delaware. During the 1998-1999 school year, the student population for School District A was 22,601 while the student population for School District B was 24,194. The combined total student population of both districts was 46,795. School District A had a special education population of 2,903 while School District B had a special education population of 2,567, or a combined total of 5,470 (11.6% of the combined student population). The school population was slightly over 94% Hispanic, consistent with the city

population, but above the state population of 48%. Both school districts had stated that they were practicing inclusion.

Sample:

The purposive sample consisted of 30 special education teachers. These teachers were either completing or had completed an alternative certification program (ACP). Of these teachers, 90% (N=27) taught children with learning disabilities, 6.7% (N=2) taught in alternative settings, and 3.3% (N=1) taught children with mental retardation. This population was 80% (N=24) Hispanic, above the state population of 15%, and the remaining 20% (N=6) was White.

Data Collection Survey Protocol:

Questions were generated from discussions of inclusion and assessment with a group of teachers completing an alternative certification program in special education at Texas A&M International University. These discussions yielded fifteen potential questions.

The authors reviewed the initial survey protocol. From their identification of problematic questions, seven questions were either eliminated or collapsed into other questions. These questions were used to stimulate discussions with another ACP group and further modified to include one open-ended question.

In the summer of 2000, the survey was presented to the 30 participants. The questions were dichotomous, but to insure that respondents answered accurately, follow-up questions were gathered to support information or clarify answers. Some of the responses are included in the results.

Results:

Under the direction of IDEA, schools are required to provide students with modification and adaptations during the pre-referral stage, prior to the special education referral. The purpose of the modifications is to prevent misidentifying a child as needing special education services. However, whether these modifications are being attempted or to what degree are subject to debate. According to the survey, 76.7% (N=23) of the participants stated that modifications and adoptions attempted during the prereferral stage are discussed at the initial case conference. However, only 60% (N=18) of the participants stated that documentation outlining the modifications and adaptations attempted during the pre-referral stage was not presented to the initial case conference committee. Only 13.3% (N=4) of the participants believed that the general education teachers provided modifications and adaptations to students during the pre-referral stage. One special education teacher stated that the pre-referral team (At-Risk Team) discusses which children can be referred to special education. Another special education teacher stated that at the beginning of the school year, the At-Risk Team "met faithfully and recommended various modifications that were helpful. However as TAAS (state mandated tests) approached, meetings were fewer and eventually ceased. Sadly, five eighth-grade boys were referred for special education. Only one of them was known by the At-Risk Committee." Only six percent of the participants (N=2) felt that the modifications and adaptations provided were extensive enough to meet the needs of the students. A special education teacher remarked that the pre-referral team developed inadequate modifications, "but most teachers think that if modifications are needed, the student should be in special education." This would seem to suggest that while a majority of the schools are developing

modifications and adaptations during the pre-referral stage, but they are not being carried out to the degree needed to meet the needs of the students.

Another area of concern was whether general education teachers take ownership of students who have been identified as needing special education services. Ownership is an essential element if inclusion is to succeed. According to the respondents, only 10% (N=3) of the participants felt that the general education teachers took ownership of special education children. Fifty-six percent (N= 17) of the participants felt that the general education teachers took ownership sometimes, while 33.3% (N=10) felt that the general education teachers did not take ownership of special education children. By precluding students with disabilities, general education teachers can relinquish neither their responsibilities to nor ownership of these children.

Regarding inclusion, 86.7% (N=26) indicated that their schools have stated that they are doing inclusion. However, 76.7% (N=23) of the participants felt that inclusion was not being implemented appropriately in their school. Some inclusionary programs do not have administrative or staff support (Smith, 1999), nor direct or indirect support from special education teachers.

The results of this preliminary survey indicate the current practices in these typical schools do not lead to appropriate inclusion. The pre-referral process has not provided each student the opportunity to experience successful education with adequate modification and alteration of the regular curriculum. This appears to lead to unnecessary referrals, evaluations, and premature eligibility decisions placing possibly unqualified students in special education programs. The students are then left in unsuccessful inclusionary programs with educational personnel who are unprepared and reluctant to take ownerships. The prospects for students placed in poorly implemented inclusion programs are dismal at best. These results and information from current research in educational practices lead to the following suggestions.

