

Policy Forum

**High Quality Inclusion Opportunities
for
Preschool-Age Children with Disabilities**

Convened

December 13-15, 2004

Proceedings Document

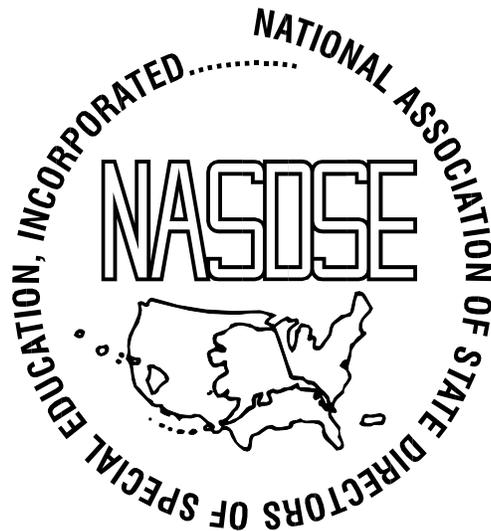
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High Quality Inclusion Opportunities for Preschool-Age Children with Disabilities Policy Forum Proceedings

Background

This document reports on the background, purpose and proceedings of a policy forum entitled, “High Quality Inclusion Opportunities for Preschool-Age Children with Disabilities,” held on December 13-15, 2004. Project Forum at the National Association of State Directors of Special Education (NASDSE) convened this policy forum as part of its cooperative agreement with the U.S. Department of Education’s Office of Special Education Programs (OSEP).

Purposes and Objectives of the Policy Forum

The purposes of this policy forum were to (1) continue the dialogue among stakeholders about increasing high quality inclusion opportunities for preschool-age children with disabilities and (2) generate options for resources and strategies that will promote high quality inclusion opportunities.

Objectives of the meeting were to:

- create and strengthen the linkages among federal, state and local policymakers, national organizations, researchers and practitioners – linkages that are necessary to increase inclusion opportunities;
- review the available research on the practices and policies that facilitate inclusion opportunities;
- raise awareness among stakeholders about activities at the national, state and local levels that promote inclusion opportunities;
- describe the policy, practice and research barriers to inclusion opportunities; and
- generate suggestions for the next steps at the national, state and local levels to promote inclusion opportunities.

Preparation for Policy Forum

Project Forum worked closely with OSEP to select participants whose knowledge and experience in the field of preschool inclusion would contribute to meeting the policy forum’s objectives. Invited participants included researchers, state-level directors/coordinators, local preschool providers, parents, technical assistance providers and representatives from national organizations. Also participating were more than 20 individuals from U.S. Departments of Education and Health and Human Services. The participant list can be found in Appendix A.

Overview of the Policy Forum

The policy forum was held in Crystal City, Virginia, December 13-15, 2004. The opening session began with a dinner on Monday, December 13. Joy Markowitz, Project Forum Director; and Nancy Reder, NASDSE Deputy Director, welcomed participants. Opening remarks were

made on Monday evening and Tuesday morning by Stephanie Lee, Director, OSEP, Department of Education; Shannon Christian, Associate Commissioner, Child Care Bureau (CCB) Administration on Children, Youth and Families (ACYF), Department of Health and Human Services (HHS); Jim O'Brien, Head Start Bureau, Administration on Children, Youth and Families, HHS; Moniquin Huggins, Director of Program Operations, (CCB), ACYF, HHS; Lou Danielson, Director, Research to Practice Division, OSEP; and Ruth Ryder, Director, Division of Monitoring and State Improvement Planning (MSIP), OSEP. On Monday evening and Tuesday morning, participants introduced themselves and gave a brief description of their experiences related to preschool inclusion.

On Tuesday morning, December 14, a panel of researchers presented findings pertaining to the inclusion of preschool-aged children with disabilities. Panelists included Joan Lieber, University of Maryland; Virginia Buysse, University of North Carolina; Susan Sandall, University of Washington; and Robin McWilliam, Vanderbilt University. Jennifer Johnson, Administration on Developmental Disabilities, Administration for Children and Families, HHS; and Moniquin Huggins, CCB, ACYF, HHS provided an overview of the CCB and Administration on Developmental Disabilities Forum on Inclusion held March 4, 2004. Panels from Wyoming and Kentucky shared examples of their efforts to promote inclusion of preschool-aged children with disabilities. Following the morning presentations, Joy Markowitz facilitated a large group discussion of reactions to the presentations. Participants spent the remainder of Tuesday and Wednesday morning engaged in small group activities and large group discussions about next steps to promote high quality preschool inclusion opportunities.

Summary of Presentations and Participant Discussions¹

Opening Remarks

Stephanie Lee, Director, OSEP

This forum was designed to bring together a small but key group of people to discuss ways to provide more and better opportunities for preschool children with disabilities. Although there have been better opportunities since 1997 for children served under Part C, there has not been much gain for preschool children. There is a critical need to identify barriers to high quality inclusion opportunities for this population. We need to learn what is going on throughout the nation from those most involved in the field. We may need to provide more support for private settings where many 3 to 5-year-old children receive care and focus on how these settings can become more inclusive.

OSEP is funding a center that is developing early childhood outcomes indicators, the Early Childhood Outcomes (ECO) Center.² We want to be sure we support inclusive environments in those outcomes. The ECO Center is still gathering input and, throughout this process, drafts are being posted on its website. Everyone here is invited to access these drafts and offer input via

¹ Presentations and discussion described throughout this document represent various points of view and are not necessarily reflective of OSEP policy activities or philosophy.

² For more information, see www.the-ECO-center.org.

the website. We appreciate colleagues from other federal agencies who are working together with OSEP on these issues.

Shannon Christian, Associate Commissioner, CCB, HHS

The CCB has two main goals: (1) to help parents achieve self-sufficiency and (2) to improve the quality of child care programs. CCB uses a child care planning process with the states to ensure that all children start school with the pre-literacy and early learning skills they need. The inclusive child care piece is a crucial component because it allows parents to return to work. CCB funds states to provide vouchers to parents. This system enables parents to choose the child care provider that best suits their needs, including neighbors providing licensed home care or professional child care providers. CCB officials are eager to participate in this policy forum discussion because we believe it will help us influence the child care community at large, even though we fund only a portion of the services provided to this age group. Although there is not enough money available to support high quality inclusive settings, we hope to provide more options via partnering with other groups such as those represented at this policy forum.

