

An Overview of Inclusive Education in the United States

Md. Mokter Hossain

University of Dhaka, Bangladesh
& University of Nevada, Reno, USA
E-mail: mokter@gmail.com

ABSTRACT

Being a country of diversity, the United States has had a long tradition of research and practices in special education in the form of inclusion. Since passage of Education for All Handicapped Children Act (EAHCA) of 1975, now referred to as Individuals with Disabilities Education Act (IDEA) of 2004, a free appropriate public education has been available to all children with disabilities. However, inclusion of students with disabilities into general education classrooms has taken decades to be considered appropriate practice. Controversies, research, and legislation have shaped a collaborative relationship between general and special education. A wide range of political, epistemological, and institutional factors have facilitated a more child-centered public education. This chapter presents an overview of current issues and practices in the inclusion of students with disabilities in the U.S. The topics include: historical background; public laws that led to successful inclusion; categories and prevalence, and identification strategies; and inclusion practices for students with mild-to-moderate, and selective significant disabilities for providing them equal and appropriate educational experiences in the mainstream classrooms.

Keywords: *Americans with Disabilities Act, Inclusion, Individuals with Disabilities Education Act, Least Restrictive Environment, Mild-to-Moderate Disabilities, Significant Disabilities*

INTRODUCTION

In today's schools students with disabilities who receive special education services are typically included in general education classrooms with their typically developing peers. Special education is not a place, but rather a set of instructional services. Further, *inclusion* is not just a place or a classroom setting either; it is a philosophy of education that integrates children with disabilities into educational settings in which meaningful learning occurs (Osgood, 2005). Inclusion means that all students, regardless of disability are included in the school community as valued members of the school. As valued members of the school, students with disabilities actively participate in the academic and extra-curricular activities of the school community; and they are given the instructional and behavioral support to succeed (McLeskey et al., 2009). Specifically, students with disabilities have access to the same educational opportunities as their peers. Unlike the dated practice of mainstreaming, in an inclusive classroom students are participating members of the general education classroom and do not belong to any other separate, specialized environment based on characteristics of their disability (Halvorsen & Neary, 2009).

The period between 1900 and the 1970's is typically referred to as the "isolation phase". Children with disabilities were segregated from their non-disabled peers for centuries. In the first half of the twentieth century, when the free public compulsory education began nationwide, students with moderate to severe disabilities were often denied the opportunity to receive equal

treatment in the classrooms with their peers. Throughout the twentieth century educators, parents and activists have called for more equitable, *normal* treatment of these students.

Landmark legislation and litigation, significant political events, and the courageous advocacy of parents, teachers and educators shaped the "integration phase" of services for students with disabilities. The passage of the Education for All Handicapped Children Act (EAHCA) of 1975 made special education mandatory in the United States. Education for All Handicapped Children Act (EAHCA) was actually the first protection of American students with disabilities against discriminatory treatment by public education agencies (Wong, 1993). The Education for All Handicapped Children Act (EAHCA) of 1975 was modified several times to strengthen the protection of students with disabilities. It was renamed the Individuals with Disabilities Education Act (IDEA) in 1990 and reauthorized in 1997 and, again, in 2004. During this time the identification of integration of children with disabilities into mainstream life were paramount.

The current "inclusion phase" in special education was ushered in with the No Child Left Behind (NCLB) Act of 2001 and Individuals with Disabilities Education Act (IDEA) of 2004 reauthorization. The Individuals with Disabilities Education Act (IDEA) incorporates most of the No Child Left Behind (NCLB) requirements for students with disabilities. It emphasizes school accountability ensuring that students with disabilities have access to the regular classroom and are successful with the regular education curriculum. Together, Individuals with Disabilities Education Act (IDEA) and No Child Left Behind (NCLB) entitle all students to be included in the general education classroom to the greatest extent possible. Performance goals and indicators for students with disabilities were established to ensure expected outcomes. Schools are accountable for making sure students with disabilities achieve expected standards and that these students be included in district- and state-wide assessments (Hope, 2009; Gartland & Strosnider, 2004; Kleinert, Kennedy, & Kearns, 1999).

The term "inclusion" is not mentioned in any U.S. educational legislation, however. It is a practice that originated by special educators, disability activists, and the parents of children with disabilities. Inclusive practices are a merger between policy activism (Will, 1986), poor academic outcomes for children with disabilities in the late 1980's (Osgood, 2005) and more recent federal legislation. For decades, the central debate in the disability community focused on who should be considered disabled, how disability should be assessed and measured, and who should bear the responsibility for planning and providing an appropriate education for students considered disabled. Even, now in the twenty first century, controversies remain about the effectiveness of special education and appropriate use of inclusive practices.

The U.S. inclusive and special education supports and services are designed to meet the needs of all these students. Every general education classroom in the country has one or more students with disabilities. All public schools in the United States are responsible for instructing students with disabilities and other special needs (Friend & Bursuck, 2009). Intensity, structure, curriculum, collaboration, and monitoring/assessment have made the special education "special" in the United States (Kauffman & Hallahan, 2005). Now, about 75% of the students with disabilities spend all or part of their school day in the general education classrooms with their non-disabled peers. The remainder of the students with disabilities receive academic instruction in pull-out or self-contained classrooms or in residential or hospital placement (National Education Association [NEA], 2009). In addition, many students who do not have disabilities are getting additional support to succeed in the general education classrooms. Students who benefit from the inclusion and special education practices in the United States include students who are

at risk for difficulty in school, students from diverse ethnic, culture and linguistic backgrounds, students who are eligible for special education services under Individuals with Disabilities Education Act (IDEA) or Section 504, and even students who are identified as gifted and talented.

Establishing comprehensive inclusion practices is challenging, frustrating, time-consuming, and expensive, especially for the United States with its social, cultural, economic, religious, and ethnic diversity. This chapter presents a historical overview of successful inclusion practices for students with disabilities in the U. S.; including Legislative Actions Supporting Inclusion in the U.S.; prevalence and categories of students with disabilities in the U.S. classrooms; inclusion practices for students with mild-to moderate, and selective significant disabilities along with the intervention strategies for students of these groups for providing them equal and appropriate educational experiences in the mainstream classrooms followed by a conclusion that confers the impact of inclusion on public education system in the U. S.

LEGISLATIVE ACTIONS SUPPORTING INCLUSION IN THE U.S.

The United States, a country of social, ethnic, and linguistic diversity, has a long tradition of research and practice in special education and inclusive practices. The goal prescribed by special education legislation, Individuals with Disabilities Education Act (IDEA), is to provide all children with disabilities a free and appropriate public education. Moving from the goal of a free and appropriate education to meaningful inclusion has taken decades to achieve and is still a work in progress. A wide range of political, epistemological, and institutional factors have manipulated the practice of inclusion into the child-centered focus we see in today's classrooms. Several significant legislative and litigation events have propelled all children's access to a Free and Appropriate Public Education (FAPE). Other key issues such as efficacy, efficiency, community, legality, economy, power and identity, and axiology have shaped both the content and trajectory of the inclusion debates in the twentieth century.

The first law to address individuals with disabilities was passed in 1798. It dealt with the designation of a marine hospital to serve sailors with disabilities. This policy eventually resulted in the *Public Health Service* in the United States (Wong, 1993). The law was mainly designed to aid war veterans and focused primarily on disabilities related to the individual's service in the armed forces (Sheets, Wray, & Torres-Gil, 1993). In the 1920s, when free public compulsory education began nationwide, ironically, the universal attendance law was not applicable to students with disabilities. Students with disabilities were often denied the opportunity to receive their basic right of free public education. Only students with learning or behavior problems or mild-disability or minor physical impairments, whose needs were not considered extraordinary, were educated along with other non-disabled students in the public schools. Children with moderate disabilities were educated in separate residential schools, private agencies, or at home. Many children with significant intellectual or physical disabilities did not attend school at all (Kode, 2002).

During the first half of the 20th century, many states passed laws which prohibited students with disabilities from attending public schools (Yell, Rogers, & Rogers, 1998). Access to a U.S. public school education could be, and often was, withheld if a school district claimed it was unable to accommodate a student with special needs. This tradition of exclusionary practice was usually upheld in the courts. (McLeskey & Pacchiano, 1994). Many states passed laws that explicitly excluded students with certain types of disabilities from the public education system. The majority of students with disabilities were educated in segregated settings for most or all of

the school day (McLeskey & Pacchiano, 1994). As a result of these legal practices only about 20% of children with disabilities received a free public education along-side their non-disabled peers (McLeskey et al., 2009).

