



EVERY CHILD CAN FLY

An Early Childhood Educator's
Guide to Inclusion

› JANI KOZLOWSKI, MA ‹



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Guide to Inclusion

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PREFACE

Inclusion is a passion for me. I have dedicated my professional career to early childhood education, and I care deeply about all children of all abilities. Early childhood educators and other staff are central figures in the lives of children and families. We have the privilege of being able to offer a helping hand to children and families during a critical period of development. I am passionate about inclusion because I have experienced disability from many different perspectives.

I am an early childhood professional with a disability.

I am the daughter of a parent with a disability.

I am the mother of a son with a disability.

I was born with a rare orthopedic impairment called *Spondylometaphyseal dysplasia* or SMD. It is a form of dwarfism, and I stand at four feet six inches tall. I am a “little person,” which is the preferred term for many people in the United States who have the medical condition of dwarfism. SMD is a relatively “tall” form of dwarfism. Many little people have shorter arms and legs, but my arms and legs are proportional to the rest of my body. People typically regard me as just a petite lady, albeit a very petite lady. In addition to being a little person, I have significant curvature in my spine and have dealt with pain in my joints throughout my life. Many months of my childhood were spent in recovery mode

from more than twenty orthopedic surgeries. As an adult, I now have artificial joint replacements in my hips, knees, and ankles. My legs are bionic. My spine is fused from the base of my skull to the middle of my back. I cannot turn my head from side to side or up and down. I use my torso to turn my head. Sometimes I feel as though my skeletal system is a jigsaw puzzle with pieces that don’t quite fit together. I’m kinda funky on the inside, in ways that you would know only from looking at an X-ray.

SMD is a condition that I have, but it is not who I am. It has been significant in my life, though, because of all of the surgeries and because it affects my height and my joints and my spine. I have had some very difficult experiences living as a little person in this world, mainly because I look different from everybody else. Even though I have achieved a great deal of success in my



life as an early childhood professional, as a wife, and as a mother, the truth is that people still stare at me in the grocery store. Out in public, people judge me by my size and my disability.

This was especially difficult as a teenager and young adult. During my senior year of high school, I had a type of surgery called a spinal fusion. Due to the curvature in my spine, the doctors had to “fuse” vertebrae together so my spinal cord would be protected. As a result, I spent several months of my senior year wearing a medical device called a halo as I recovered.

It would be a difficult recovery to go through at any time but especially during the self-conscious teenage years! In college, I had my first hip-replacement surgery and used crutches for a time as I walked around on campus. I refused to use a handicap sign in my car because I didn’t want people to think that I was “handicapped.” I struggled a great deal to be seen

the same as everyone else, as most children do. These experiences shaped me as a person, and I am proud of the fact that I have been able to overcome many challenges. Over time, I have even learned strategies for coping with the stares. Being a little person with a big smile is very powerful. My size makes people look at me, and my smile disarms them. They mostly smile back. Children almost always smile back.

I inherited SMD from my father. He dealt with many of the same struggles as I have and overcame many challenges. My father was born and raised in Buenos Aires, Argentina. In the Latin culture it is especially difficult to be a short-statured man, but my father didn’t let his height affect his dreams. My dad was a motivated student and successfully graduated from medical school.

After medical school, he emigrated to the United States and finished his residency in Washington, DC. My mother was in nursing school at the time, and my parents met and fell in love very quickly. My mom is five feet ten inches tall and my father was only four feet ten inches tall. The height difference made them a very cute couple! When they had their photo taken together, my mother would often sit down while he stood beside her. Or he would position himself in a higher spot so that their faces were side by side in the photo. My father was very charismatic and handsome. People were really drawn to him. He was a natural storyteller, and people used to crowd around him as he told stories in an animated way.



When my parents decided to have a child, they went to many doctors to find out if there was a chance that my father's condition could be passed down to his offspring. They were told not to worry, that my dad's condition was not genetically inherited. Years before in Argentina, he had been told that his condition was called rickets, which is caused by a lack of vitamin D in childhood. Even though my father was a doctor himself, he was terrified of having surgery and didn't really follow up on his own health care or even ask that much about it. My mother became pregnant without concern. At first all was well, although I was born prematurely and weighed only three pounds, three ounces at birth. I had to be in the intensive care unit for quite some time before my parents could bring me home, but other than that, they didn't think that there would be any issues. For a time, that was true.



My parents doted on me. I was a princess to my father and mother. Both of my parents always showered me with love and attention, for which I will be forever grateful. I always felt cherished.

It was only over time that my parents learned that I have the same skeletal issues as my father. As a result, my father learned the truth of his own condition through the process of finding out how best to care for his child. And through it all, my mother cared for both of us. My father dealt with a great deal of guilt throughout his life because he felt responsible for my disability.

As a child, I viewed disability through the lens of how other people reacted to my father when they first met him and how he responded to those reactions. His strategy was basically not to take himself too seriously. My father was a psychiatrist and jokingly called himself "The Shrink." He even had a personalized license plate on his car that read SHRINK, and he loved it that people laughed every time he got out of the car. Like me, he rejected the notion of the label of *handicapped* and taught me how to disarm awkwardness through a smile or joke. He taught me not to worry so much about the stares because they were just human nature.

He said that the world is like a field of blue flowers, and when a pink flower appears in the field, what do you do? You look at it!

I often think of the Smokey Robinson song "The Tears of a Clown" when I think of my father. He presented a happy and secure exterior, but I wonder if that was a mask for his true feelings.