Jim O'Brien, Head Start Bureau, HHS

The Head Start Bureau serves almost every county in the country. At least 10 percent of the children enrolled in a Head Start center must be students with disabilities. Head Start works with many partners to ensure that these children receive the services they need to succeed in the program. Looking at the number of 3- and 4-year-olds with disabilities served under IDEA, we estimate that more than one-quarter of them spend some time in Head Start programs. The Head Start Bureau is committed to partnering to support the goals of the agencies involved in this meeting to better serve all children in Head Start programs.

Moniquin Huggins, Director, Program Operations, CCB, HHS

The CCB works with all 50 states plus the territories and the tribes. At the federal level, we try to work with states to develop a system of support. States are challenged by the fact that family child care providers are rarely present at planning meetings. We believe that the entire spectrum of child care options must be supported. Training is needed in all areas and CCB hopes to partner with other agencies at the federal level.

Lou Danielson, Director, Research to Practice Division, OSEP

OSEP is very interested in the outcomes of this meeting and this information will be used for planning. Revisions to OSEP's data collection forms are under consideration. It is clear that not all of the data definitions used for school-age children are appropriate for preschool-age children. The current data collection system is limited by the fact that data are not collected on the extent to which preschoolers are educated with their non-disabled peers. Such data need to be collected since this is what least restrictive environment (LRE) is all about. The method of collecting data is also a powerful intervention – information we value and collect influences practice in the field, so these changes are very important. OSEP is awaiting the results of this policy forum to help finalize a revised draft of the preschool data form.

Ruth Ryder, Director, MSIP, OSEP

MSIP is particularly concerned about services for preschool-age children. People in the field have been frustrated about limited opportunities for high quality inclusion. MSIP looks to this policy forum to generate mechanisms for disseminating information on high quality inclusion opportunities.

Participant Experiences Related to Preschool Inclusion

Participants in the forum represented a wide variety of constituencies and roles related to preschool special education. After introducing themselves, participants made brief statements about their personal and professional experience related to preschool inclusion. Many described becoming involved through the process of planning for their own child with a disability. One participant observed that, in the past, there were no programs that would accept children with disabilities and a meeting like this would not have happened as recently as five years ago. She added that, although there has been a lot of progress toward including such children in general educational and child care settings, there is still a long way to go to make this a universally valued approach. Another participant noted that inclusion not only benefits children with disabilities, but also those without disabilities who can learn so much about the diversity of human beings. There was general agreement that knowledge is ahead of practice—we know what to do, but we are still struggling to make it a reality in many places. In addition, some participants referred to particular challenges that face the field, especially having a well-trained workforce in all the settings that serve preschool-age children.

Research Panel

Gail Houle, Associate Division Director, Early Childhood Team, OSEP's Research to Practice division introduced the research panel and commented on the significant contributions each researcher has made to the field in the area of preschool inclusion. All of the research panelists are currently working on or have recently had OSEP-funded projects. Major findings reported by each member of the research panel are included below.³

Joan Lieber, University of Maryland – Inclusion Research: Results from the Early Childhood Research Institute on Inclusion⁴

The purpose of this presentation was to provide an overview of several studies conducted by the Early Childhood Research Institute on Inclusion (ECRII) and present some of the major findings. A summary of these findings are as follows:

³ Details relating to the research methodology are not included in this proceedings document. Please refer to footnotes and links provided for each research panelist.

⁴ For a copy of Dr. Lieber's PowerPoint presentation, please go to Project Forum's webpage at <http://www.nasdse.org/projects.cfm> and click on the 'Project Forum' button.

- Inclusion is about belonging and participating in a diverse society. Inclusion is not just a school issue; it extends to the communities in which children and their families live. Inclusion is not only a disability issue; all children and families have a right to participate and be supported in their schools and community.
- Individuals (e.g., teachers, families, administrators) define inclusion differently. Priorities and responsibilities influence one's definition of inclusion and people within the same system (e.g., one school or one school district) may have extremely different views of inclusion. For instance, parents don't necessarily see school as the only place for their children to have inclusive experiences and tend to interpret inclusion much more broadly—encompassing *all* community offerings (e.g., camp, library programs, religious organizations). Local directors of special education defined inclusion in a variety of ways, with some arguing that inclusion is for everyone and others arguing that inclusion is for some children, but not for those with behavior disorders and other significant disabilities.
- The beliefs about inclusion and schooling that families and professionals bring with them to the classroom influence how inclusive practices are planned and implemented. These beliefs are influenced by many complex factors. Also, beliefs about human diversity (e.g., culture, race, language, class and ability) influence how inclusion is implemented in schools and communities. Significantly, teachers might espouse similar beliefs and implement them quite differently. For example, many teachers agreed that inclusion means all children are part of the group. Some teachers interpreted this, however, as teaching all children using the same techniques, whereas others interpreted this as modifying curriculum as necessary for different children in the classroom. Similarly, some teachers thought it was important to minimize differences (e.g., to ignore autistic behaviors in order to avoid drawing attention to differences). Others believed that differences should be talked about, particularly when children bring them up.
- Programs, not children, have to be “ready for inclusion.” The most successful inclusive programs view inclusion as the starting point for all children. Inclusion can be appropriate for all children, but successful inclusion requires planning, training and support.
- Specialized instruction is an important component of inclusion. Access to a community-based or general education setting is not enough. The individual needs of children with disabilities must be addressed in inclusive programs. Specialized instruction can be delivered through a variety of effective strategies, many of which can be embedded in the ongoing classroom activities.
- Adequate support is necessary to make inclusive environments work. This means providing supports to adults in the setting. Support includes training, personnel, materials, planning time and ongoing consultation. Support can be delivered in different ways and each person involved in inclusion may have different support needs.
- Inclusion can benefit children with and without disabilities. The parents of children without disabilities whose children participate in inclusive programs often report beneficial changes in their children's confidence, self-esteem and understanding of diversity. High quality early childhood programs form the necessary structural base for high quality, inclusive programs.
- Collaboration is the cornerstone of effective inclusive programs. Collaboration among adults, including professionals and parents within and across systems and programs, is

essential to inclusive programs. Collaboration among adults from different disciplines and with different philosophies is one of the greatest challenges to successful implementation of inclusive programs.