Special education and inclusive practices emerged and grew rapidly in the late 20th century (Kode, 2002; Manton, Gu, & Lamb, 2006; Winzer, 1993). Initially, mainstreaming was the preferred policy for integrating students with *mild disabilities* into general education settings. However, in a school that promoted mainstreaming, students with disabilities were assigned to special education classes with special education professionals. They were mainstreamed into general education classrooms and activities (art, PE, music, lunch, recess) for social integration with their non-disabled peers. In short, mainstreaming was part of a two system educational environment where special education and general education were separate. It should be noted that they were not concerned about creating separate but equal educational experiences. The practice of mainstreaming did not ensure active collaboration of students with disabilities with their non-disabled peers.

Until the mid 1980s, there was no guarantee that a child with a disability would receive an appropriate and free public education (Manton et al., 2006). The special education movement received a substantial boost when Public Law 94-142, the Education for All Handicapped Children Act (EAHCA), became a law in 1975 (Dorries & Haller, 2001). States did not need to be in full compliance with law until 1981. Education for All Handicapped Children Act (EAHCA) of 1975 was the first U.S. federal legislation related to special education that took into account many of the early court decisions. Specifically, equitable assessment procedures were included in the legislation as a function of cases like *Diana vs CA Board of Education*. Least Restrictive Environment (LRE) and Zero Reject emerged in Education for All Handicapped Children Act (EAHCA) in response to *Mills vs Board of Education* and the PARC ruling. The original legislation was very sensitive and responsive toward the litigation efforts of the 1970's. Education for All Handicapped Children's Act established the civil rights of students with disabilities and outlined the foundation on which current special education practices are built.

As with all legislation, Education for All Handicapped Children Act (EAHCA) was not perfect. It was ground breaking and built a solid foundation for securing the education and privacy for all children with disabilities. The law was open to some interpretation and states were assigned the task of creating policy and guidelines for implementing the law (Williamson, McLeskey, Hoppey, & Rentz, 2006). In the early 1980's as states began full implementation of Education for All Handicapped Children Act (EAHCA), it was clear that there was more work to be done. The passage of Education for All Handicapped Children Act (EAHCA) did not result in a termination of litigious efforts. In fact, litigious situations were common place as families and school districts struggled to interpret Least Restrictive Environment (LRE), Individualized Education Programs (IEPs) and related services. Subsequent legislation took into account the implementation struggles and included changes and revisions to future laws, specifically the Public Law 99-457, Education of the Handicapped Students Act Amendments (1986), Public Law 101-336, Americans with Disabilities Act (ADA) of 1990, Public Law 101-467, Individual with Disabilities Education Act of 1990, and its amendment in 1997, the No Child Left Behind Act (NCLB) of 2001). The evolution of education law is similar to how states and local districts have struggled to implement No Child Left Behind (NCLB). These challenges over assessment, Adequate Yearly Progress are now part of the dialog as the Elementary and Secondary Education Act (ESEA) or No Child Left Behind Act (NCLB) is undergoing reauthorization.

The Individuals with Disabilities Act of 1990 was an influential reauthorization of Education for All Handicapped Children Act (EAHCA). It strengthened the special education policy in the United States. It has had significant results in changing the way public schools refer, evaluate, identify, serve and discipline students with disabilities in the general education setting (Hope, 2009). Under Individuals with Disabilities Education Act (IDEA), children with disabilities, from age 3 to 21, are entitled to receive free and appropriate public educational services and support through their local school district. As a result of Individuals with Disabilities Education Act (IDEA), children with disabilities have been removed from segregated special education settings and integrated into general education classrooms and school activities (Dorries & Haller, 2001). According to the U.S. Department of Education (2002), Individuals with Disabilities Education Act (IDEA) “strengthens academic expectations and accountability for the nation's 5.8 million children with disabilities. Individuals with Disabilities Education Act (IDEA), also, bridges the gap that has too often existed between what children with disabilities learn and what is required in the regular curriculum.” Before Individuals with Disabilities Education Act (IDEA), 90% of children with developmental disabilities received an education in state institutions (U.S. Department of Education, 2000). During each of the 2001-06 school years, approximately six million students with disabilities received services under (IDEA) Individuals with Disabilities Education Act (U.S. Department of Education, 2007). According to the U.S. Department of Education (2002), the Least Restrictive Environment (LRE) mandate of Individuals with Disabilities Education Act (IDEA), accounts for the increased number of students with disabilities who attend colleges and universities. It is three times more when compared to pre- Individuals with Disabilities Education Act (IDEA) figures. The number of 20-year-olds with disabilities who are working successfully in the job-market has doubled (Dorries & Haller, 2001).

In 2004, Individuals with Disabilities Education Act (IDEA) and its provision of a free and appropriate public school education for all children with disabilities was once again reauthorized. This followed the re-authorization of Individuals with Disabilities Education Act (IDEA) in 1997 and is referred to as Public Law 108-446, Individuals with Disabilities Education Improvement Act (IDEIA) or Individuals with Disabilities Education Act (IDEA) of 2004. Individuals with Disabilities Education Act (IDEA) of 2004 is the most significant piece of legislation to assure that all children, regardless of their disability will be included in the Least Restrictive Environment (LRE) to the greatest extent possible (Swanson, 2008). Individuals with Disabilities Education Act (IDEA) of 2004 required local, state, federal and other education service agencies to have in effect policies and procedures which support the Least Restrictive Environment (LRE) mandate. Increased accountability for academic performance was included in the law. Individualized Education Program (IEP) provisions changed to assure that students were educated in the Least Restrictive Environment (LRE). Every level of public education must, also, provide the necessary support to meet the special needs of students with disabilities, to prepare students with disabilities for independent living and employment, and to ensure that the rights of children with disabilities and of their parents are protected (McLeskey et al., 2009). Individuals with Disabilities Education Act (IDEA) of 2004 replaces the old model for identifying children with Specific Learning Disability (SLD) and included a Response to Intervention (RTI) model (Kashima, Schleich, & Spradlin, 2009). The more dated discrepancy model used for identification is considered a “wait to fail” process. In this model children struggle in school over a period of time. If they are referred for special education assessment there must be a significant discrepancy between a child’s IQ (capacity to learn) and current

achievement. This critical change to Individuals with Disabilities Education Act (IDEA) allowed states and local education agencies to provide “early intervening” services to students. RTI and the provision for early intervening services allowed schools to assist all struggling learners rather than wait until a child failed over a significant period of time. The law and the RTI provision allow schools and teachers to be more proactive in solving educational challenges (Klotz & Nealis, 2005). The components of Individuals with Disabilities Education Act (IDEA) reflect what all teachers and service providers should know and be able to do when teaching students with disabilities (Rosenberg, O’Shea, & O’Shea, 2006). In summary, the latest version of Individuals with Disabilities Education Act (IDEA) allows more flexibility for educators who work with students with disabilities and struggling learners. However, the law also calls for greater accountability in terms of academic progress and students’ access to the general education curriculum with highly qualified teachers.

No Child Left Behind (NCLB) Act of 2001 is another comprehensive piece of legislation designed to improve the educational performance of all students in the United States. The Elementary and Secondary Education Act (ESEA) is the foundation of No Child Left Behind (NCLB). While No Child Left Behind (NCLB) does not specifically identify “inclusion” in its text, the law has nonetheless given an important boost to efforts to include children with disabilities into general classroom settings. No Child Left Behind (NCLB) mandates that the U.S. schools must be held accountable for educational outcomes for all students, including those within any category of disability(s). In this case, all means all. It affirms that all students need to have access to the general education classroom setting with a common curriculum if they are to successfully meet educational standards. Further, each and every student will be actively involved in the curricular and co-curricular activities and will be included in district-and state-wide assessment along with their non-disabled peers (Linn, Baker, & Betebenner, 2002). So, although inclusion was not a provision in No Child Left Behind (NCLB), the mandate to test all students and hold teachers and students accountable for educational outcomes opened the doors of general education classrooms. Logically, general education classrooms were the only setting that could help students reach these high standards.

No Child Left Behind (NCLB) mandates that states and schools set and meet high academic goals (Rollins, 2009). In ratifying No Child Left Behind (NCLB), the U.S. federal government asserted that some states were not doing enough to ensure that all students performed sufficiently, in particular those with special needs (Downing, 2004). Thus, the act requires states to reduce the discrepancy in performance between those groups of students who successfully achieve and those students who have had difficulties meeting standards due to their economic disadvantages, linguistic differences or disability status. It requires states to develop clearly defined goals, or proficiency standards, and then assess whether individual students and schools meet these goals. Although No Child Left Behind (NCLB) expects 100% proficiency by 2014, many educators assume that some students with disabilities will not be able to meet the same standards or at the same rate as their non-disabled peers (Ravitch, 2009; Robertson, 2009).