Were there tears when no one was around? My father had a large personality, which may have been to compensate for his small stature. It's hard to know exactly how he felt because my father died many years ago. My mother was there for me through it all. She remarried and found happiness with my stepfather and is a doting granny to my son, Ricky.

Ricky also overcame many obstacles growing up with attention deficit hyperactivity disorder (ADHD). ADHD is a disorder that is marked by inattention (difficulty with maintaining focus), impulsivity (acting hastily), and being overly active. Ricky is a successful young adult today. He received special education services throughout his school years. I learned a great deal from him throughout his childhood and continue to learn from him to this day. He is resilience personified! The experience of raising a child with a disability taught me about the importance of maintaining high expectations for children, even when we want to protect them from frustration or disappointment. Ricky is an amazing person, and I am a very proud mama. I'll share many stories from my experiences as a mother throughout this book.

Through these varied perspectives, I am able to share both the practical and the personal: practical strategies for supporting children with disabilities and their families, along with my own personal stories that illustrate the importance and reasoning behind the strategies. I will share stories of my own personal experience, my experience as a mother, and my experience as the daughter of a parent with a disability in these pages.



As we explore the issues related to supporting children with disabilities and their families, I hope you will reflect on the experiences that make up the stories from your own life and examine your own attitudes and beliefs. This quote from Marion Wright Edelman really speaks to my heart: “The sea is so wide, and my boat is so small.” It does seem as though the sea is wide and that we have a long way to go to make early childhood inclusion the norm rather than the exception. My boat is small,

but I also know that my boat is not the only boat. I have many partners in this work, including you. Together we make a mighty fleet on behalf of children and families.

You also bring different perspectives to this work. You may be a person with a disability, just like me. Are you the parent of a child with a disability? a sibling? a grandparent? a spouse? a partner? a friend? Are you a preK teacher? a home visitor? a caregiver of infants or toddlers? Do you work in a Head Start or Early Head Start program? Do you work as an early childhood special-education teacher in a public school? Do you work in a child-care center or take care of children in your home? Do you coach other educators or provide professional development or technical assistance? Would you like to contribute at least a little piece of your life to making the world a better place for each and every child? There is a place for all of us in this work.

Obviously, I don't know all of you. I don't know what has led you to this point in your life where you have chosen to learn more about inclusion. But I do know that you are reading this book because you would like to make a difference. The amazing thing is that we all want to be accepted. We are each unique. We are each living in a body that we did not choose. And we all want to belong. We all face challenges. We each bring something to give to this world, and we all are important partners in this beautiful concept that we call inclusion. Children and their families depend on us to get it right. They depend on us to view every child as worthy of love, happiness, and the opportunity to learn alongside their peers and achieve their greatest potential. They depend on us to know and believe in our hearts that every child can fly.

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Introduction

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I started out in the early childhood education field more than thirty years ago as a preschool teacher for a diverse and spirited group of four-year-olds. Actually, I really started out in the field when I worked as a nanny all through college. Yes, I was Jani the Nanny. The energy that young children bring to the world has always inspired me. Being around children makes me happy! Even as a child myself, I had always wanted to be a teacher. For a time, I was just a little bit intimidated by children who are taller than me, so teaching preschool fit the bill. Each child came to my classroom with unique strengths and abilities that unfolded before my eyes over the course of our time together. At that time, I didn't think about my classroom as being inclusive. In my mind, children were children were children were children. All different and wonderful in their own way. Reflecting back, I remember some of the children who would likely have received special education services if we had collaborated with the school system on their behalf.

I remember Danny who used to gaze up at me blankly through thick, smudged glasses. His hair was "as red as a copper penny," as they say in the South. I remember constantly cleaning those glasses for him. When his glasses got especially dirty, he would just let them slide down his nose and would peer over them at me like a freckle-faced librarian. Even after I cleaned his glasses, he would still bump into the furniture in the classroom. I remember keeping him up close to the visuals during circle time so that he could participate in our daily routine together. A vision impairment?

I remember Caleb and his strong, clinging hugs. He seemed to love fiercely but also acted impulsively with aggression toward other children. I felt concerned for their safety. His parents once



asked me to join them on a visit to their family therapist to describe Caleb's behavior at school and problem solve together. A case of attention deficit disorder?

I remember Ashley with her love of dinosaurs and preference for outdoor play in the sandbox. Her skin was like porcelain, and I remember her wide-set almond-shaped eyes and flattened nose. Ashley did not speak at four years old, and I had to put my hand on her shoulder to get her attention. A case of Down syndrome?

A child with ongoing toileting issues? A child who rocked and swayed in the book area when she became overstimulated? I can think of countless examples. Of course, these diagnoses of children from thirty years ago are completely irrelevant. I would argue that it would not have mattered back then either. Would I have gained special knowledge to know the label that might have been used to describe Caleb? Absolutely not! I only share those memories because they are a reminder that an inclusive classroom is just like any other classroom. We never questioned whether or not a child belonged in our program. Everyone belonged. Everyone was welcome.

Many of you are educators in programs just like the one where I started out in my early childhood journey. That journey led me to support Head Start teachers as an education and disability services manager and later to provide support through workshops and technical assistance to Head Start programs across the country. I taught at a community college, and later I designed child-care-quality initiatives and drafted policy as an administrator within the North Carolina Division of Child Development and Early Education. Then, I supported other child-care leaders to do the same. About ten years ago, I started working at the national level, providing technical assistance for leaders through projects funded by the federal Office of Head Start and Office of Child Care within the Department of Health and Human Services, Administration for Children and Families. Now I serve as a technical assistance specialist for the Early Childhood Technical Assistance (ECTA) Center at the Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill. Through my work at ECTA, I provide support to state leaders working to increase the number of children served in inclusive settings. These leaders are working hard to change a system that has been very difficult to change over the years.