*Virginia Buysse, University of North Carolina – Cost, Quality and Outcomes of Preschool Inclusion*⁵

This presentation summarized findings from a study conducted by Sam Odom, Virginia Buysse and Martie Skinner. In the 1990s, the Cost, Quality and Outcomes Study (1995) found that the quality of child care for preschoolers was poor and was even worse for toddlers. Consequently, the research team felt it was important to conduct a study looking at the cost, quality and outcomes of inclusion for preschoolers. Following are the major conclusions of the study:

- The research team expected to find three types of programs: (1) inclusive community-based child care programs, with an itinerant teacher who worked directly with the teacher and child; (2) inclusive Head Start programs; and (3) inclusive public school-based programs. The research revealed a fourth type of program—“blended.” This fourth type blended different funding sources and eligibility requirements so it could serve a variety of children (e.g., a Head Start classroom that served children eligible under Part B, Section 619 and Title I, as well as children whose parents paid tuition).
- Costs vary substantially across programs. Factors contributing to this include length of program day and severity of children’s disabilities. For example, findings indicated that blended programs were expensive at \$10,541 per child in part because they were full-day programs and because they tended to serve the most severely disabled children, sometimes with full-time aides.
- The quality of inclusive settings appears to be in the good to medium range, although the reasons for this are hard to determine. In terms of quality, the four types of inclusive programs received an average rating of 5 or “moderately good” on a scale of 1-7. Overall, child care received a 3.8, indicating that inclusive programs are higher quality than child care in general.
- Based on an observational time sampling measure, children with disabilities are engaged in activities 60 percent of the time on average.
- Based on a sociometric peer rating measure and a teacher questionnaire, children with disabilities do not appear to be socially rejected by peers and do appear to have friends.
- Based on the Battelle Developmental Inventory, children with disabilities in all types of programs appear to be making adequate developmental progress.
- Based on a subscale of the Quality of Inclusive Experiences Measure, individualization of programming for children with disabilities appears to have a positive effect on some areas of development (e.g., cognition, communication and motor skills).

*Susan Sandall, University of Washington – Building Blocks for Including and Teaching Preschoolers with Special Needs*⁶

⁵ For a copy of Dr. Buysse’s PowerPoint presentation, please go to Project Forum’s webpage at <http://www.nasdse.org/projects.cfm> and click on the ‘**Project Forum**’ button.

The Building Blocks model was based on the work of ECRIL. This model provides a set of educational practices designed to help teachers do a more effective job of including young children with disabilities and other special needs in early childhood classrooms and settings. Using the Building Blocks model can help *all* children participate, learn and thrive in their preschool classrooms.

The foundation of quality early childhood programs appears to be a safe and secure environment built upon positive interactions between children and teachers. The Building Blocks model identifies what teachers, administrators and families are doing well to make that happen. For instance, in a study conducted by Sandall et al. (2000), focus groups described more than 500 curriculum modifications they had done or seen in inclusive environments, many of which take place “behind the scenes” or during the planning process. These modifications were grouped into the following eight categories:

- environmental arrangement (e.g., social groupings of children);
- modification of materials;
- simplification of activities;
- special equipment;
- peer support;
- adult support (e.g., modeling or providing assistance);
- child preferences; and
- invisible support (e.g., scheduling of teachable moments within planned activities in order to increase participation of all children).

Teachers and other members of the team make modifications, adaptations and accommodations to classroom activities, routines and learning centers in order to include children with disabilities and other special needs in their classroom and to enhance their participation.

One of the most significant findings was what researchers termed “embedded learning opportunities” — occasions when teachers create short teaching episodes within ongoing classroom activities and routines, focusing on a child’s individual learning objective. Advantages of embedded learning opportunities include:

- minimal changes to classroom activities;
- enhancement of motivation to participate and learn;
- skills used in natural contexts; and
- skills used with a variety of people and materials.

⁶ For a copy of Dr. Sandall’s PowerPoint presentation, please go to Project Forum’s webpage at <http://www.nasdse.org/projects.cfm> and click on the ‘**Project Forum**’ button. Dr. Sandall also distributed a handout on research findings related to embedded learning opportunities. Copies of this document may be obtained by contacting Dr. Sandall or Project Forum.

A study by Sandall and Davis (2004) examined the effects of a field-based learning project for preservice teachers to learn to plan, organize and embed instruction for young children with disabilities within their inclusive early childhood classrooms. Following only two weeks of embedded instruction, 87 percent of children had made progress and 42 percent had achieved their learning objectives.

Major research findings included the following:

- Embedded instruction is effective for teaching a variety of valued skills to young children (e.g., dressing oneself).
- A variety of instructional strategies have been embedded effectively (e.g., prompting or time delay prompting).
- Embedded instruction seems to enhance generalization.
- Teachers assess embedded instruction favorably.
- Teachers differ in the extent to which they can apply embedded instruction within their activities and classrooms.
- Preservice teachers can learn and use embedded instruction in their field experience placements.⁷

Policy implications include (1) the need to study and disseminate instructional methods that are effective and feasible and (2) the need to ensure that teachers are adequately prepared to work in inclusive settings (e.g., field-based experiences must provide opportunities to apply instructional methods that are effective and feasible).

Robin McWilliam, Vanderbilt Center for Child Development – Child-Level Findings and Engagement⁸

Dr. McWilliam's conducts research in the following four areas: integrated services (i.e., not pulling children out for therapy and instruction), engagement/participation, incidental teaching (i.e., a method of embedding interventions into regular routines) and embedding goals (i.e., addressing individualized goals in the context of classroom routines). He described his research findings for the first two areas:

Integrated services:

- Individualization within routines is the most effective strategy, followed by group activity.
- Four times as much communication occurs during in-class methods as opposed to out-of-class methods.
- Inclusion is not just about location.
- Teachers are more satisfied with integrated as opposed to pull-out services.

⁷ Dr. Sandall distributed a document titled *Research Findings Related to Embedded Learning Opportunities*. Copies of this document may be obtained by contacting Dr. Sandall or Project Forum.

⁸ For a copy of Dr. McWilliam's PowerPoint presentation, please go to Project Forum's webpage at <http://www.nasdse.org/projects.cfm> and click on the 'Project Forum' button.

- It may take more than a year for parents to acknowledge the benefits of integrated services if they are predisposed to segregated models.
- Early childhood special education is the most integrated, followed by occupational therapy services.