Section 504 of the Rehabilitation Act of 1973 (Public Law 93-112), and the Americans with Disabilities Act of 1990 (Public Law 101-336) are significant pieces of legislation that provide extended protections to children whose disabilities do not match the definitions under the Individuals with Disabilities Education Act (IDEA) statutes. Section 504 protects “students with: (1) communicable disabilities; (2) temporary disabilities arising from accidents; and (3) allergies, asthma, or environmental illness” (McLeskey et al., 2009, p. 42). Section 504 also extends protections against discrimination beyond school settings to employment, social and

medical services. It authorizes federal support for the rehabilitation and training of individuals with physical and mental disabilities. Unlike Individuals with Disabilities Education Act (IDEA), Section 504 does not require an Individualized Education Program (IEP) document for a student to be qualified with special needs. Under Section 504, a student is considered to have disability if s/he functions as though having a disability (Rosenfeld, 1998). Fewer federal regulations, more flexibility of the procedures, and reduced procedural criteria required for school personnel can result in schools typically offering less assistance and monitoring with Section 504 (Rosenfeld, 1998; Russo & Morse, 1999). By eliminating barriers that exclude some students with disabilities from full participation in general education classrooms, Section 504 ensures appropriate educational services to children with any kind of disability.

The Americans with Disabilities Act (ADA) of 1990 provides nondiscriminatory protections to individuals with disabilities, in particular adults with disabilities. These include equal opportunity to participate fully in community life, equal opportunity to live independently, and accessibility to all buildings, homes, classrooms, offices, stores, and physical facilities. The Americans with Disabilities Act (ADA) applies to all segments of society – “education, employment, and recreation and only excludes private schools and religious organizations” (McLeskey, et al., 2009, p. 43). Like Section 504, the Americans with Disabilities Act (ADA) uses a functional definition of disability. Without listing all possible conditions, Americans with Disabilities Act (ADA) defines a person with a disability as someone with a physical or mental impairment that limits participation in major life activities (Thomas & Gostin, 2009). Beyond education, the Americans with Disabilities Act (ADA) prohibits discrimination in employment, public accommodations, services operated by public and private entities, telecommunications, and miscellaneous provisions (Robb, 1992; Smith, 2001).

The concept of *inclusion* was first proposed in 1986 by Madeleine Will, the then-Assistant Secretary for the Office of the Special Education and Rehabilitative Services, under the U.S. Department of Education (Appl, 1995; Block & Vogler, 1994; Kubicek, 1994). Will (1986) termed her proposal, the *Regular Education Initiative* (REI) and underlined some unintended negative effects of special education ‘pull-out’ programs and suggested some greater efforts to educate mild-to-moderately disabled children in mainstream general education classrooms. Will called upon general educators to become more responsible in educating students with disabilities and special needs in the regular classrooms (Jenkins, Pious, & Jewell, 1990). Whether her call for including students with disabilities was based on fiscal priorities or the well being of students with disabilities was fiercely debated (Reynolds, 1988). The timing of the initiative coincided with debates within the field of special education and disability studies. Specifically, many educators and researchers were dissatisfied with the results of efficacy studies measuring the educational outcomes for students with disabilities (Lipsky & Gartner, 1992). As a result ten years of debate surrounding inclusive practices followed. Through the broad concept of including, educating, and supporting students disabilities in the general education classrooms with their non-disabled peers and preferably in the schools they would attend if not disabled, the inclusive education movement received a major focus and started to become popular in the U.S. news and public media (McLeskey et al., 2009). In recent years, the inclusion is widely accepted, among the U.S. general and special educators, disability activists, and parents of children with disabilities. The assurance of all civil rights to individuals regardless of their disabilities is also a focus in policy debates and applied practice. Thus, it is expected that, *inclusion* continue to thrive and perhaps be more directly legislatively supported.

CATEGORIES AND PREVALENCE OF STUDENTS WITH DISABILITIES IN THE U.S. CLASSROOMS

Individuals with Disabilities Education Act (IDEA) of 2004 identifies a broad range of 13 categories of disability related to physical, social, cognitive, and sensory skills. It ensures every child with a disability will receive appropriate educational services (Porter, 2001). This includes children with disabilities such as autism, deaf-blindness, developmental delays, emotional/behavior disorders, hearing impairment, intellectual disability or mental retardation, multiple disabilities, orthopedic impairment, other health impairments, specific learning disability, speech or language impairment, traumatic brain injury, and visual impairments (Friend & Bursuck, 2009).

Currently, over six million school age children have identified disabilities. In 2002, the number of identified children crossed the six million threshold. More specifically, 11.4% of the U.S. school-age students (ages 3 to 21) are identified with disabilities. For purposes of simplification, some states use more general categories such as *mild-to-moderate disabilities* and *significant disabilities* or *high-incidence disabilities* and *low-incidence disabilities* respectively. The incidence rates of *mild-to-moderate* category of disabilities are relatively high and comprise a total of about 90% of all students with disabilities (U.S. Department of Education, 2007). This group includes most of the students with learning disabilities, speech or language impairments, mental retardation, emotional disturbance, autism, developmental delay and some students within other categories. However, the incidence rate of the *significant* category of disabilities is relatively low accounting for about 10% of all students with disabilities. This group includes students with visual impairment, blindness, deaf-blindness, multiple disabilities, or any severe disability.

According to statistics provided by the U.S. Department of Education (2007), in an average U.S. school with one-thousand students, approximately 114 students will be identified with a disability. Approximately 106 of those students will have mild-to-moderate disabilities while about 8 will have significant disabilities. This reveals that it is very likely that every U.S. classroom will have one or more students with a disability (NEA, 2009).

Table 1 represents the number of U.S. students, ages 6-21, identified with disabilities by Individuals with Disabilities Education Act (IDEA) by year and disability category in the fall of 2001 through the fall of 2006 school year. The table highlights learning disabilities as the most prevalent disability category followed by speech or language impairments, mental retardation or intellectual disabilities, emotional disturbance, autism, multiple disabilities, developmental delay, hearing impairments, orthopedic impairments, visual impairments, traumatic brain injury, and deaf-blindness respectively. Other health impairments cover a variety of disorders or diseases that include having limited strength, vitality or alertness that are caused by chronic or acute health problems such as Attention Deficit Hyperactivity Disorder (ADHD), asthma, diabetes, epilepsy, heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, etc. (Grice, 2002) These result in limited alertness with respect to the children's educational environment and sometimes adversely affect a child's educational performance.

Table 1. Number of students of age group 6-21 identified with disabilities Individuals with Disabilities Education Act (IDEA) by year and disability category in fall 2001 through fall 2006 school year

Disability	School Year					
	2001	2002	2003	2004	2005	2006
	Number (Percent)					
Specific learning disabilities	2,878,319 (49.11%)	2,878,554 (48.31%)	2,866,916 (47.43%)	2,839,295 (46.43%)	2,782,837 (45.53%)	2,710,476 (44.58%)
Speech or language impairments	1,093,222 (18.65%)	1,110,858 (18.64%)	1,127,913 (18.66%)	1,149,573 (18.79%)	1,156,906 (18.93%)	1,160,904 (19.09%)
Mental retardation or intellectual disability	605,026 (10.32%)	591,721 (9.93%)	582,627 (9.64%)	567,633 (9.29%)	546,030 (8.94%)	523,240 (8.60%)
Emotional disturbance	477,838 (8.15%)	482,024 (8.09%)	484,492 (8.01%)	484,450 (7.93%)	472,465 (7.74%)	458,875 (7.54%)
Multiple disabilities	128,724 (2.20%)	130,819 (2.20%)	132,746 (2.20%)	133,262 (2.18%)	133,925 (2.19%)	134,093 (2.21%)
Hearing impairments	71,225 (1.22%)	71,962 (1.21%)	72,023 (1.19%)	72,599 (1.19%)	72,407 (1.18%)	72,559 (1.19%)
Orthopedic impairments	73,712 (1.26%)	73,956 (1.24%)	68,183 (1.13%)	65,275 (1.07%)	63,050 (1.04%)	61,814 (1.02%)
Other health impairments	341,266 (5.82%)	392,951 (6.59%)	452,677 (7.48%)	511,904 (8.38%)	561,263 (9.18%)	599,099 (9.87%)
Visual impairments	25,836 (0.44%)	26,079 (0.44%)	25,875 (0.43%)	25,699 (0.42%)	25,634 (0.42%)	25,980 (0.43%)
Autism	98,589 (1.68%)	118,846 (1.98%)	141,142 (2.33%)	166,473 (2.72%)	193,810 (3.18%)	224,565 (3.69%)
Deaf-blindness	1,608 (0.03%)	1,600 (0.03%)	1,664 (0.03%)	913 (0.01%)	755 (0.01%)	723 (0.01%)
Traumatic brain injury	20,754 (0.35%)	21,487 (0.36%)	22,528 (0.37%)	22,573 (0.37%)	22,806 (0.37%)	22,650 (0.38%)
Developmental delay	45,250 (0.77%)	58,265 (0.98%)	66,267 (1.10%)	74,244 (1.22%)	78,995 (1.29%)	83,760 (1.39%)
All disabilities	5,861,369 (100%)	5,959,122 (100%)	6,045,053 (100%)	6,116,379 (100%)	6,113,471 (100%)	6,081,890 (100%)

Moreover, students who have not been identified with a disability, but may need additional support to succeed in the general education classrooms have benefitted from the inclusion and special education practices in the United States. This includes students who are at risk for difficulty in school, students from diverse ethnic, culture and linguistic backgrounds, students who are eligible for special education services under Individuals with Disabilities Education Act (IDEA) or Section 504, and even students who are identified as gifted and talented (McLeskey et al., 2009).