For children aged three to five in the United States, the special-education system places children with disabilities in segregated classrooms more often than not. Rather than placing children with disabilities in classrooms with their peers without disabilities, they are often put into classrooms where all the children have a disability.

This is not a realistic approach. As a person with a disability myself, I work alongside people with and without disabilities. I spend my free time in my community around people with and without disabilities. We are fortunate that our world is a place of diverse abilities, races, ethnicities, gender identities, sexualities, and everything else that makes us unique individuals. Our world is inclusive,

and our community spaces, schools, child-care programs, Head Start centers, and all other early childhood education programs should be, too.

Unfortunately, young children with disabilities face many barriers to being included in all facets of life in their community. Rausch, Joseph, and Steed (2019) recently highlighted some of the research related to exclusion of children with disabilities from community spaces such as parks and playgrounds (Burke, 2012) to early care and education environments (Barton and Smith, 2015). The researchers point to social barriers created by the lack of accessibility in community playgrounds (Ripat and Becker, 2012) and the subtle messages that children with disabilities and their families receive that lead them to feel that they just do not belong in these community spaces where children without disabilities learn and play (Prellwitz and Skär, 2007). As you might imagine, this type of social exclusion is very harmful for children and families and can have long-term impacts on their ability to participate in learning opportunities and engage with others (Stegelin, 2018).

Numerous studies have explored the barriers to inclusion. These barriers include a lack of funding or other resources for providing individualized supports and a lack of professional-development opportunities for early childhood educators and administrators (Rausch, Joseph, and Steed, 2019; Weglarz-Ward, Santos, and Timmer, 2019). However, researchers have consistently found that the most frequently reported barrier to inclusion is the attitudes and beliefs held by educators, administrators, system leaders, and policymakers. Inclusion tends to exist in the ivory tower and not in practice because our thinking has not been challenged about what it means to be an educator for each and every child, regardless of ability. We must work together to create a system in which inclusion is the norm rather than the exception.

We know that children do not need to be “ready” before they can be included with their peers. Rather the program, whether home-based, center-based, or a family child care, should be ready for the children. Delaying inclusion until a time when you think the child is old enough, advanced enough, or anything else “enough” flies in the face of the goal and purpose of inclusion, which is to ensure children with disabilities have supported opportunities to grow, learn, and thrive alongside their peers.

SOME THOUGHTS ON TERMINOLOGY

Words matter. Language is a powerful influence on the perceptions we have of the world around us. We need to be careful with our words. As advocates for inclusion, we want all children to have a sense of belonging. We want all children to feel welcomed in our childcare programs, our family child-care homes, our Head Start and prekindergarten programs, our schools, and in our world. This starts with the words we use.

Is it really okay to label a child who is still in the process of growing and developing? This question is an ongoing struggle for me. As a result, I choose to focus on the practice of inclusion of all children, rather than any specific label. Because, like it or not, we need the labels now. Without the labels in our current system of education, the need for services and supports would be overlooked and the funding would be lost as well. I often wonder if the labels that help us to justify the supports and services for a child actually do more harm than good overall. It is true that labels do serve a purpose. In addition to their use in demonstrating a need for access to services, labels are also a communication tool among service providers, a way to specify a group of people for advocacy purposes and a way to categorize effective teaching practices. However, labels also can promote a negative self-identity, create stigmas, lead to overgeneralization, and limit expectations that a family may have for their child.

DISABILITY

What is *disability* anyway? It's basically a term that humans created to sort people into the categories of "abled" and "disabled." This assumes that the person with a disability has no ability at all, which of course is completely untrue. We all need help in some aspect of our lives. The term and concept of

disability is entirely dreamed up by society, and when you look at the notion more closely, well, it kind of falls apart.

"All of us, at some time or other, need help. Whether we're giving or receiving help, each one of us has something valuable to bring to this world. That's one of the things that connects us as neighbors—in our own way, each one of us is a giver and a receiver."

—FRED ROGERS

There is a continuum of ability in every aspect of human existence. Do you have a disability because you are not a writer? Is my friend disabled because she can't play basketball like Michael Jordan? Of course not! There is diversity in what human beings are capable of doing. We have strengths in some areas of our lives and challenges in others—every single one of us! The term *disability* itself is used to refer to a specific inability to do something that society expects all human beings to be able to do, such as walking upright on two legs, communicating with words

rather than with hand gestures, or even thinking and learning in a certain way. Ultimately, it's a concept that humans created as shorthand for people who act, behave, interact, or accomplish things in ways that are different from most other people. The thing is, doing something in a different way doesn't have to imply that it is the wrong way to do them. In most cases, the ability to act, behave, interact, or accomplish in different or unique ways is celebrated.

Disability assumes that the individual is unable to navigate the world in an acceptable way, when in fact she simply navigates the world in a different way. All disability categories are subjective! Even types of disability that we would think are straightforward turn out to be much hazier when you zoom in on them. For example, the difference between what is considered poor eyesight and what is considered blindness is a relatively arbitrary distinction. Often, the ability (or disability) is dependent on external factors. For example, my husband is unable to hear out of one ear. In a crowded restaurant, he would likely be considered deaf. In a quiet setting, one on one, his ability to hear is mostly unimpaired. Children with attention issues can often focus intently when they engage in an activity that interests them. Disability is never as fixed or obvious as some might think.