Engagement/Participation:

- Measures of the percentage of children engaged are sensitive to differences in program type and quality. Furthermore, the engagement level of children varies from activity to activity.
- Ratings of group engagement are associated with the implementation of high-quality practices.
- Engagement accounts for differences between children with disabilities and typically developing children, even after controlling for some classroom variables and for developmental-test scores.
- Although mixed-age classrooms had positive effects for children's communication and other social behaviors, they had less of an impact on child engagement.
- Higher levels of engagement resulted from more responsive teaching.
- Context has a powerful effect on children's levels of engagement.
- High quality child care programs produce higher levels of child engagement, suggesting that engagement mediates the relationship between child care quality and other reported child outcomes.

Policy implications include the following:

- Remove reimbursement barriers to integrated services (e.g., therapists may think they need to pull students out in order to be reimbursed).
- Train personnel to integrate services into regular routines.
- Reward programs that forbid pull-out therapy and instruction.
- Include engagement as an early childhood outcome.
- Require child behavior (e.g., engagement) indicators in quality measures of child care and early education settings.
- Fund projects addressing quality of inclusion not just the presence of inclusion.
- Assist in the dissemination of tools (1) to monitor embedded interventions and (2) to support the regular teacher's contribution to the IEP.

Child Care Bureau and Administration on Developmental Disabilities Forum on Inclusion

Jennifer Johnson, Administration on Developmental Disabilities (ADD), Administration for Children and Families, HHS; and Moniquin Huggins, CCB, ACYF, HHS

The ADD in HHS administers the Developmental Disabilities Act of 2000 that ensures the right of people with developmental disabilities and families to access resources they need to live fully in the community. ADD supports:

- State Councils on Developmental Disabilities – to educate policy makers and support

- grass roots efforts;
- Protection and Advocacy Agencies – to provide legal representation to people with developmental disabilities (often, the cases they take on are about access); and
- University Centers for Excellence in Developmental Disabilities – to engage in four core functions of interdisciplinary preservice preparation and continuing education, community services and technical assistance, research and information dissemination.

The CCB in HHS administers the Child Care and Development Fund (CCDF). The CCDF provides funding to states, territories and tribes (CCDF lead agencies) to assist low-income families in obtaining child care so parents can work or participate in education or training. CCDF lead agencies must use a minimum of four percent of CCDF funds to improve the quality of child care. Lead agencies also receive earmarks for specific purposes, such as quality enhancement; improving quality for infants and toddlers; and improving school-age care and child care resource and referral services.

States, territories and tribes have a great deal of flexibility to design their own programs, including types of services, income limits, payment rates and family co-payments. Many have established policies regarding special payment rates for children with special needs. It is important to note that lead agencies define children with special needs differently and may not necessarily mean a child with developmental disabilities as defined in other statutes (e.g., IDEA, Developmental Disabilities Assistance and Bill of Rights Act, Rehabilitation Act, etc.). Lead agencies can also provide higher reimbursement rates for children with disabilities. Currently, 18 states pay higher rates for providers caring for children with special needs and 11 states fund “inclusion specialists.”

The Commissioners from ADD and the CCB of HHS identified an agenda for inclusion at the early childhood level. They collaborated with others to convene the *Inclusive Early Care and Education Forum* on March 4, 2004 that focused on the full range of early education options for children birth to five years of age (e.g., preschool, child care), excluding care by the primary caregiver. The ADD and CCB realize the importance of partnerships and pooled expertise and resources and are committed to providing support to states.

The forum focused on two major issues – training/technical assistance and leveraging of resources. Approximately 50 people attended, including state child care administrators, service providers and representatives from stakeholder organizations. Presentations were made by researchers and state administrators. Facilitated discussions took place around financing and training. Questions were posed and facilitators worked with the groups to consider each question. Discussion stressed not only the importance of access, but also full participation by children, families and service providers. A major theme was the need to start early and support children’s active integration into their communities.

The central categories of what was learned from the HHS forum include:

- *Comprehensive cross-systems approach* - Multiple funding streams at federal and state levels can be brought together to support inclusion; information can be shared on guidance being issued at the federal level; problems regarding terminology need to be

resolved; and identification of where those in different federal agencies can work together is essential.

- *Workforce development* – Inclusion should not be a layer on top of other professional development, but should be woven into workforce development at all levels; and professional development must meet the needs of all providers.
- *Accountability* – There is a critical need to collect data that will inform everyone about inclusion and to assess the impact of policy strategies employed at the state level.

The ADD and CCB are using feedback from the forum to inform future efforts in this area, which may involve collaboration with other federal agencies.⁹

State Panels

*Wyoming – Trena Bauder, Earlene Hastings, Barb Shober and Natalie Terrell, Children’s Developmental Services of Campbell County*¹⁰

Background and History

The Children’s Developmental Services of Campbell County (CDS-CC) is based in Gillette, Wyoming. Wyoming is a frontier state and can be characterized by wide open spaces and a small population. The area of Wyoming is 97,914 square miles and the population of Campbell County is 33,000. The community has an excellent school system, low unemployment and a cooperative government. In addition to the challenges most pertinent to this meeting—finding affordable, quality child care and recruiting qualified professionals—other community challenges include child abuse, substance abuse, crime, mental health problems, housing, high cost utilities, a transient population and lack of racial/ethnic diversity.

CDS-CC’s inclusion services began in 1993 when staff members first heard the word “inclusion.” They made every effort to learn about inclusion and started offering fully inclusive services in 1994. CDS-CC implemented multi-age classrooms in 1995. In 2001, staff members attended a Project Integrate training funded by OSEP and in 2002 CDS-CC began to incorporate components of this project. In 2004, staff attended training provided by the National Individualizing Preschool Inclusion Project (NIPIP),¹¹ another OSEP-funded project. In March of 2004, CDS-CC became the model demonstration site for NIPIP and in October 2004, began training other Wyoming programs. Future plans for CDS-CC include training regional programs throughout the state of Wyoming.

⁹ Presenters distributed a draft version of a summary from the HHS policy forum, *Inclusive Early Care and Education Policy Forum*. To get a copy, please go to Project Forum’s website at <http://www.nasdse.org/projects.cfm> and click on the ‘**Project Forum**’ button.