IDENTIFICATION STRATEGIES FOR STUDENTS WITH MILD-TO-MODERATE DISABILITIES

The concept of integrating children with disabilities into regular classrooms and educational settings and providing the support and adaptations to make them successful is a relatively new practice. Effective practices used in inclusive classrooms have been found to be

beneficial for all students, including those with disabilities, those who struggle academically and socially and students without disabilities (Antonette, 2003). The first challenge, however, in planning appropriate inclusive structures and practices is to identify children with a disability and special needs and determine a suitable intervention program. There are general to specific strategies widely used to identify the type and level of disability. Until the 1990s, various traditional methods and standardized tests had been used by the parents, pediatricians, classroom teachers, educators, physicians and concerned specialists to measure the existence and severity of a child's disorder or disability (Osgood, 2005; Ware, 2002). Measuring discrepancy level, screening, testing, observation, etc. were the most commonly used methods to measure a child's disability level. Sometimes, there had been discriminations and controversies about the accuracy and acceptance of these processes. Consequently, children with disabilities could be and very often were denied a free public education.

Fortunately, the Education for All Handicapped Children Act (EAHCA) of 1975 became the legislative landmark for special education in the United States. With the broader concept of Least Restrictive Environment (LRE), the Education for All Handicapped Children Act (EAHCA) became popular with disability activists and parents of children with disabilities as it ensured a free and appropriate public education to children with special needs (Williamson et al., 2006). The Least Restrictive Environment (LRE) aspect of the Education for All Handicapped Children Act (EAHCA) mandated that general and special educators would share accountability and responsibility for educating students with disabilities. It also entitles students with disabilities to be educated with their non-disabled peers to the greatest extent possible (Wong, 1993). The law, however, did not clearly state to what degree of disability the Least Restrictive Environment (LRE) would be applicable, so, in 2004, several litigations and reauthorizations determined the degree (Swanson, 2008).

The Individuals with Disabilities Education Act (IDEA) of 2004 entitles every child in the U.S. to a Free and Appropriate Public Education (FAPE) in the Least Restrictive Environment (LRE). The Least Restrictive Environment (LRE) is defined as one of the mandates of Individuals with Disabilities Education Act (IDEA) that govern a Free and Appropriate Public Education (FAPE) to all students with disabilities or special needs with their typical peers to the greatest extent possible. This means that students who have disabilities should have the opportunity to be educated with their non-disabled peers, should have full access to the general education curricular and co-curricular activities and to any other activity that their non-disabled peers would have access. Once placed in a setting with non-disabled peers the students should be provided with supplementary aids and necessary services to achieve the expected educational goals. If the nature and severity of the student's disability prevent him/her from achieving these goals in a regular classroom setting, the student would be placed in a more restrictive environment, such as a special school or a homebound or a hospital program (Biklen, 1982; Dybwad, 1980; Turnbull, Turnbull, Shank, Smith, & Leal, 2002). In the Least Restrictive Environment (LRE), it is generally assumed that the more opportunity a student has to interact and learn with non-disabled peers, the less the placement is considered to be restricted (Kolstad, Wilkinson, & Briggs, 1997). Figure 1, adapted from McLeskey et al. (2009), depicts that the less restriction yields more students be included in the general education placement which is considered as full inclusion.

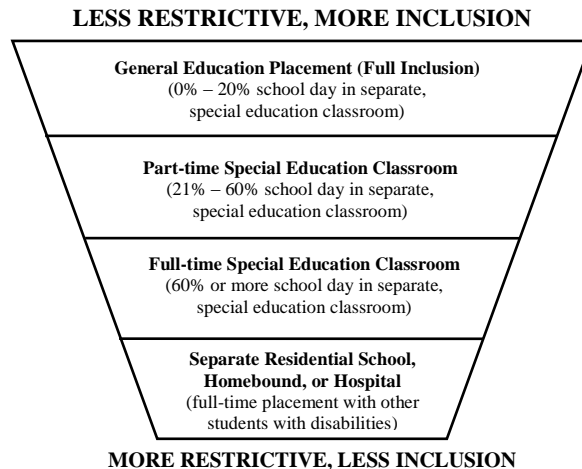


Figure 1. The concept of inclusion in IDEA

To ensure a Free and Appropriate Public Education (FAPE), a team of professionals (MDT) from the local school district meets with the parents of an individual student with disabilities to determine the appropriate placement and services and develop and modify annual goals. It may, also, be determined that a student needs other special supports such as counseling, testing accommodations. These are provided at no charge (Bolton, Quinn, & Nelson, 2004). The student's choices are recorded in a prescribed written document that is known as the Individualized Education Program (IEP). The Individualized Education Program (IEP) informs and guides the delivery of instructions and services required to fulfill the student's goals. It contains a student's current level of functioning, annual target, special education and related services, and the amount of participation in the general education environment (McLeskey et al., 2009). The parents become a part of the multidisciplinary team of the professions, and collaborate with them to become procedural safeguards for due process. The Individualized Education Program (IEP) enables the child with a disability to be involved in and make sufficient progress in the general education curriculum, as well as meet the child's other educational needs that result from the child's disability (Hope, 2009).

The U.S. federal and state education agencies, and the local school districts use Individualized Education Programs (IEPs) developed by the schools to determine the number of students requiring special education services. Funds are allocated to educate and support students with an Individualized Education Program (IEP). Finally, the school is required to implement the Individualized Education Program (IEP) and to meet the standards and requirements (Ahearn, 2006; Friend & Bursuck, 2009). A sample IEP document is shown in figure 2.

Name Daniel Doo	ID SE378	DOB 9/23/1992	Date of Meeting 7/12/2009
-----------------	----------	---------------	---------------------------

Communication Goals and Objectives

1) Annual Goal: Expressive Language Daniel will improve his ability to make requests by using words/pictures/sign and will make a request using: * words * pictures * sign
--

Objectives	Date	Progress
1A. Context clues Daniel Doo will determine the meaning of unknown words by using context clues and the speaker's use of gesture and tone.	Beg: 7/12/2009	Date: Comments:
	End: 7/12/2010	Date: Comments:
Criteria for mastery: >= 7 Count On 80% of opportunities Measured on 5 sessions/days.		Date: Comments:
Baseline:		Date: Comments:
1B. Expressive Labeling D. will correctly label an object or a picture using an acceptable word approximation.	Beg: 7/12/2009	Date: Comments:
	End: 7/12/2010	Date: Comments:
Criteria for mastery: Correct On 80% of opportunities Measured on 5 sessions/days.		Date: Comments:
Baseline: Shows picture and says "What is it?"		Date: Comments:
1C. Manding: Words D. will make functional requests using his words when he needs/wants a target item 4 out of 5 times w/o prompting.	Beg: 7/12/2009	Date: Comments:
	End: 7/12/2010	Date: Comments:
Criteria for mastery: Wait Prompt On 80% of opportunities Measured on 5 sessions/days.		Date: Comments:
Baseline:		Date: Comments:
1D. Word Approximation D will correctly produce a word when given a verbal model 4 out of 5 times.	Beg: 7/12/2009	Date: Comments:
	End: 7/12/2010	Date: Comments:
Criteria for mastery: Correct On 80% of opportunities Measured on 5 sessions/days.		Date: Comments:
Baseline:		Date: Comments:
Not Evident (NE) Skill/behavior rarely or never demonstrated even with sufficient prompts or cues. Emerging (E) Skill/behavior is demonstrated inconsistently, and progress is insufficient to meet mastery goal. Sufficient Progress (SP) Skill is demonstrated consistently over time and is on track to meet mastery goal. Proficient (P) Skill/behavior is demonstrated to the level specified in the student's IEP. Not Attempted (NA) Skill/behavior was not attempted during the reporting period.		