The definitions of disabilities within the medical field change continually, as science evolves over time. For example, as researcher Subini Annamma and colleagues (2013) note, in 1973 the American Association of Mental Deficiency changed the definition of *intellectual impairment* from an intelligence quotient (IQ) score of 85 to an IQ score of 70, and thereby determined that a whole group of people were suddenly “cured” from the label! Even though the term *disability* is subjective, we often use the word in a way that implies certainty.

Some writers have drawn attention to these issues around the word *disability* by using the term *dis/ability*. In writing this book, I have chosen to stay with the conventional spelling of the term, acknowledging the many limitations. This entire book, in my opinion, is its own commentary about how educators and the practice of inclusion serve as disrupters of the way that society defines *disability*. Ultimately, inclusive programs offer each child the path to navigate the world in their own unique way. We create the space, the practices, the culture, and the community so this may be.

SPECIAL

Given where we are in the evolution of terms in education systems, which words should we choose to use? Most people with disabilities, including me, prefer to use the term *disability* rather than *special needs*, because *special* implies that we have needs that are different than others. We don’t have “special” needs; we have human needs. When we regard children as having special needs, it isn’t a far jump to believe that they will then need to be segregated from others in “special” environments and “special” classes. Special education is a service, not a place. Children do not need a special place just because they need certain services or supports.

The language of special needs also implies that children with disabilities need “special” educators. Let me be clear here: I love and respect the special-education profession and special-education professionals. I have learned so much from these professionals who have devoted their lives to that particular field of study. And the field of early childhood education needs those who understand and can teach others to implement the supports, strategies, and evidence-based teaching practices designed specifically for children with disabilities. However, if you were to ask the progressive

leaders in the special-education field today, they would tell you that the ultimate goal of special education is to help children find success in the general-education classroom as much as possible, through accommodations, services, and other necessary supports.

In this book, I will highlight strategies that are key to supporting children with disabilities in inclusive programs, but my friend, there are many more strategies out there. Special educators will teach you something new every time they set foot in your program. My concern is that the term *special educator* implies that they must have some sort of magic intellectual pixie dust to serve as an educator of children with disabilities. This is just not so.

PEOPLE- OR IDENTITY-FIRST LANGUAGE

The use of people-first language is an approach that recognizes the person before the disability and uses accurate, strengths-based language to describe qualities, characteristics, and actions in a respectful way (Snow, 2016). When we describe a child with a disability, it is recommended that we use people-first language; for example, refer to a child who has autism as a “child with autism” rather than as an “autistic child.” This acknowledges the fact that autism is something the child has, but it is not who the child is. She may have autism, but she is much more than that! Autism is just one of the features about the child, and people-first language recognizes that fact.

Language is very personal, and people with disabilities and those who support them are a diverse group with diverse perspectives. In fact, some people with disabilities have chosen to embrace the labels and, rather than using people-first language, they advocate for what is called identity-first language, such as “autistic child.” This perspective arises from the idea that disability is a natural part of the human condition and is nothing to be ashamed of, that “disabled people” should be proud of that identity.

I know it’s confusing. My advice for which language to use when you are speaking with an adult with a disability? Ask the person what they would prefer. Individuals have different preferences. I am a strong believer in people-first language. The thought of calling a child an “autistic child” rather than a “child with autism” makes me feel uncomfortable. While I certainly agree that there is no reason to be ashamed of disability, I stand with the people-first language approach for young children. Until a child is old enough to make those decisions, I think that it is important to use people-first language to reflect the fact that children with disabilities are children first. Like all children, they have many strengths, and disability is what they have and not who they are. In fact, disability may very well be a temporary situation and not a lifelong part of their identity. In any case, our society is just not there yet in terms of letting go of the negative stereotype that exists around disability. As Erin Barton, an associate professor of special education at Vanderbilt University, notes, “Children with disabilities do not need to be repaired or fixed. Just like all children, they need support to succeed.” All children are special, and all children need some form of individualization to thrive and succeed. Children with

disabilities are children, first and foremost. Families, specialists, and educators can work together with combined expertise, sharing our lessons learned on behalf of the children we love.

My hope is that, as educators shift our approach and practice, the shift in language and the shift away from the use of labels will follow.

This book is intended for early childhood educators who may not have a degree in special education but who seek to understand how best to support all children in their programs, regardless of ability. My hope is that this book will demystify the early intervention (EI) and early childhood special education (ECSE) systems for my early childhood educator colleagues. We will explore the research base and the legal foundations of inclusion, as well as the ways that the laws are implemented by health and education systems. We'll also explore inclusion from the perspective of the family and offer guidance for navigating these systems from screening to service delivery. In addition, we will explore the learning environments and teaching practices that are necessary to create high-quality inclusive experiences for young children.

HOW THIS BOOK IS ORGANIZED


If you are looking for a guide that tells you all about specific conditions such as Down syndrome, cerebral palsy, or ADHD, you won't find that here (but I will include some links in appendix B, so check those out if you're curious). The good news is that you really don't need to be an expert in any specific disability to be an expert in supporting children. Every type of disability includes tremendous variations from person to person in how it presents to the world, so there would never be a way to learn everything.

We may worry that we will accidentally do something harmful to the child, and that's certainly understandable. But ultimately our job is to find out how to best meet the individual needs of a child. We do this by getting to know the child, talking with family members, and starting with an assumption of competence. We ask questions such as, "What have you noticed about how your child learns best? What has worked well at home?" As we build our understanding from observing the child and talking with the family, we find that, over time, our fear will fade.