¹⁰ Presenters distributed a copy of their PowerPoint presentation. To get a copy of this presentation, please go to Project Forum’s website at <http://www.nasdse.org/projects.cfm> and click on the ‘**Project Forum**’ button. Presenters also distributed two handouts: *What is a Developmental Preschool?* and *Program Portfolio: Children’s Developmental Services of Campbell County*. To get a copy of either handout, please contact presenters or Project Forum.

¹¹ For more information on NIPIP, go to <http://www.cec.sped.org/osep/database/detailView.html?masterID=513>.

Philosophy and Goals

The philosophy driving CDS-CC can be summed up in three major points:

- CDS-CC and the community share the responsibility to ensure that each parent has the right to be the primary positive influence in his/her child's development and self-determination; and each child has the right to experience security and the encouragement to develop optimally.
- CDS-CC must provide quality programming through knowledgeable, warm and responsive educators/caregivers in developmentally appropriate environments by developing the support of other family members and the greater community.
- CDS-CC's curriculum and approach is to ensure and provide intellectual, social, emotional and physical development.

The current goals of CDS-CC are as follows:

- Nurture each child in developing a positive self-image, knowing he/she is accepted as an individual, while maintaining a sense of belonging.
- Provide maximum opportunities to discover, explore and problem solve in order to make independent choices within a developmentally appropriate and inclusive environment.
- Provide opportunities for families to enhance understanding of child development by involving them in CDS-CC programs.
- Embrace a comprehensive vision of health in order to promote a wholesome lifestyle.
- Provide a high quality, safe environment to ensure each child's right to learn.
- Honor each child and family's cultural, linguistic, racial and socioeconomic diversity in order to increase everyone's self-awareness.

CDS-CC Programs

There are four major components/services associated with CDS-CC:

- *Early Childhood Education/Child Care* – provides services for children ages 2½ to kindergarten, both with and without disabilities. One hundred fifty children are enrolled in multi-age classrooms. Parents must be working, in school/training or court ordered for protection/neglect issues.
- *Early Intervention* – provides services for children birth to three years under Part C of IDEA, and three years to kindergarten under Part B of IDEA. One hundred children are served countywide.
- *Early Head Start* – provides services to pregnant women, infants and toddlers who meet eligibility criteria. Thirty-six are currently enrolled.
- *Parenting Classes* – provide services 40 weeks of the year (S.T.E.P. and Love & Logic), including a number of family involvement activities.

Part of breaking old patterns involved revising the organizational structure. CDS-CC created positions for an early childhood coordinator, early intervention coordinator and early Head Start

coordinator. It also reorganized classrooms, set up co-teaching and renamed special educators as early intervention specialists.

In terms of funding, money flows from the state's Division of Developmental Disabilities. CDS-CC uses a lot of blended and braided funding. The total program budget is just over \$13 million. The building has been completely paid for by the community via grants and donations.

The Campbell County Early Childhood Interagency Coordinating Council forms a cooperative covenant of beliefs, services and support to children ages birth through five and their families. Through this covenant, the children, families and agencies gain the benefits of cooperation in the areas of information, public awareness, screening, identification, services coordination, referral and transition. Members of the Coordinating Council include CDS-CC, Campbell County Head Start, Even Start, Department of Family Services, Campbell County School District and others.

Barriers and Facilitators

The following barriers to inclusion were observed by the presenters:

- the few staff members who were unwilling to change;
- the few parents resistant to change;
- certain members of the board of directors;
- lack of a proactive community; and
- a local school district that still provided a lot of pull-out special education services for students K-12.

Factors that enhanced inclusion for CDS-CC included:

- an open-minded, proactive staff;
- parents – 99 percent of whom wanted their children included;
- a board that adopted policies permitting inclusion to move forward;
- community support;
- training from, and association with, Project Integrate and NIPIP;
- adequate time available for planning and problem solving;
- effective communication – keeping multiple service providers, parents and teachers on the same page;
- willingness of CDS-CC's administration to take a stand when necessary;
- inclusion of staff members in the problem-solving process;
- parent/child stories about inclusion used to change the minds of people in the community;
- selection of CDS-CC as NIPIP's model demonstration site;
- airing of a segment on CDS-CC on Wyoming Public Television;
- role release by staff members;
- educational goals that are no longer anchored to the disciplines of fine motor, gross motor, speech, etc.; and
- state policies that support inclusion.

Inclusive Practices

Intervention is so much more than placing children together in the same classroom. The following are a number of CDS-CC practices for providing quality inclusive services.

- IEP goals are no longer discipline-focused and professionally-based.
- Test results are no longer used to drive objectives; they are only used for service eligibility determination.
- Based on the NIPIP program model, there was a shift to functional intervention planning – i.e., goals everyone is able to understand, including integrated therapies and embedded interventions in the classroom.
- A family-centered approach has replaced a professional-centered approach.
- Parents, who know their child best, are now developing goals based on an interview about the child’s routines.
- Daily lesson plans are posted for parents to see, explaining how interventions will be embedded into the daily curriculum.
- Goals are now based on three areas of development – social skills, independence and development – so goals belong to children rather than to professionals.
- All special education and related therapy services are provided in the classroom, working directly with the staff in the classroom as well as the other children.
- All interventions take place within a natural environment for the child and are conducted in a meaningful and developmentally appropriate manner.
- Therapists lead whole classroom group activities, modeling appropriate interventions for the staff, and work directly with the child as part of the classroom routine.
- The new model allows for a lot of consultation among staff and therapists and training ensures that interventions will continue to be carried out once the therapist leaves the classroom.
- A rotation model is used – which means that at any given time, one staff person serves as a “documentation” person, allowing him or her to work closely with the therapist.
- One hour per day is reserved for team planning and every three weeks therapists attend these planning meetings as well.

Parent Perspective – Barb Shober

When Alex, my son, was eight months old, he was screened at the annual community screening and his developmental age was determined to be approximately five months. At 16 months, he returned for a second evaluation and subsequently entered the early intervention program at the Gillette Children’s Center. Alex later transitioned to the inclusive preschool.

Having grown up in a small Swiss town, where children with disabilities were cared for in segregated environments, it was a steep learning curve for me. I was caught off guard when Alex’s teachers visited our home and asked about my son’s routine and behavior at home. I expected the experts to tell me what Alex needed, not the other way around. It took a lot of explanation before I became familiar with inclusive ideas and felt empowered enough to take an active role in my son’s development. The following example illustrates this.