Figure 2. A sample Individualized Education Program (IEP) document.
Source: <http://developingmindssoftware.com/assets/images/SampleIEP.png>

INCLUSION PRACTICES FOR STUDENTS WITH MILD-TO-MODERATE DISABILITIES

As a result of Individuals with Disabilities Education Act (IDEA) of 2004, most children and youth with disabilities are now educated in their neighborhood schools in general education classroom settings with their non-disabled peers (U.S. Department of Education, 2007). The services required for students with disabilities vary according to the nature of the disability and to the category. The degree that a student with a disability is included in the general education

classroom or in the special education classroom is determined by the nature and degree of his/her disability.

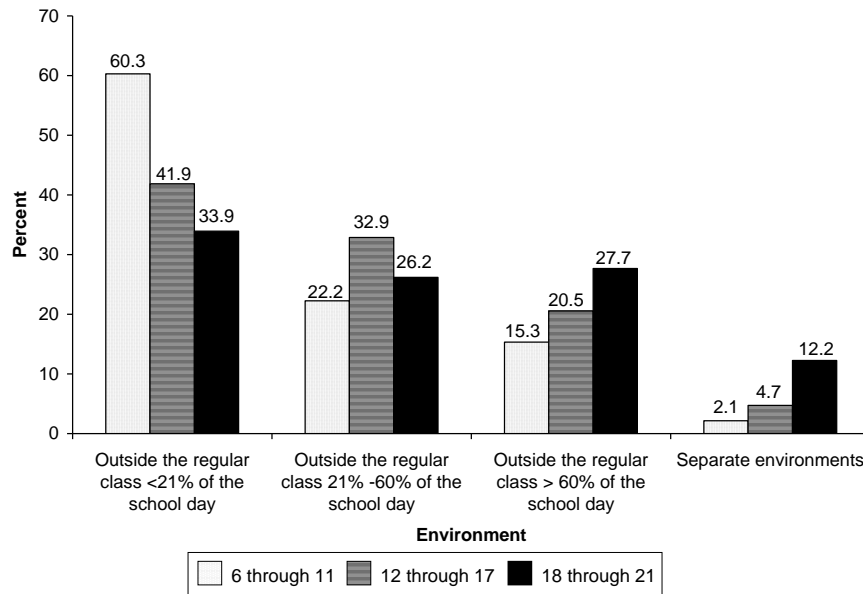
Table 2. Percentage of students ages 6 through 21 with disabilities receiving special education and related services in different environments by disability category in fall 2003.

Disabilities	Time outside the regular class			
	<21 percent of the day	21-60 percent of the day	>60 percent of the day	Separate environments ^a
	Percent			
Specific learning disabilities	48.8	37.3	13.0	0.9
Speech/language impairments	88.2	6.8	4.6	0.4
Mental retardation or intellectual disability	11.7	30.2	51.8	6.3
Emotional disturbance	30.3	22.6	30.2	16.9
Multiple disabilities	12.1	17.2	45.8	24.9
Hearing impairments	44.9	19.2	22.2	13.7
Orthopedic impairments	46.7	20.9	26.2	6.2
Other health impairments	51.1	30.5	15.0	3.5
Visual impairments	54.6	16.9	15.6	12.8
Autism	26.8	17.7	43.9	11.6
Deaf-blindness	22.2	13.9	33.6	30.3
Traumatic brain injury	34.6	29.9	27.1	8.4
Developmental delay	51.2	28.2	18.6	2.0
All disabilities	49.9	27.7	18.5	3.9

^aSeparate environments include public and private *residential facilities*, public and private *separate schools* and *homebound/hospital* environments.

Source: U.S. Department of Education, 2007

At the elementary and secondary levels, the degree of inclusion also depends on the student's age and grade level. Figure 3 represents how inclusion differs for the students with disabilities by their age group (U.S. Department of Education, 2007).



*Separate environments include public and private *residential facilities*, public and private *separate schools* and *homebound/hospital* environments.
Source: U.S. Department of Education, 2007

Figure 3. Percentage of students ages 6 through 21 with disabilities receiving special education and related services in different environments, by age group in fall 2003.

Learning disabilities is the most prevalent category of mild-to moderate disabilities. It ranges from 44% to 49% of all students with disabilities or about 5% of the school-aged population in the United States (U.S. Department of Education, 2009). Although it is still unknown what causes most learning disabilities, it is assumed that these disabilities are somehow related to abnormal brain function and cognitive skills deficits related to memory, attention, and/or metacognition (Fletcher et al., 2001). Students with learning disabilities may have difficulty in remembering information, using appropriate strategies to learn, and attending to important content (Mastropieri & Scruggs, 1997; Winebrenner, 2003). Learning disabilities are mainly identified in students with unexpectedly low academic achievement with about 80% of learning disabilities being in reading with the remainder in mathematics and written expression (McLeskey et al., 2009). Students with learning disabilities are identified by academic tests. Intervention strategies are designed according to grade level. At the elementary level, students with learning disabilities are given high-quality core instruction in the general education classroom, additional time to help them learn key academic content and differentiated instruction (Gibson, 2005; McLeskey et al., 2009). If the student with a disability continues to struggle, he/she is closely monitored and given additional integrated instruction in the academic areas needed. Classroom teachers frequently monitor the students' academic progress to ensure that they attend to and actively engage in tasks. The teachers also adjust their instruction based on the students' performance. At the secondary level, students with learning disabilities require diversified instructions (McLeskey et al., 2009). Thus, whenever possible, they receive instruction through a co-teaching approach which combines the knowledge and skills of a general education and a special education teacher. Instruction focuses on critical content ensuring that all students learn the content in depth (Santamaria & Thousand, 2004). Teachers also use curriculum maps and unit plans to determine the content that students should learn

(Jitendra, Edwards, Choutka, & Treadway, 2002). To frame and guide instruction, teachers use big ideas that helps students learn and remember main concepts and facts related to the topic. To explicitly present important contents to students, teachers are encouraged to use intervention strategies such as graphic organizers and content-enhancement routines. When learning new information students with learning disabilities are provided additional support through *instructional scaffolding methods*, such as outlines, recommended documents, storyboards, or key questions. These instructional strategies promote cognitive, affective and psychomotor learning skills and knowledge. Additionally, students with learning disabilities at the secondary level are provided explicit strategies to increase their study skills, test-taking skills, receive assignment completion tips, and self-advocacy and follow-up instructions (McLeskey et al., 2009).

Speech and language impairment (SLI) is the second most prevalent category of students with disabilities that covers about 19% of all students with disabilities in the United States (U.S. Department of Education, 2009). Speech disorders include problems related to the verbal transmission of messages. Language disorders include problems in formulating and comprehending spoken messages. These disorders range from simple sound substitutions to the inability to understand or use appropriate language. Also included are specific communication disorders such as stuttering, impaired articulation, or voice impairment. These speech and language disorders are determined to adversely affect a child's educational performance (National Association of Parents with Children in Special Education [NAPCSE], 2004). Speech and language disorders are often identified by parents, pediatricians, and preschool teachers. Many students who exhibit minor speech or language disorders at an early age successfully overcome the problem with or without therapy. However, approximately half of these students continue to experience the speech or language problem throughout their elementary school years and even into high school and adulthood. Students who exhibit language disorders beyond their preschool years are more likely to be classified as having learning disabilities, intellectual disabilities, or emotional and behavior disturbance (McLeskey et al., 2009; Owens, Metz, & Hass, 2003). They could have trouble in expressing ideas, responding appropriately to questions and comments, using appropriate social language, initiating conversation with their peers, and demonstrating appropriate conversational participation (Justice, 2006). Nevertheless, about 90% of students with speech or language impairment are educated in general school classrooms (McLeskey et al., 2009). At the elementary level, teachers work collaboratively with speech and language therapists to help them achieve social skills. At the secondary level, teachers help students with speech and language disorders by allowing students adequate time to express their ideas, to ask questions, and to comment, by positively reinforcing students to use appropriate communication techniques, and by directly instructing students key communication skills (McLeskey et al., 2009).