A mother whom I met recently shared that finding out about all of the variability within her daughter's condition turned out to be one of her greatest lessons. She found that the name of the disability didn't matter all that much. She said, "When I learned that cerebral palsy is really just a term to describe a difference in muscle tone, it opened up all of the possibilities in the world for my child. Who cares that she has cerebral palsy? We just need to make sure that she gets the physical therapy that she needs to strengthen her muscles!"

In this guide we will focus on inclusion as a value to embrace in our culture of early care and education. Inclusion is a process, a collection of strategies and individualized approaches to meet the needs of each and every child. We'll start in chapter 1 with the definition of *inclusion* itself, the research base around inclusion, and how the laws and regulations in the United States are structured to promote it. In chapter 2, we'll dive into the worlds of early intervention and early childhood special

education to better understand how these systems work on behalf of children and families, from referral to service delivery. Chapter 3 looks at families and how early childhood educators can support them through the EI and ECSE systems. This starts with screening, evaluation, and assessment, which I address in chapter 4. Chapters 5 through 9 provide a deeper dive into how we can support children and families to achieve their goals, provide inclusive learning environments, and use inclusive, equitable, and culturally responsive teaching practices. The final chapter addresses how to do all of this while staying healthy and strong, with a sense of balance throughout our lives. In appendix A you will find a glossary of



“Inclusion is not a ‘place’ but a culture that we create when practices are based on rights, inclusive belonging, and contribution”
(Hampshire & Mallory, 2021).

terms, and in appendix B you will see a collection of online resources for when you want to dig deeper and learn more. Each chapter also includes highlighted resources and reflection questions to extend your learning. You will find lots of practical tips and strategies throughout these pages.

While I was writing this book, *you*, the early childhood educator, were always on my mind. Again and again, I thought to myself, “What would have been helpful to me when I was working directly with children and families?” This book represents a collection of answers to that question, and I hope you will find answers to your questions as well.



CHAPTER 1

Inclusion: What, How, and Why



History will judge us by the difference we make in the everyday lives of children.

—NELSON MANDELA, FIRST DEMOCRATICALLY ELECTED PRESIDENT OF SOUTH AFRICA



What do we mean by *inclusion*?

But first, a story. This really happened.

Early one morning last spring, I was sitting on my deck in my pj's drinking coffee when the most amazing thing happened. My deck looks out over a grassy area where birds gather. It's usually a very peaceful spot, but on this particular morning, it was a very different sort of scene. I was taking a sip of coffee when I noticed the sky seemed to get a little bit darker, as though there were a shadow over the sun.

A giant hawk with a huge wingspan and an evil look in his eye soared right by me. I gasped in shock as he flew down to a nearby tree and then BAM! He snatched a baby bird right out of its nest.



The bird's parents weren't around. It happened too fast. Nothing could be done. The hawk had his prize and curved back around to glide past me, the baby in his claws.

But that baby was really squirmy. Squiggly squirmy. And loud. That baby squirmed and squawked and must have been too much trouble, because before I could blink, the hawk dropped the baby! The baby squirmed through the air, twisting, turning, and wriggling down to the ground into the tall grass.

Was it alive?

Should I go get it?

Now let me tell you that I am not an expert in foreign languages. Certainly not the language of bird. But that baby was definitely saying, "Mama! Help! Come get me!" I know that for sure. And after a while, the mother did come around. She fluttered around the baby, and I could tell she was upset. It was as if she were thinking, "Sweetheart! How did you get yourself into this predicament? I can come and feed you, but I can't put a half-grown baby on my back and fly away!"

The baby squawked and squawked. Distressed, the poor mama bird fluttered around, and eventually she flew off. After a time, the baby went silent and stayed silent for a long time. Would you think less of me if I told you that I went back to chilling out with my coffee? (I was in my pj's after all.) Then a crazy, jerking motion rustled the grass where the baby had fallen. And suddenly, believe it or not, that little baby flew. It was a wobbly, pitiful-looking fly, but it was a fly nonetheless. I jumped up and cheered as it flew out of my view.

Isn't that resilience?

The only thing that baby had ever known was sitting in the nest, waiting for mama to come with food. That baby had never flown. And it certainly didn't know about a hawk! Imagine what was going on in that little baby bird brain after being snatched up and then falling to the cold, hard ground.

And yet that baby bird flew.

As you might imagine, I told this story to all of my friends. My early childhood educator friends immediately made the connection to children. As educators, we are the ones down there on the ground, waiting to teach the baby birds when they leave the nest. Think about the children in your program. What did they know about life outside the nest before you met them? And how did they leave the nest?

Some children leave the nest in a gentle sort of way; others leave in a traumatic way. And yet they all arrive in our early childhood programs with different skills and abilities. Some come to us with mama bird by their side. She leaves them with a peck on the cheek, and they already know how to fly. Others seem to know only how to squawk and carry on and kick and fight and roll around on the

floor. They may not fly in a straight path, and they may not fly in the same way other birds fly, but all children can fly in their own way, in their own time, with our love, care, and support.

This is what inclusion means to me. Every child belongs. Every child is unique. Every child has strengths. Every child has the potential to fly.

What is your definition of inclusion? I imagine that it has grown and changed over time—and may change again as you read this book and reflect on how inclusion aligns with your own values and priorities as an educator. My understanding of and thinking about inclusion and the concept of disability in general have certainly evolved and changed over the thirty years that I have worked in the early childhood field. How does our field define inclusion? What do we really mean by that term?