Before Alex transferred to the preschool program, he went through a two-year phase of aggression toward other children. As a result, we kept him quite segregated from other children. Since Alex's only consistent playmates were his siblings and he didn't do well in unfamiliar settings or with strangers, I knew an inclusive program would present quite a challenge for him – since *any* setting, outside our home, was difficult for him. His first goals at the preschool were social in nature. I felt confident working with him on his fine and gross motor skills, but needed outside support in these other areas.

In August 2004, we took him to Children's Hospital in Denver for more extensive testing. During extensive interviews, doctors were visibly bothered by the fact that Alex was not receiving any occupational therapy (OT) or physical therapy (PT) services at that time. Because they didn't see him in the classroom, they were unable to know that his main problem was isolation from his peers. I was confident that appropriate goals *had* been set for Alex because not even the experts can identify goals without input from the people who know the child best – the family. We are now an inclusive family—Alex learns every day from his older and younger siblings. Alex's siblings are learning more about disability than my husband and I learned in the first 30 years of our lives. If this model can be transferred into the educational system, everyone will benefit.

Kentucky – Lee Ann Jung and Julie Rutland, University of Kentucky

Background

In 1990, the Kentucky Educational Reform Act brought many changes to the state educational system. For the first time, state funding became available for preschool, including the preschool population covered by IDEA Section 619 and children in that age group who were considered "at-risk" (defined as those who qualify for the federally-funded free or reduced lunch program). The new programs made use of pre-existing facilities and the state contracted with them for programs and services.

By the mid 1990's, school systems started to house classes at the public schools for preschool-age students with disabilities or those living in poverty. Gradually, the school system stopped funding preschool in non-public school locations. Private centers continued to serve children with disabilities, however, creating a need for the state to support inclusion within private settings. In Kentucky, preschool for all children is a half-day for four days per week and special education services are added (e.g., related services in the school for a child who then returns to the preschool center).

Parents who placed their children with disabilities in full-time daycare reported problems. If the parent decided not to transition the child to the public program, that parent had to give up rights to an IEP and any special education services. Some children in Kentucky do receive related services in the public school setting, but most parents pay out-of-pocket for these services. Some families choose to keep their children in inclusive settings, which raises concerns about the quality of those inclusive experiences, because these experiences are largely left unsupported by the public schools' qualified special educators and related services personnel.

Kentucky's Inclusion Project

Project EQuIP (Enhancing the Quality of Inclusion in Preschool), housed at the University of Kentucky, is a three year contract with the Kentucky Council on Developmental Disabilities. The goal of the project is to increase the quality of preschool in non-public programs by providing model sites and training opportunities. The project is focused on developing inclusion demonstration sites that emphasize the Individualizing Inclusion model. The project has just started partnering with other agencies, such as regional training centers and child care resource and referral agencies, which can link people to the demonstration sites after the project is over. The project also collaborates with other University of Kentucky activities such as First Steps (early intervention) and NIPIP.

Project EQuIP is establishing five centers across Kentucky—two urban and three rural—located in all regions of the state. All the centers are private providers of “high quality child care” and all include children with disabilities ages two to five. None are public preschools or Head Start programs. Each center receives a total of 24 hours of training and three days of follow-up training. As incentives, the centers receive the CEU-approved training on site at times of their choice and will also be given a small amount of funds to purchase classroom materials.

The following factors have served as facilitators to inclusion in Kentucky:

- The Kentucky Education Reform Act was a catalyst to inclusion;
- private non-profit agencies that are now child care centers have been successful;
- Interdisciplinary Early Childhood Education (IECE) certification is now required of all preschool teachers and requires coursework in special education;
- training is now being funded by the child care resource and referral agency, and two inclusion specialists were hired by that agency; and
- training on inclusive education has been provided to parents who have been involved in some inclusion efforts and they can help other parents learn about this type of service delivery.

The following barriers to inclusion were observed by presenters:

- the continuing lack of policies or funding to provide support to child care;
- fear and apprehension about inclusion on the part of teachers and child care providers as well as specialists;
- lack of skill in implementing embedded intervention and integrated services;
- continued use of “one-shot” workshops;
- failure of children in inclusive settings to meet goals on their IEPs;
- lack of good inclusion models in typical child care centers; and
- persistence of belief that time with specialists and special educators is more effective than inclusive intervention.

Reactions to Panels

In response to the morning's panel presentations, participants raised the following questions and/or expressed the following opinions:

- We need to think about content, quality and strategies of pre-service training so new staff members know how to practice in inclusive settings.
- It is a good idea to provide an integrated teaching certificate for both early intervention and early childhood staff.
- Communities of practice for early childhood – including parents, Head Start, and early childhood staff – build trust across programs, enable the sharing of concerns and allow visiting of one another's programs.
- Lack of funding to support child care is a systemic problem in many states, with the least qualified teachers often responsible for the most at-risk children (e.g., preschools in urban settings).
- States often have fairly high qualifications for teachers, but child care programs are not able to attract and pay for people with degrees.
- It is a challenge to get public school staff who believe in the pull-out or expert model to provide services in inclusive settings.
- Transition is difficult for families shifting from an inclusive program that empowers them to the public school system which has a very different paradigm. It is important that families are adequately prepared for this transition.
- It is important to identify factors contributing to program quality (e.g., does inclusion raise the quality of programs, or do high quality programs tend to implement inclusive practices).
- In some states, the SEA appears to drive quality and serve as an agent of change. In other states, the SEA is doing nothing – causing no harm, but making no contribution either.
- We can't use funding or quality as a barrier to inclusion in certain settings.
- How do we help child care providers improve quality? Family providers are exempt from state licensing requirements, but states are trying to work around this.
- A lot of conversation has focused on child care and inclusion recommendations for private preschools and religious-based centers. Will these settings create roadblocks regarding funding or policy?
- The misunderstanding of a court case initially kept a Virginia school district from paying for any services to be delivered at a religious-based institution. The district instead insisted that the child go to his local public school to receive his therapies. This barrier to inclusion was corrected when it became clear that the school district didn't need to contract directly with the religious institution (which would indeed have violated the court ruling), but could instead send its therapist to the child.
- A public relations campaign needs to reassure families that inclusion is a step forward not backward, and that necessary services will still be provided.
- It is important for parents to become advocates and to take a grassroots stand on inclusion.
- States should be paying more attention to outcomes for children birth through age five, including outcomes relating to successful inclusion.