Mental retardation or intellectual disability is the third most prevalent category of mild-to-moderate disabilities. Students within this category cover about 10% of all students with disabilities in the United States (U.S. Department of Education, 2009). The American Association on Intellectual and Developmental Disabilities (AAIDD) characterizes these groups of students having "significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills" (McLeskey et al., 2009, p. 119). Students with intellectual disabilities may have difficulty understanding non-verbal cues (e.g., body language, gestures), verbal interactions and social-communicative behaviors (Broer, Doyle, & Giangreco, 2005). Students with severe intellectual disabilities may

exhibit challenging behaviors such as aggressive or stereotypic behaviors, self-injurious behaviors, or noncompliance. Intellectual disabilities originate before age 18, and are identified in students with significant low scores on standardized intelligence tests and weakness in adaptive behavior. Providing necessary learning facilities and functional skills in the general academic curriculum are the major challenges of including students with intellectual disabilities in the general education classrooms. At the elementary level, general curriculum based academic skills are taught which include the skills identified on the Individualized Education Program (IEP) and functional skills whenever necessary (Ahearn, 2006). Students with intellectual disabilities are taught specific social behavior concerning how to interact appropriately with their non-disabled peers and how to respond appropriately with other students with disabilities. In some states, teachers develop general curriculum based specific objectives and use functional behavior assessment (FBA) and behavior intervention plans (BIPs) to improve more challenging behavior (McLeskey et al., 2009). At the secondary level, many students with intellectual disabilities become interested in specific subjects or skills. Thus, they are given special support to help them become successful in their interested areas which include educational settings, vocational settings, living facilities, and skills related to success in these settings (Harold, Sally, Kathy, & Steven, 2007). Adolescent students at this level are also taught social skills focused on developing friendships and peer relationships, knowledge of sexuality, and skills for improving self-determination (McLeskey et al., 2009).

Emotional and behavioral disturbance (EBD) is another major category of students with mild-to-moderate disabilities which cover about 8% of all students with disabilities in the United States (U.S. Department of Education, 2009). Students with EBD have pervasive and emotional behaviors that differ significantly from appropriate age, culture or ethnic norms. Some students with EBD primarily express externalizing behavioral problems such as aggression, noncompliance and rule breaking. Other students with EBD exhibit internalizing behavior problems such as anxiety, depression, and social withdrawal. These behaviors affect their educational performance adversely. Token economies (Rosenberg, Sindelar, & Hardman, 2004) and social skill development programs (Meadows & Stevens, 2004) are also popular and effective in helping students with EBD develop social skills such as friendship making and dealing with frustration.

Autism Spectrum Disorders (ASD) is another category of mild-to-moderate disabilities that ranges from 2% to 3% of all students with disabilities in the United States (U.S. Department of Education, 2009) or 0.21% of the school-age population (McLeskey et al., 2009). Students with ASD often exhibit several symptoms of the disability, including: significant limitations in expressive and receptive skills, difficulties in social reciprocity, repetitive, stereotypical, and ritualistic behaviors (Philofsky & Fidler, 2007; White & Hastings, 2004). The cause of ASD remain uncertain, although it is assumed that they are the result of one or more nature-based factors such as genetic, neurobiological, and neurochemical irregularities. Most of the students with ASD face lifelong and chronic disorders and ongoing problems with social interaction, job and independent life skills (McLeskey et al., 2009; Sansoti, 2010; White, Oswald, Ollendick, & Scahill, 2009). Thus, early intervention is required to help this type of students transition to postsecondary or higher-level education. At the elementary level, students with ASD are instructed based on individualized needs that emphasize basic academic skills, social behavioral functioning, and language development. Applied behavior analysis (ABA), argumentative and alternative communication (AAC) strategies, and social skills instruction methods are used in teaching elementary students with ASD. In addition to basic academic, social, and language

skills students with ASD in the high school grades are secondary level are given specialized instructions that focus on subject-area content, vocational training, and transition to post-school activities (McLeskey et al., 2009).

INCLUSION PRACTICES FOR STUDENTS WITH SIGNIFICANT DISABILITIES

There are only about 10% school-age of students with significant disabilities in the United States. These groups of students include severe physical disabilities or other health impairments such as visual impairment (about 0.4%), deaf-blindness (.01% to .03%), hearing impairments (about 1.2%), traumatic brain injury (about 0.37%), multiple disabilities (about 2.2%), or any severe disability. These groups of students have relatively mild to severe physical conditions; some have sensory and physical impairments, and many have serious medical conditions. Thus, these are the most challenging groups of students to educate within the public school settings. They are initially identified by their parents and/or physicians. After identification, educational personnel evaluate the student with a significant disability as to what kind of special education services or accommodations are necessary to educate them. The majority of students with a significant disability are educated in general education classrooms with supportive devices or special accommodation for most or part of the school day. However, some are best served by placement in separate schools or in special classes for most of the school day. Some students with full visual or hearing impairment are served in residential schools.

At the elementary level, most of the students with significant disabilities are taught with the general education curriculum. Some students with significant learning disabilities or severe-to-profound intellectual disabilities, though, need additional learning support, modified curriculum and systematic instruction. Many students with physical or multiple disabilities are provided assistive technology devices. When students with health impairments miss a number of classes, they are given additional support or instruction to make up their missed classes. These groups of students may have individualized health care plans (IHCPs) require collaboration between the classroom teachers, the physical therapists, occupational therapists, and school nurses. In addition to these strategies, these groups of students at the secondary level are given special instruction in content areas to promote their participation in the curriculum. They are given special consideration to their individual strengths and weaknesses as they consider future schooling or job possibilities.

CONCLUSION

Providing services to all students with disabilities with their non-disabled peers in the general education classrooms is a challenge for any country. In the United States at least one in every ten school going children are identified with some type of disability. Through the passage of a wide range of legislations including Education for All Handicapped Children Act (EAHCA) of 1975, Americans with Disabilities Act (ADA) of 1990, No Child Left Behind (NCLB) of 2001, Individuals with Disabilities Education Act (IDEA) 2004, and a long tradition of research and practices, the United States is said to be successful in providing a free and appropriate public education to all students regardless of their disability status. Although the term "inclusion" is not mentioned in federal legislation, the intent of law has become a reality. The U.S. inclusion movement considers the education and instruction of all students with disabilities to be a fundamental right. This movement has made both the general and special education teachers responsible and accountable to instruct these students with their peer groups. The collaboration between the general and special educators ensures that students with disabilities will receive the

appropriate support and services to adequately achieve academic, social, and life skills. Moreover, many students who do not have disabilities but need additional support to succeed are being educated in general education classrooms. Consequently, almost all school-going children in the United States are being educated in their neighborhood schools in the general education classroom settings.

The nature of a student's disability determines the services required in order to educate them. These services and interventions are not same at each educational level. Different approaches and intervention strategies are implemented at the elementary and secondary levels. At the elementary level, students with mild-to-moderate disabilities are mostly placed in general education classroom settings for most of the school day. Some students are placed in special classes for part of the school day. Only a few are placed in separate special classes with an alternative curriculum for most of the school day. They are helped to achieve adequate academic and social skills. At the secondary level, these students are given special support toward becoming successful with developing friendships, peer relationships, and knowledge about sexuality. Students with a significant level of disability are the most challenging group to educate within the public school system. At the elementary level, most of them are included in general education classrooms for most or part of the school day. Many, though, are placed in separate schools or in special classes for most of the school day. A few of them are served in residential schools or hospital settings with modified curriculum and systematic instruction. In addition to these strategies, at the secondary level, these groups of students are given special instruction in content areas in order to promote their participation in future schooling or job possibilities.

ACKNOWLEDGEMENT

The author of this chapter would like to express gratitude to Dr. Tammy Abernathy, Associate Professor of Special Education at the University of Nevada, Reno for her valuable suggestions and editing. The author also thanks Dr. Abernathy's doctoral student Mrs. Donna Cooper-Watts for her time in editing this chapter. The chapter was enhanced by their efforts.