INCLUSION AS DEFINED BY THE EARLY CARE AND EDUCATION FIELD

According to the Kids Count Data Center (2021), provided by the Annie E. Casey Foundation, and the most recent US Census Bureau (2020) report, there are 23.4 million children ages birth through five in the United States. Of that number, 11.4 million children are under the age of three, and 12 million are ages three through five. How many of those children have a disability? That number is a little bit trickier. We know from the federal Office of Special Education’s most recent annual report to Congress (US Department of Education, 2020) that in 2018, 409,315 infants and toddlers received early intervention services and 815,010 children ages three through five received early childhood special education services. This includes services provided across the continuum of placement. In other words, this could reflect a child served in an early childhood program alongside his peers, but it also includes children who receive services in a hospital, special school, or at home. For this book, we focus on how to support children with disabilities in the same early childhood settings that they would attend if they didn’t have a disability. This concept is the key element of what we view as inclusion, but the truth is that it’s about a lot more than that.

In 2009, two of the leading early care and education (ECE) and early childhood special education (ECSE) membership organizations came together to present a unified vision for inclusion in early childhood. This joint position statement developed by the National Association for the Education of Young Children (NAEYC) and the Division of Early Childhood of the Council for Exceptional Children (DEC) defines 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 society.”

In addition, these two membership organizations indicated a set of outcomes, or desired results, of inclusion for children with and without disabilities and their families:

- A sense of belonging and membership
- Positive social relationships and friendships
- Development and learning to reach their full potential

The “Policy Statement on Inclusion of Children with Disabilities in Early Childhood Programs” (US Department of Health and Human Services, US Department of Education, 2015) states, “All young children with disabilities should have access to inclusive, high-quality early childhood programs, where they are provided with individualized and appropriate support in meeting high expectations.” Both of these statements reflect the fact that young children with disabilities should grow and learn alongside their peers with and without disabilities. However, simply learning side-by-side with your peers is not the entire picture. The statements also refer to providing individualized supports and maintaining high expectations. The statements share the vision that inclusion in early childhood will lead to inclusion in elementary school, middle school, high school, college, and the workplace. Early childhood inclusion leads to inclusion “in all facets of society throughout the life course” (HHS and ED, 2015).

This is a definition and vision that we can all embrace! But how can we make it happen? How can we make sure inclusion is successful?

DEFINING FEATURES OF INCLUSION

The NAEYC and DEC joint position statement proposes three defining features of inclusion:

- **Access:** “providing a wide range of activities and environments for every child by removing physical barriers and offering multiple ways to promote learning and development”
- **Participation:** “using a range of instructional approaches to promote engagement in play and learning activities, and a sense of belonging for every child”
- **Supports:** “broader aspects of the system such as professional development, incentives for inclusion, and opportunities for communication and collaboration among families and professionals to assure high quality inclusion”

What does this look like in an early childhood setting? Access starts with just the ability to get in the door. An inclusive child-care program implements policies that promote access, so families know it is a program open to all children. This is evident from the wheelchair ramp at the front entrance to inclusive practices in the classroom. An educator might arrange his classroom so that all children can access all learning centers. For example, Miguel benefits from having a cube chair to sit in at circle time because his upper-body strength is still developing. Laura uses a wheelchair, so her classroom has wide-open aisles, and the sand table is the perfect height to allow everyone to play. The environment and activities are planned using principles of universal design, which is a way of

thinking about teaching and learning that allows flexibility for children to access and use materials or demonstrate competence. (We explore this in more depth in chapter 6). Educators promote access by offering spaces and learning opportunities that work for all children with or without disabilities. Of course, inclusion is about more than just getting through the door. Inclusion is about ensuring that all children have a sense of belonging, membership, and being active participants in the program.

To promote participation, an educator might individualize activities to offer a variety of ways for children to join in on the fun and learning. We know that children are more alike than they are different, and we also know that children want to be as independent as possible. For example, Abby, who uses crutches to walk, holds the stop-and-go sign during Red Light, Green Light, so she can participate even though it is a running game. Ben, a child with a communication disorder, chooses the game he wants to play by pointing to a picture of the game rather than saying his choice. Carly, a child who is extra wiggly during circle time, holds a fidget toy to help her stay focused. Educators use these accommodations and modifications so all children can participate with success.

Supports are provided by the program or implemented at the system-level to ensure that the efforts of educators are successful and can be maintained. For example, a school district might invite Head Start educators to join special-education staff for a professional development workshop of mutual interest. Or a state may give extra points to inclusive programs as part of the quality rating and improvement system (QRIS) or may offer financial incentives to cover unexpected costs.

As noted in *The Preschool Inclusion Toolbox: How to Build and Lead a High-Quality Program* (Barton and Smith, 2015), the three defining features of access, participation, and supports are dependent upon factors such as strong family involvement, supported peer relationships, specialized supports, individualized teaching practices, collaborative teaming, ongoing evaluation, and staff professional development. High-quality inclusive programs start with family involvement, while always keeping the child at the center.

We recognize inclusive education as the process of (a) redistributing access to and participation in quality learning opportunities; (b) recognizing and valuing all child differences in learning activities, materials, and interactions; and (c) creating opportunities for non-dominant and under-represented groups to share their narratives and advance solutions for equity, with particular attention given to the interplay of multiple and intersecting social identities (e.g., ability, race, language) in learning contexts (e.g., home, school, and community settings)” (Morgan and Cheatham, 2021).

Throughout this book, we will further explore these defining features and think about their practical application in your program and for your role as an early childhood educator.

FEDERAL LEGISLATION

In addition to these three defining features, we can think about the “how” of inclusion through the lens of the laws that have been put into place to protect children and families, as well as to guide our education system and society as a whole. Following are brief summaries of these laws. In chapter 2, we will discuss how these laws affect children and families, and the resources section at the end of this book includes links to information with detailed guidance for interpreting the legislation. For now, this is the view from 30,000 feet above.

INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)

The Individuals with Disabilities Education Act of 1973 was reauthorized in 2004 and is the key federal law that governs how states, territories, jurisdictions, and public agencies (referred to throughout this book simply as *states*) provide services for infants, toddlers, preschoolers, and school-aged children with disabilities. IDEA supports providing early intervention services to eligible infants, toddlers, and their families and providing a free appropriate public education through special-education services to eligible children ages three through twenty-one. The federal Office of Special

Education Programs (OSEP) administers funding to states to enact the legislative intentions of IDEA. States then share a portion of the funding with local agencies. Programs serving infants and toddlers, birth through age two, fall under Part C. Programs serving children ages three through five fall under Part B, Section 619.

Where can I learn more about IDEA? A good place to start is the website developed and maintained by the US Department of Education:
<https://sites.ed.gov/idea/>

Part C—Programs for Infants and Toddlers with Disabilities

States receive Part C grants to provide comprehensive early intervention services for children birth through age two who have disabilities

or developmental delays and their families. State legislators determine which agency—such as a health, human services, or education agency—will receive and administer Part C funds. The services must be provided in the child’s “natural environment,” which means the environment where the child

spends the majority of time, such as the child’s home, child-care program, Early Head Start program, or grandparent’s house.

The services a child receives are determined by the Individualized Family Service Plan (IFSP) team. The IFSP team includes the child’s parent or guardian, early intervention service providers, and other team members. Infants and toddlers are eligible if they are experiencing a developmental delay and/or have a diagnosed medical condition. There is state discretion in defining these criteria, which may include infants or toddlers who are at risk for a delay or disability. It is important that you know how your state defines eligibility, and you can find that information on your state’s Part C website.

Part B, Section 619—Preschool Grants Programs

Part B, Section 619 of IDEA authorizes grants to states to provide special education and related services to children with disabilities ages three through five. Just as in Part C, there are some eligibility and service components that are left up to the states to determine, including the ability to serve two-year-old children with disabilities who will turn three during the upcoming school year. States must make a free and appropriate public education (FAPE) available to all eligible children with disabilities ages three through five. These early childhood special education and related services must be provided, to the maximum extent appropriate, in the “least restrictive environment” (LRE) based on the child’s unique strengths and needs. This means that when a decision is made about where IDEA services are to be provided to the child, the first option should be the place where the child would typically be if she did not have a disability at all. For preschoolers, this would likely be in a child-care program, Head Start or public prekindergarten program, or other regular early childhood education setting.

Children are deemed eligible for early childhood special-education services through a multidisciplinary evaluation. A team of qualified professionals and the parent or guardian of the child make the determination of eligibility based on the child’s educational needs. Special education and related services are then outlined in the child’s Individualized Education Program (IEP).

Both Parts C and B, Section 619, require multidisciplinary teams to evaluate and develop service plans for eligible children, but there are different eligibility criteria, evaluation procedures, types of services, service settings and recipients, and systems of payment. It is important to know about the distinctions between Parts C and B, Section 619, eligibility and services, including how they are defined and carried out in your state. Early childhood educators play an important role in supporting the child as she works toward the goals outlined in the IFSP or IEP. This happens through collaboration with families, early intervention, and early childhood special education partners.

AMERICANS WITH DISABILITIES ACT (ADA)

The ADA is a civil-rights law that addresses equal opportunity and reasonable accommodations for people of all ages with disabilities. Enacted in 1990 and amended in 2008, it is the law that prohibits discrimination against people with disabilities in schools, employment, transportation services, and other public services. Head Start, public prekindergarten, child care, and other early childhood programs must comply with ADA; however, religious organizations are exempt and do not have to comply. Under ADA, programs must implement policies, practices, and procedures so that everyone,

Where can I learn more about ADA? A good place to start is the website developed and maintained by the US Department of Justice: <https://www.ada.gov/index.html>

including children with disabilities, can fully participate in the programs. ADA also includes requirements intended to ensure that new public facilities are accessible for everyone and that owners of older facilities remove barriers when this can be done without undue expense.

In addition, programs cannot have eligibility criteria that explicitly exclude children with disabilities. For example, a child-care program cannot require that all children be toilet trained, because this may result in discrimination against children with disabilities. Programs cannot exclude children unless they pose a “direct threat” to the health or safety of others or

unless their participation would require “fundamental alteration” of the program. Finally, programs cannot charge higher fees for children with disabilities or refuse a child admission because of concern about increases to insurance costs.

SECTION 504 OF THE REHABILITATION ACT OF 1973 (“SECTION 504”)

Section 504 is also civil rights legislation and applies to any entity that receives federal funds through a grant, loan, or contract. In early childhood programs, this might include funding for Head Start, child-care subsidy, public prekindergarten services, and/or the federal food and nutrition program. Generally speaking, Section 504 indicates that individuals with disabilities cannot be discriminated against or excluded from participation in any program or activity receiving federal funds. In addition, accommodations may be required to ensure that individuals are not excluded. The federal statute for Section 504 is brief and very powerful:

“No otherwise qualified individual with a disability in the United States . . . shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance” (Pub. L. 93-112, 1973).

What does it mean to have a disability under Section 504? The criteria are much broader than the criteria for IDEA and ADA. There are three possible ways to be considered eligible under Section 504:

- An individual can have either a physical or mental impairment that substantially limits one or more major life activities;
- or has a record of such an impairment;
- or is being regarded as having such an impairment.