- It is important to get started with inclusion, even if a state doesn't have all of the information yet.

Suggestions for Increasing High Quality Preschool Inclusion Opportunities

During small group discussions, participants expressed their opinions and generated suggestions for increasing high quality preschool inclusion opportunities. Project Forum staff provided a list of nine categories for discussion: awareness/public relations; policy; technical assistance and dissemination (TA & D); professional development; data collection/analysis; financing strategies; monitoring/ accountability; family choice and research. Due to the limitations of time, there was no attempt to prioritize or reach consensus on these suggestions. As a consequence, some suggestions may appear to contradict one another. Also, while some suggestions address inclusion more broadly (macro), others focus on specifics (micro).

Awareness/Public Relations

- Ensure "inclusion" is clearly defined and child focused.
- Hire a public relations (PR) firm to get the message out about the value of inclusion opportunities.
- Take advantage of local press to publicize good practices.
- Develop a public relations toolkit that can be adapted by others.
- Develop and disseminate to child care providers a video or CD that provides an overview of good preschool inclusion evidence-based practices.
- Continue to use the business and foundation communities to help with PR.
- Consider working with corporate sponsors to promote high quality inclusion.
- Use Parent Information Resource Centers (PIRCs) to disseminate inclusion information more widely.
- Invite local and state preschool programs to visit successful inclusion programs.
- Inform the public about the legal basis for preschool inclusion.
- Ask state Section 619 leaders to interpret, push and promote awareness of inclusion.
- Build on current initiatives (e.g., Good Start, Grow Smart) to promote new initiatives.
- Be sensitive to organizations, families and constituent groups that have not yet embraced inclusive practices.

Policy

- Establish policies at all levels to support inclusion and ensure that policies reflect evidence-based practices.
- Develop a brief summary of key federal laws related to inclusion, including information about how the No Child Left Behind Act of 2001 (NCLB) may affect preschool inclusion.
- Develop a list of effective strategies for implementing inclusion at the local level based on successful experiences from other states.
- Coordinate development of standards and early learning guidelines across pre-K, child care, Head Start and Section 619 of the IDEA.
- Provide comments for upcoming IDEA 2004 regulations (e.g., meaning of "highly qualified" for preschool teachers).

- Provide comments for upcoming IDEA 2004 regulations on the parent option to keep his/her child in Part C, as it relates to inclusion opportunities.
- Ensure that Medicaid policies do not preclude effective preschool inclusion practices.
- Set up local planning councils so that all involved in preschool programs know each other and all the programs – similar to Part C Interagency Coordinating Councils.
- Bring together all national-level players to build a common vision (e.g., CCB, HS, ECO Center).
- Encourage SEA, local child care and other agencies to engage in discussion through communities of practice on such issues as “what is quality.”
- Require coursework on preschool inclusion for recertification.
- Clarify role of early childhood educator and consultant in preschool/child care settings.
- Require that developmentally appropriate practices be measured.
- Consider giving more resources to schools that have effective inclusion programs.
- Resolve transition issues – e.g., currently when children parentally placed in private preschools transfer to private kindergartens, they lose entitlement to all services.
- Crosswalk this document with CCB/ADD policy forum working paper (see page 9 of this document).

Technical Assistance (TA) and Dissemination

- Determine what TA mechanisms already exist in order to pool limited resources.
- Work towards eliminating TA “silos.”
- Combine federal/national level TA activities for all early childhood personnel (e.g., Administration on Developmental Disabilities, CCB, Head Start and the Department of Education).
- Encourage states to develop state-wide networks of TA.
- Develop a list of effective strategies for implementing inclusion at the local level based on successful experiences from other states.
- Develop a half hour tape on preschool inclusion and send to all child care agencies and providers.
- Provide TA that addresses inclusion to Head Start grantees.
- Provide parents with information so they are informed of best practices (e.g., using parent to parent networks that exist through federally-funded Parent Training Information [PTI] Centers and Community Parent Resource Centers [CPRCs]).
- Provide TA to states regarding finance models and braided funding.
- Provide TA on child find and referral.
- Use model demonstration sites for professional development.
- Focus TA on embedded instruction.
- Ensure culturally and linguistically appropriate TA and dissemination for parents, providers and related services personnel.
- Acknowledge the high turnover rate of preschool staff when planning TA.

Professional Development

- Promote institutions of higher education (IHEs) teacher preparation programs (four year and community college) that prepare teachers to work in inclusive programs.

- Coordinate pre-service requirements across agencies for teachers of students both with and without disabilities.
- Require continuing education programs to include a percentage of time specific to inclusion of students with disabilities.
- Use strategies in addition to the one-shot workshop.
- Use evidence-based pre-service programs, which will help convince teachers to buy into inclusion.
- Train related service providers to work in inclusive settings and provide integrated therapy.
- Provide pre-service and in-service training on embedded instruction and consultative models.
- Provide IEP teams with training in writing good goals and objectives for inclusion.
- Provide coaching and mentoring for teachers in inclusive settings.
- Use demonstration sites as vehicles for professional development.
- Increase demonstration sites in multiple contexts (i.e., not just IHEs) funded by federal, state or local levels.
- Pay child care providers to come to professional development.
- Continue including preschool staff in State Improvement Grant (SIG) activities.
- Develop a common core of learning for the preparation of all early childhood and family support staff. The different early childhood specializations would build their area of expertise on top of the common core. For example, there could be additional qualifications for early intervention, home visitors and teachers in inclusive preschools.

Data Collection/Analysis

- Align data collection systems across agencies at all levels to reflect inclusive practices.
- Improve accuracy of data collection related to preschool settings.
- Clarify educational environment definitions for required OSEP data collection (e.g., do services count as inclusive if they take place in the corner of the room as opposed to a pull-out?)
- Develop a simple way of tracking how prevalent inclusion is in *all* early childhood settings.
- Develop ways of collecting data on quality as well as quantity of inclusive placements.