REFERENCES

- Ahearn, E. (2006). *Standards-based IEPs: Implementation in selected states*. Retrieved November 27, 2009, from <http://www.projectforum.org/docs/Standards-BasedIEPs-ImplementationinSelectedStates.pdf>
- Antonette, M. L. (2003). Examining how the inclusion of disabled students into the general classroom may affect non-disabled classmates. *Fordham Urban Law Journal*, 30(6).
- Appl, D. J. (1995). Moving toward inclusion by narrowing the gap between early childhood professionals. *Early Childhood Education Journal*, 23(1), 23-26.
- Barkley, R. (2006). Primary symptoms, diagnostic criteria, prevalence and gender differences. In R. Barkley (Ed.), *Attention-deficit hyperactivity disorder* (3rd ed., pp. 76- 121). New York: Guilford Press.
- Biklen, D. (1982). The Least restrictive environment: Its application to education. *Child & Youth Services*, 5(1, 2), 121-144.
- Block , M. E., & Vogler, E. W. (1994). Inclusion in regular physical education: The research base. *The Journal of Physical Education, Recreation & Dance*, 65(1), 40-44.
- Bolton, M. D., Quinn, M. M., & Nelson, C. M. (2004). *Meeting the educational needs of students with disabilities in short-term detention facilities*. College Park, MD: National Center on

- Education Disability, and Juvenile Justice (EDJJ). Retrieved December 26, 2009, from <http://www.edjj.org/Publications/CD/index.html>
- Broer, S. M., Doyle, M. B., & Giangreco, M. F. (2005). Perspectives of students with intellectual disabilities about their experience with paraprofessional support. *Council for Exceptional Children*, 71(4), 415-430.
- Calculator, S. N. (2009). Augmentative and alternative communication (AAC) and inclusive education for students with the most severe disabilities. *International Journal of Inclusive education*. 13(1), 93-113.
- Dorries, B., & Haller, B. (2001). The news of inclusive education: A narrative analysis. *Disability & Society*, 16(6), 871-891.
- Downing, J. A. (2004). Related services for students with disabilities: Introduction to the special issue. *Intervention in School and Clinic*. 39(4), 195-208.
- Dybwad, G. (1980). Avoiding the misconceptions of mainstreaming, the least restrictive environment, and normalization. *Exceptional Children*, 47, 85-90.
- Fletcher, J. M., Lyon, G. R., Barnes, M., Stuebing, K. K., Francis, D. J., Olson, R. K., . . . Shaywitz, B. A. (2001). *Classification of learning disabilities: An evidence based evaluation*. Retrieved May 12, 2010, from <http://www.laofky.org/LD/Classification%20of%20LD.pdf>
- Friend, M., & Bursuck, W.D. (2009). *Including students with special needs: A practical guide for classroom teachers*. (5th ed.). Upper Saddle River, NJ: Pearson Education Inc.
- Gartland, D., & Strosnider, R., (2004). State and district-wide assessment and students with learning disabilities: A guide for states and school districts. *Learning Disability Quarterly*, 27, 67-76.
- Gibson, E. L. (2005). *Addressing the Needs of Diverse Learners through Differentiated Instruction*. (Unpublished master's thesis). Humboldt State University, Arcata, CA. Retrieved March 12, 2010, from <http://humboldt-dspace.calstate.edu/xmlui/bitstream/handle/2148/527/Emily's%20Full%20thesis.pdf?sequence=1>
- Grice, K. (2002). Eligibility under IDEA for other health impaired children. *School Law Bulletin*, Summer, 7 - 12.
- Gureasko-Moore, D., DuPaul, G., & Power, T. (2005). Stimulant treatment for attention-deficit/hyperactivity disorder: Medication monitoring practices of school psychologists. *School Psychology Review*, 34, 232-245.
- Halvorsen, A.T., & Neary, T. (2009). *Building inclusive schools: Tools & strategies for success*. Boston, MA: Pearson-Allyn & Bacon.
- Harold, L. K., Sally, M., Kathy, S., & Steven, J. T. (2007). Including students with moderate and severe intellectual disabilities in school extracurricular and community recreation activities. *Intellectual and Developmental Disabilities*, 45(1), 46-55.
- Hope, R. G. (2009). *IDEA and NCLB: Is there a fix to make them compatible?* Retrieved December 16, 2009, from http://works.bepress.com/cgi/viewcontent.cgi?article=1001&context=rebekah_hope
- Hocutt, A. (1996). Effectiveness of special education: Is placement a critical factor? In R. E. Berhman (Ed.), *The future of our children*, 6(1) 77-102.
- Jenkins, J. R., Pious, C. G., & Jewell, M. (1990). Special education and the regular education initiative: Basic assumptions. *Exceptional Children*, 56(6):479-491.

- Jitendra, A. K., Edwards, L. L., Choutka, C. M., & Treadway, P. S. (2002). A collaborative approach to planning in the content areas for students with learning disabilities: Accessing the general curriculum. *Learning Disabilities Research & Practice*, 17(4), 252-267.
- Justice, L. M. (2006). *Communication sciences and disorders: An instruction*. Upper Saddle River, NJ: Merrill/ Pearson Education.
- Kashima, Y., Schleich, B., & Spradlin, T. (2009). *Indiana's vision of response to intervention*. Special Report. Bloomington, IN: Center for Evaluation & Education Policy. Retrieved November 16, 2009, from http://www.iub.edu/~ceep/projects/PDF/Special_Report_RTI_2009.pdf
- Kauffman, J. M., & Hallahan, D. P. (2005). *Special education: What it is and why we need it*. Boston: Allyn & Bacon.
- Kern, L., Hilt-Panahon, A., & Sokol, N. G. (2008). Further examining the triangle tip: Improving support for students with emotional and behavioral needs. *Psychology in the Schools*, 46(1), 18-32.
- Kleinert, H. L., Kennedy, S., & Kearns, J. F. (1999). Impact of alternate assessments: A statewide teacher survey. *Journal of Special Education*, 33, 93-102.
- Klotz, M. B., & Nealis, L. (2005). *The New IDEA: A Summary of significant reforms*. Retrieved October 20, 2009, from <http://www.nasponline.org/advocacy/IDEAfinalsummary.pdf>
- Kode, K. (2002). *Elizabeth Farrell and the history of special education*. Arlington, VA: Council for Exceptional Children.
- Kolstad, R., Wilkinson, M. M., & Briggs, L. D. (1997). Inclusion programs for learning disabled students in middle schools. *Education*, 117, 419-425.
- Kubicek, F. C. (1994). Special education reform in light of select state and federal court decisions. *The Journal of Special Education*, 28(1), 27-42.
- Linn, R. L., Baker, E. L., & Betebenner, D. W. (2002). Accountability systems: Implications of requirements of the No Child Left Behind Act of 2001. *Educational Researcher*, 31(6), 3-16.
- Lipsky, D. K., & Gartner, A. (1992). Achieving full inclusion: Placing the student at the center of educational reform. In W. Stainback, & S. Stainback (Eds.), *Controversial issues confronting special education: Divergent perspectives*. Boston: Allyn and Bacon.
- Malhotra, A., Basu, D., & Gupta, N. (2008). *Psychosocial treatment of substance use disorders in adolescents*. Retrieved March 12, 2010, from http://www.jiacam.org/0101/Jiacam05_1_2.pdf
- Manton, K. G., Gu, X., & Lamb, V. L. (2006). *Change in chronic disability from 1982 to 2004/2005 as measured by long-term changes in function and health in the U.S. elderly population*. Retrieved November 16, 2009, from <http://www.pnas.org/content/103/48/18374.full>
- Mastropieri, M. A., & Scruggs, T. E. (1997). Best practices in promoting reading comprehension in students with learning disabilities. *Remedial and Special Education*, 18(4), 197-216.
- McLeskey, J., & Pacchiano, D. (1994). Mainstreaming students with learning disabilities: Are we making progress? *Exceptional Children*, 60, 508-517.
- McLeskey, J., Rosenberg, M. S., & Westling, D. L. (2009). *Inclusion: Effective practice for all students*. Upper Saddle River, NJ: Pearson Education, Inc.
- National Association of Parents with Children in Special Education [NAPCSE], (2004). *Introduction to NAPCSE's speech & language impairments page*. Retrieved May 16,