There is no religious exemption under Section 504 as there is within ADA. If an early childhood program is run by a religious entity and the program receives federal funds, the provisions of Section 504 still apply.

Federal programs and funding streams outside of IDEA have also reinforced the importance of inclusion through policy and practice. For example, the Head Start Act (2007) requires that at least 10 percent of children enrolled in the program must be children with disabilities. Many child-care programs receive funding through the federal Child Care and Development Block Grant (CCDBG), and this program requires that states prioritize services for children with disabilities.

We can clearly see that our federal government agencies, federally funded programs, membership organizations, and federal legislation support the inclusion of children with disabilities in early childhood programs. Why is this so important?



RESEARCH ABOUT THE BENEFITS OF INCLUSION

BENEFITS FOR CHILDREN WITH DISABILITIES

We know from a large body of research that inclusion is beneficial for every child (Rausch et al., 2019; Lawrence et al., 2016; Weiland, 2016; Justice et al., 2014; Barton and Smith, 2015; Strain and Bovey, 2011). Children with disabilities who are included in high-quality classrooms with peers have been found to make positive gains across all areas of development (Holahan and Costenbader, 2000; Odom et al., 2000; Rafferty et al., 2005). It is critical for children with disabilities to be exposed to



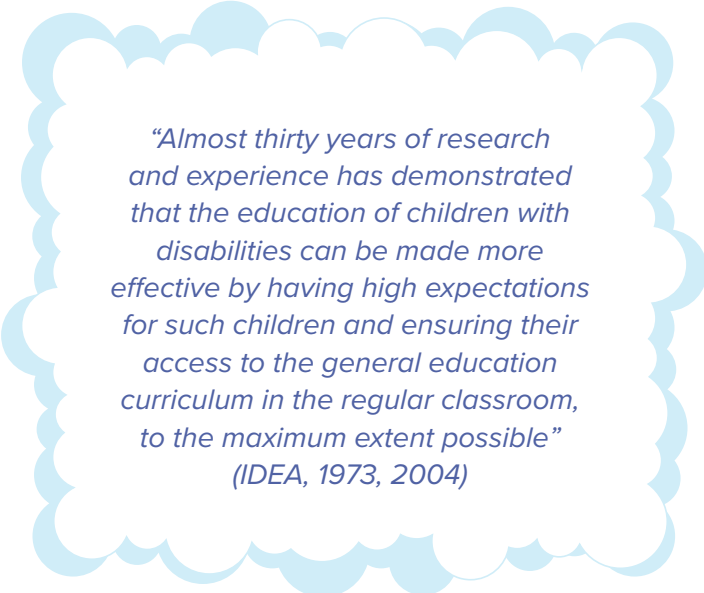
a variety of rich experiences where they can learn in the context of play and everyday interactions alongside their peers.

Inclusive early childhood environments have been found to promote peer relationships between children with and without disabilities, and typically developing peers serve as role models for language and social interactions (Weiland, 2016). Researchers have found that children with disabilities who interact with peers with higher-level social skills often imitate these behaviors and skills in the future (Banda, Hart, and Liu-Gitz, 2010; Holahan and Costenbader, 2000). The research on the development of social and emotional skills for children with disabilities in inclusive settings is strong, and the benefits have been found to continue to the elementary school years and even beyond (Strain, 2014).

Studies, including one from researchers Annette Holahan and Virginia Costenbader (2000), find that young children with disabilities in high-quality inclusive early childhood programs make larger gains in their cognitive, communication, and social-emotional development compared to their peers in segregated settings. Children can learn effectively in inclusive settings when they are given appropriate modifications and adaptations to the curriculum and, in some cases, to the way the

classroom is arranged. Remember access, participation, and supports.


Research has also shown that inclusion benefits children with all types of disability. Some of the most impressive outcomes have come from studies by Yvonne Rafferty and colleagues (2003) and others about inclusion of children with very significant developmental needs. Children with significant needs make progress in language and literacy goals (Green, Terry, and Gallagher, 2014) as well as social and emotional development (Strain and Bovey, 2011). Keep in mind, for inclusion to be successful, it will look different for different groups of children. Some children



*“Almost thirty years of research and experience has demonstrated that the education of children with disabilities can be made more effective by having high expectations for such children and ensuring their access to the general education curriculum in the regular classroom, to the maximum extent possible”
(IDEA, 1973, 2004)*

will need more accommodations than others. For example, a child with limited mobility might need accommodations to the classroom environment, the outdoor play area, or even to the building itself. Some children who use technology-based tools to communicate will need staff who are trained and feel competent to use the tools. Inclusion is not a one-size-fits-all kind of approach.

Every child **BELONGS**
 Every child is **UNIQUE**
 Every child has **STRENGTHS**
 Every child has the **POTENTIAL TO FLY**



Inclusion benefits all children! Inclusion—perhaps you believe it is complicated, time-consuming, and expensive. Not true! Jani Kozlowski, experienced trainer and technical-assistance provider on inclusion and disability services, dispels the myths and shows that implementing high-quality inclusive practices in your program is easier than you think!

Throughout *Every Child Can Fly*, Kozlowski explores the defining features of high-quality inclusion and shows readers how to provide access and support for children with special needs. Learn how to help them feel included through strong family involvement, peer relationships, individualized teaching practices, collaborative teaming, ongoing evaluation, and staff professional development.

- Learn why inclusion is important.
- Unravel the jargon and acronyms.
- Understand screening, assessment, and referrals.
- Learn how to support children in achieving individualized learning goals.
- Explore inclusive evidence-based teaching practices.
- Discover how to foster a sense of belonging and acceptance in your program.



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