Financing Strategies

- Support federal modeling of cross-agency funding for preschool.
- Require federal agencies/bureaus and states to blend funds.
- Use a social marketing campaign to leverage funds.
- Use state Child Care Development Fund (CCDF) quality dollars to prepare inclusion specialists.
- Give funding priority to fully inclusive preschool programs.
- Make funds available for early childhood program development.
- Fund demonstration sites.
- Clarify perceived funding restrictions (e.g., use of funds for inclusion in faith-based settings and private schools).
- Clarify finance issues across district or state lines.
- Explore use of Medicaid waivers to support preschool inclusion.

- Explore use of Temporary Assistance for Needy Families (TANF) monies to support preschool inclusion.

Monitoring/Accountability

- Provide policy guidance regarding accountability for preschool children with disabilities, as well as consistent monitoring and enforcement of policy.
- Continue to examine preschool inclusion during monitoring process.
- Continue to fund National Center for Special Education Accountability Monitoring (NCSEAM) to support improved accountability efforts.
- Provide assistance to states in the area of preschool data collection to ensure that monitoring findings reflect reality.
- Connect federal monitoring process across federal programs.
- Use monitoring as leverage for systems change at the local level.
- Base the internal mechanism for nonpublic schools' accountability on parent satisfaction.
- Establish early childhood outcomes such as engagement, independence and social relationships.
- Use IDEA Part D funds to conduct federally-funded evaluations of preschool programs.
- Monitor use of developmentally appropriate practices in preschool settings.

Family Choice

- Establish clear policies about family choice.
- Provide parents with information about all choices available, including research findings about the benefits of inclusion so parents can make truly informed choices.

Research

- Fund a national longitudinal study on the outcomes of inclusion for children with and without disabilities and their families, programs and service providers.
- Study how NCLB influences inclusive practices for young children.
- Advocate for research in the areas of evidence-based practices including embedded instruction, functional goals, consultation/coaching and integrated therapies.
- Advocate for research in the Institute of Education Sciences (IES) to include early childhood inclusion and other related topics.
- Provide information to IES on what worked well in OSEP's Research to Practice division.
- Work with the Intersociety Group for Education Research (IGER) to identify successful research to practice investments.
- Coordinate efforts with the Division of Early Childhood (DEC) of the Council for Exceptional Children (CEC).

Concluding Remarks from Participants

As the meeting drew to a close, each participant was given an opportunity to make final remarks about preschool inclusion. The following is a summary of participants' concluding remarks:

- A cohesive operational definition of “inclusion” must precede public relations efforts.
- Inclusion is often still defined as placement within a setting with services – it’s important to move from placement to active participation and from services to supports.
- Although it is important to get consensus on the definitions of “high quality” and “inclusion,” we cannot wait for all the answers before we act. We shouldn’t wait for the federal government to provide us with a template and definitions.
- It is important to get information to teachers on the “frontline” about inclusion and to get their feedback on what works.
- It is important to have child care providers who are prepared to accept and support children with disabilities within their settings.
- Many state systems are not ready to embrace the full continuum of supports and services necessary for successful inclusion.
- It is important that guidance from the federal and state levels explicitly spell out what is best practice.
- We need to consider how parents can be involved in this process, particularly at the local level as parent advocates.
- It is important to expand this conversation to include other agencies and organizations representing early childhood educators.
- More needs to be done at the IHE level regarding promotion of inclusive practices for preschool-aged children with disabilities.
- It is not only important to generate knowledge about best practices, but also to translate that knowledge for a wide variety of audiences.
- Meetings like this are a wonderful tool for bringing people and worlds together. Practice and research should mutually reinforce each other.
- Families may value inclusion, but they also value high quality specialized services. It is important to make clear that these values need not compete with one another.

Closing

Project Forum staff adjourned the meeting and explained to participants that they would have the opportunity to review a draft of the proceedings document. It is expected that various federal offices will use information gathered during this policy forum to make decisions regarding future initiatives and funding.

**Appendix A:
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for
Preschool-Age Children with Disabilities
Policy Forum**

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Appendix B:
Agenda



High Quality Inclusion Opportunities for Preschool-Age Children with Disabilities



Policy Forum - December 13-15, 2004 Agenda

Monday, December 13 (evening only)

- 6:00-6:30 Buffet dinner
- 6:30-6:45 Welcome & review of policy forum goals/objectives
- 6:45-7:00 Remarks from OSEP and other federal partners (*invited*)
- Stephanie Lee, Office of Special Education Programs
 - Shannon Christian, Child Care Bureau
 - Windy Hill, Head Start Bureau
- 7:00-8:00 Introduction and two-minute statement on inclusion from each participant
- 8:00 Adjourn for evening

Tuesday, December 14

- 8:30-9:00 Light breakfast for hotel guests
- 9:00-9:15 Opening and introduction of newcomers
- 9:15-10:15 Research panel
- Virginia Buysee, University of North Carolina
 - Joan Lieber, University of Maryland
 - Robin McWilliam, Vanderbilt University
 - Susan Sandall, University of Washington
- 10:15-10:30 Break
- 10:30-11:00 Overview of Child Care Bureau and Administration on Developmental Disabilities Forum on Inclusion
- Jennifer Johnson, Child Care Bureau
 - Moniquin Huggins, Administration on Developmental Disabilities
- 11:00-11:45 State panel – Wyoming, Children’s Developmental Services of Campbell Co.
- Trena Bauder
 - Earlene Hastings
 - Barb Shoer
 - Natalie Terrell

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| 11:45-12:30 | State panel – Kentucky, University of Kentucky <ul style="list-style-type: none"> • Lee Ann Jung • Julie Rutland |
| 12:30-1:30 | Lunch (on your own) |
| 1:30-2:00 | Reactions to panels – similarities & differences in other states/locales |
| 2:00-2:45 | Facilitators and barriers to inclusion |
| 2:45-3:00 | Directions for small groups |
| 3:00-3:15 | Break |
| 3:15-5:00 | Promoting inclusion – Next steps and who should take them
(discussion in small groups) |
| 5:00 | Adjourn from small groups |

Wednesday, December 15 (morning only)

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| 8:30-9:00 | Light breakfast for hotel guests |
| 9:00-9:15 | Opening, introduction of newcomers, plan for the morning |
| 9:15-9:45 | Review of previous day's work and clarifications |
| 9:45-11:15 | Continuation of small group work based on progress of previous day
take break as needed |
| | Prioritization or consensus-building activity at end |
| 11:15-12:00 | Concluding remarks |
| 12:00 | Adjourn meeting |