Inclusion Versus Preclusion: Operational Definitions

Inclusion is providing the necessary support to promote the learning of every student within the neighborhood school and the regular education classroom. The only significant difference between inclusion and preclusion is that students with disabilities are included in the neighborhood school and the regular education classroom without referring them to special education services. Thus, preclusion is providing the necessary support to promote the learning of every student within the neighborhood school and the regular education classroom without special education referral. Inclusion is providing the necessary support to promote the learning of every student within the neighborhood school and the regular education classroom after special education referral. In effect, preclusion is true inclusion. The child is never labeled and is never stigmatized for being different.

Before children are identified and placed in special education, they must go through a comprehensive, non-biased evaluation process. This assessment process has three basic components: screening, pre-referral, and referral. Each successive component builds on the previous component. The resulting combination is a full, comprehensive, non-biased evaluation.

Nearly all students are screened. Screening involves routine tests, such as visual and auditory examinations that assist school personnel in identifying students that may need further testing. Screening tests could include group intelligence and achievement tests or other measures that lend

themselves to administration in groups rather than on an individual basis. The purpose of the screening process is to identify students who may be at risk of developing education problems or need additional evaluation.

Pre-referral is the second step in the assessment process. This step may be prompted by information gathered during the screening process. However, it is more common that this step is prompted when the student's general education teacher suspects a learning or behavioral problem and asks other educators to help identify educational strategies to address these problems. Usually in At-Risk Teams, members identify modifications and adaptations that will assist the student to be successful in the regular classroom environment.

If a learning problem still exists after the pre-referral stage, the student is then referred to special education evaluation. After a multifaceted evaluation process, the student may be identified as eligible for special education services. If special education services are needed, an individual education plan is developed to address the specific needs of the child.

Typically, in the inclusion model, a child is screened. When a learning or behavioral problem is suspected, the pre-referral process begins. Ideally, the student is provided with modifications and adaptations designed to assist with the child's educational performance. However, if the student is not successful at the pre-referral stage, the child is referred for special education evaluation. Unfortunately, many general education teachers feel that accommodations made are not feasible because of their other responsibilities or because providing adaptations is unfair to other students (Klingner, & Vaughn, 1999; Vaughn, Reiss, Rothlein, & Hughes, 1999; Vaughn, Schumm, Jallad, Slusher, & Saumell, 1996). As a result, adaptations and modifications developed at the pre-referral stage are either not extensive enough to meet the needs of the child or are not enthusiastically ensued. Once a child has been referred for special education, the odds are favorable that the student will be identified as having a disability and eligible for special education services (Algozzine, Christenson, & Ysseldkye, 1982). This service may include being placed in an inclusionary classroom with modifications and adaptations designed to assist with the child's educational performance. However, often children are placed in a more restrictive, separate setting for part or all of the school day based on their categorical eligibility.

In the preclusionary model, a child is referred when the child's teacher suspects a learning or behavioral problem following screening. Again, the At-Risk Team identifies modifications and adaptations designed to increase the student's academic success. However, this is an intense procedure designed to prevent a child from being referred for special education evaluation. The team meets often to discuss the child's progress. Modifications and adaptations are evaluated, and if necessary, revised. Although the child may be suspected of having a disability, and thereby protected under Section 504, he or she is never removed from the general education classroom nor referred for special education evaluation. If the pre-referral stage is done appropriately, the child will be precluded in the general education classroom. If the student is still having learning or behavioral difficulties, the referral stage is initiated.

However, this should be only if the child's learning and behavior are so severe that his or her needs cannot be met in the general education setting even with adequate program modifications, supplementary aid and services. If this child is identified as having a disability and the case conference committee determines that the most appropriate placement is an inclusionary classroom, then the pre-referral stage (or a preclusion stage) may not have been completed appropriately. This could suggest that preclusion would be the appropriate model and inclusion would no longer be an issue.