- 2010, from <http://www.napcse.org/exceptionalchildren/speechandlanguageimpairments.php>
- National Education Association [NEA]. (2009). *IDEA / special education*. Retrieved November 16, 2009, from <http://www.nea.org/specialed>
- Osgood, R. L. (2005). *The history of inclusion in the United States*. Washington, DC: Gallaudet University Press.
- Owens, R. E., Metz, D. E., & Hass, A. (2003). *Introduction to communication disorders: A Life span perspective*. Boston: Allyn & Backon.
- Philofsky, A., & Fidler, D. J. (2007). Pragmatic language profiles of school-age children with autism spectrum disorders and Williams syndrome. *American Journal of Speech-Language Pathology*, 16, 368-380.
- Porter, G. L. (2001). *Disability and education: Toward an inclusive approach*. SDS Working Paper. Washington: DC, Inter-American Development Bank.
- Ravitch, D. (2009, September). Time to kill no child left behind. *Education Digest*, 75(1), 4-6. Retrieved January 12, 2010, from Academic Search Premier Database.
- Reynolds, M. C. (1988). A reaction to the JLD special series on the regular education initiative. *Journal of Learning Disabilities*, 21(6), 352-356.
- Robb, G. (1992.). *The Americans with disabilities act*. Retrieved October 22, 2009, from [http://lin.ca/Uploads/GTR2/sp0084\[6\].pdf](http://lin.ca/Uploads/GTR2/sp0084[6].pdf)
- Robertson, K. (2009). *The impact of the No Child Left Behind Act on the k-8 setting*. (Unpublished Honors thesis). Liberty University, Lynchburg, Virginia. Retrieved March 12, 2009, from <http://digitalcommons.liberty.edu/cgi/viewcontent.cgi?article=1190&context=honors>
- Rollins, B. (2009). *A comprehensive review of literature associated with the No Child Left Behind Act of 2001*. (Unpublished master's thesis). University of Wisconsin-Stout, Menomonie, WI. Retrieved June 22, 2009, from <http://www.uwstout.edu/static/lib/thesis/2009/2009rollinsb.pdf>
- Rosenberg, M. S., O'Shea, L., & O'Shea, D. J. (2006). *Student teacher to master teacher: A practical guide for educating students with special needs*. Columbus, OH: Merrill Prentice Hall.
- Rosenberg, M., Sindelar, P., & Hardman, M. (2004). Preparing highly qualified teachers for students with emotional or behavioral disorders: The impact of NCLB and IDEA. *Behavioral Disorders*, 29(3), 266-278.
- Rosenfeld, S.J. (1998). *Section 504 and the IDEA: Basic similarities and differences*. Retrieved November 16, 2009, from http://www.wrightslaw.com/advoc/articles/504_IDEA_Rosenfeld.html
- Russo, C.J., & Morse, T.E. (1999). Update on Section 504: How much will schools pay for compliance? *School Business Affairs*, 65(5), 50-53.
- Ryan, J. B., Reid, R., & Epstein, M. H. (2004). Peer-mediated intervention studies on academic achievement for students with EBD: A review. *Remedial and Special Education*, 25, 330-341.
- Sansoti, F. J. (2010). Teaching social skills to children with autism spectrum disorders using tiers of support: A guide for school-based professionals. *Psychology in the School*, 47(3), 257-281.

- Santamaria, L. J., & Thousand, J. S. (2004). Collaboration, co-teaching, and differentiated instruction: A process-oriented approach to whole schooling. *International Journal of Whole Schooling*, 1(1), 13-27.
- Sheets, D.J., Wray, L.A., & Torres-Gil, F.M. (1993). Geriatric rehabilitation: Linking aging health and disability policy, *Topics in Geriatric Rehabilitation*, 9(2), 1-17.
- Smith, T. E. C. (2001). Section 504, ADA, and public schools. *Remedial and Special education*, 22(6), 335-343.
- Swanson, C. B. (2008). *Special education in America*. Retrieved November 26, 2009, from http://www.edweek.org/media/eperc_specialeducationinamerica.pdf
- Thomas, V. L., & Gostin, L. O. (2009). The Americans with disabilities act: Shattered aspiration and new hope. *The Journal of the American Medical Association*, 301(1), 95-97.
- Turnbull, R., Turnbull, A., Shank, M., Smith, S., & Leal, D. (2002). *Exceptional lives: Special education in today's schools*, 3rd ed. Upper Saddle River, NJ: Prentice-Hall.
- U.S. Department of Education. (2007). *Twenty-seventh annual report to congress on the implementation of the Individuals with Disabilities Education Act, 2005, Parts B and C*. Retrieved March 12, 2010, from <http://www2.ed.gov/about/reports/annual/osep/2005/parts-b-c/index.html>
- U.S. Department of Education. (2009). *Children and students served under IDEA, Part B, in the U.S. by age group 6-21 by disability category. 2006*. Retrieved November 16, 2009, from http://www.ideadata.org/tables30th/ar_1-11.htm
- Ware, L. P. (2002). A moral conversation on disability: Risking the personal in educational contexts. *Hypatia*, 17(3), 143-172.
- White, N., & Hastings, R. P. (2004). Social and professional support for parents of adolescents with severe intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities*, 17, 181-190.
- White, S. W., Oswald, D., Ollendick, T., & Scahill, L. (2009). Anxiety in children and adolescents with autism spectrum disorders. *Clin Psychol Rev*, 29(3), 216-229.
- Will, M. (1986). Educating children with learning problems: A shared responsibility. *Exceptional Children*, 52, 411-415.
- Williamson, P., McLeskey, J., Hoppey, D., & Rentz, T. (2006). Educating students with mental retardation in general education classrooms. *Exceptional Children*, 72, 347-361.
- Winebrenner, S. (2003). *Teaching strategies for twice-exceptional students*. Retrieved May 12, 2010, from <http://www.hoagiesgifted.org/eric/fact/teach-strat.pdf>
- Winzer, M. A. (1993). *The history of special education: From isolation to integration*. Washington, DC: Gallaudet University Press.
- Wong, M. E. (1993). The implications of school choice for children with disabilities. *The Yale Law Journal*, 103(3), 827-859.
- Wood, S. J., & Cronin, M. E. (1999). Students with emotional/behavioral disorders and transition planning: What the follow-up studies tell us. *Psychology in the Schools*, 36, 327-345.
- Yell, M. L., Rogers, D., & Rogers, E. L. (1998). The legal history of special education: What a long strange trip it has been. *Remedial and Special Education*, 19, 219-228.

ADDITIONAL READING

- Halvorsen, A. T., & Neary, T. (2009). *Building inclusive schools: Tools and strategies for success*. Pearson Education, Inc.

Osgood, R. L. (2005). *The history of inclusion in the United States*. Washington, DC: Gallaudet University Press.

National Dissemination Center for Children with Disabilities [NICHCY]. (2009). *Categories of disability Under IDEA*. Retrieved October 22, 2009, from <http://www.nichcy.org/informationresources/documents/nichcy%20pubs/gr3.pdf>

McLeskey, J., Rosenberg, M. S., & Westling, D. L. (2009). *Inclusion: Effective practice for all students*. Upper Saddle River, NJ: Pearson Education, Inc.

Salend, S. J. (2008). *Creating inclusion classrooms: Effective and reflective practices*. Upper Saddle River, NJ: Pearson Education, Inc.

KEY TERMS AND DEFINITIONS

ADA: Stands for the *Americans with Disabilities Act* of 1990 that provides nondiscriminatory protections to individuals with disabilities, in particular adults with disabilities. ADA applies to all segments of society including education, employment, public accommodation, telecommunications, and services operated by public and private entities, only excludes private schools and religious organizations.

EAHCA: Stands for the *Education for All Handicapped Children Act* of 1975 that made special education mandatory in the U.S. It was the first protection of American students with disabilities against discriminatory treatment by public education agencies.

IDEA: Stands for the *Individuals with Disabilities Education Act* of 1997 and its amendment in 2004 that ensures students with disabilities to have access to the regular classroom, and will be successful with the regular education curriculum. Under IDEA, children with disabilities, from age 3 to 21, are entitled to receive free and appropriate public educational services and support through their local school district.

Inclusion: Inclusion is a philosophy of education that integrates children with disabilities into educational settings in which meaningful learning occurs. Inclusion is not just a place or a classroom setting either; rather it means that all students, regardless of disability are included in the school community as valued members of the school.

LRE: Stands for *Least Restrictive Environment* that mandates that entitles students with disabilities to be educated with their non-disabled peers to the greatest extent possible. This means that students who have disabilities should have full access to the general education curricular, co-curricular, and any other activities that their non-disabled peers would have access.

Mild-to-Moderate Disabilities: This category of disabilities includes most of the students with learning disabilities, speech or language impairments, mental retardation, emotional disturbance, autism, developmental delay and some students within other categories.

NCLB: Stands for the *No Child Left Behind Act* of 2001 that is a comprehensive piece of legislation designed to improve the educational performance of all students in the U. S. It

mandates that the U.S. schools must be held accountable for educational outcomes for all students, including those with any type of disabilities.

Section 504: Authorizes federal support for the rehabilitation and training of individuals with physical and mental disabilities. Under Section 504, a student is considered to have disability if s/he functions as though having a disability. It also extends protections against discrimination beyond school settings to employment, social and medical services.

Significant Disabilities: This category of disabilities includes students with visual impairment, blindness, deaf-blindness, multiple disabilities, or any severe disability.

DISCUSSION QUESTIONS

1. Identify the U.S. major legislative actions supporting inclusion for students with disabilities.
2. Without included in the federal law how the special education in the U.S. got its inclusive format?
3. What are the most prevalent categories of disabilities found in the U.S. classrooms?
4. How students with Mild-to-Moderate Disabilities are identified and treated in the U.S. classrooms?
5. Download a typical IEP document from the Internet and identify its main components.
6. Discuss briefly, how less restriction has implied more inclusion in the U.S. education system.