Advantages of Preclusion

Law supports preclusion. Under Section 504, schools cannot discriminate against students with disabilities because of their disabilities. Students who have Attention Deficit Hyperactivity Disorder are covered under Section 504 (as well as IDEA in some cases), and the school must provide adaptations and modifications that would assist these students to succeed in school. Section 504 would protect children who are precluded. However, it is important to remember that while IDEA can mandate the least restrictive environment, it cannot mandate acceptance (Smith, 2000). The perceptions and attitudes of the general education teacher are important factors for inclusion and preclusion.

Preclusion would place ownership of the child on the general education teacher and the school without assigning them to the abyss of special education. Teachers would not be able to banish students with disabilities to the resource rooms. When students are placed in special education programs, teachers often assume that these children no longer belong to them, but to the special education teacher. Ownership is an aspect of attitude, and by keeping the child out of special education, the general education teacher retains ownership and is more likely to assume responsibility for educating the student.

In a preclusionary model, students would not be stigmatized with special education labels. Too often, students with disabilities do not receive special education services until they are labeled, and as a result, the intervention is too late. Many students need support and services before they are referred for special education. With preclusion, students would not have to wait to be labeled before receiving needed services. Labeling also shapes the teacher's expectation and perpetuates the notion that children in special education are deficient and different from other children. The attitude of the general education teacher is a crucial factor in special education (Jobe, Rust, & Brissie, 1996; Stoler, 1992). Finally, once a child is identified as special education, the label follows them from teacher to teacher, and school to school. Seldom is a label removed and its harmful impact can follow well into adult life.

Peers would more likely to accept students with disabilities without labels. Acceptance is more probable because the student never leaves the general education classroom in the first place. As a result of preclusion, students with disabilities will maintain their social interactions with their peers. Under inclusion, students are labeled "different" and this stigma makes it more difficult for them to be accepted by others.

Since preclusion would provide support for all students, another advantage is serving children who need assistance, but do not meet any of the eligibility requirements of special education. Often, these children receive almost no assistance. The eligibility criteria for every area of disability under IDEA are very specific. When a student does not meet the criteria, he is not eligible for special education services. However, every student could receive assistance addressed to specific needs under a preclusionary model.

The results of inclusion programs have been mixed, and some research has even shown that students with disabilities do not benefit from inclusion (Salend & Duhaney, 1999). Inclusion fails to identify the instructional support and strategies needed to meet a student's specific learning needs in the general education classroom (Crockett & Kauffman, 1998). Often, it is not inclusion that is failing, but the method in which schools implement inclusion. Some schools do not offer the support and training needed for inclusion to succeed (Shepherd & Brown, 2000; Snyder, 1999).

Summary

Inclusion has had mixed results. Quite often, it is not inclusion, but the inappropriate implementation of inclusion that procures the poor results. Also, it makes little sense to take a child from the general classroom setting, identify him or her as having a disability, place him under the special education umbrella, and then return him or her to the general education classroom. This may only serve to cloud the issue of ownership, and stigmatize the child.

Very few general education teachers have been involved in the development of inclusion though they are an integral part of the process (Janney, Snell, Beers, & Raynes, 1995; Snyder, 1999). When general education teachers are forced to accept inclusion, the result is resistance from teachers because they fear they are expected to teach children with disabilities without adequate training and education, and maybe without the appropriate support (Shepherd & Brown, 2000). Everyone involved must participate in the development and implementation of inclusion (Davis, 1989) and often, this is not the case.

Preclusion allows students to receive needed modification and adaptations without being labeled and stigmatized. Ownership would not be an issue. In a preclusionary model, the special education teacher would be directly involved with the At-Risk Team during the pre-referral stage and provide guidance regarding modifications and adaptations. Also, the special education teacher would assist all general education teachers with lesson plans to reflect adaptations and provide direct assistance when needed. This direct assistance would include team teaching and providing inservices. Direct assistance does not mean that the special education teacher becomes a glorified classroom aide, but rather, a meaningful part of the regular classroom environment.

An appropriate future research could include a causal-comparative study between an inclusionary school and a preclusionary school. This would provide insight as to which program is more effective. Also, an expansion of the survey would provide more insight into preclusion. Finally, if the purpose of including students is to place them to the maximum extent appropriate with students who do not have disabilities, the best place to start is the pre-referral stage, before a child is even referred for special education services. The best practice would be not to remove the child from the general education classroom. This would truly be the least restrictive environment.

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