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Candidate: Judy E. Fuhrmann

I recommend acceptance of this seminar paper in partial fulfillment of this candidate's requirements for the degree of Master of Science in Education: Special Education.

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Date

Stuart Robertson

Seminar Paper Advisor

This seminar paper is approved for the College of Education.

Oct. 13, 1988

Date

William A. Schmidt

Dean, College of Education

Dec. 13, 1988

Date

Joy C. Greenlee

Dean, Office of Graduate Studies

EDUCATIONAL INTEGRATION:
PRINCIPLES, PRACTICES AND PROGRAMS

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of the requirements for the Degree of
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Judy E. Fuhrmann
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Dedication.

To Tim, my beloved husband and my best friend.
Thanks for your inspiration and faithful support.

Abstract

Educational Integration:
Principles, Practices and Programs

Judy E. Fuhrmann

In response to parental pressure and questions of efficacy of current educational practice, professionals have examined methods of providing educational opportunities for students with exceptional educational needs. This paper provided an historical review of educational integration of student with handicaps into general education environments. Integration was defined and Wolfensberger's seven themes of normalization were described. Educational professionals' views of problems with the current segregated system were presented and possibilities for integration were highlighted. Integrative principles and practices were examined and eight integrative programs were described. The particular strengths of each were noted. Finally, a description of elements considered critical to quality integrative programs were presented.

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CHAPTER 1

Introduction

For almost two decades The Education for All Handicapped Children Act (EHA) has guaranteed all children with handicaps the right to a free, appropriate public education. According to Madeleine Will, Assistant Secretary, Office of Special Education and Rehabilitative Services, the nation has addressed the challenge of teaching students with learning problems almost totally by the creation of separate programs to meet their needs (Will, 1986a).

Will has used the term learning problems broadly, to encompass any children who are learning slowly. The term may include those who may have mild learning disabilities and emotional problems, those with mild behavior problems, and, as knowledge and expertise improve, those with more severe disabilities. Students identified as "at risk" would also be included.

Will identified a number of positive outcomes which have emerged as a result of EHA. The concept and practice of individualized instruction has been refined. The role of parents has been redefined. Education has been made possible for one-half million children with severe handicaps who were previously unserved, and services have been improved for several

million other children with handicaps.

The Education for All Handicapped Children Act created an entitlement, an unparalleled public policy commitment to a previously largely abandoned and powerless group of youngsters (Schiffman, 1987). In its enactment, EHA provided the right to an education for all children, thus emphasizing that no child is too impaired to learn. Will (1986a) pointed out that "in fashioning education programs for children with learning problems, Congress acknowledged a governmental and societal obligation to provide access to educational services and the resources that underpin them" (p. 5).

In spite of the progress made by EHA, a number of concerns have arisen. Educators are faced with a variety of challenges in meeting the needs of students with learning problems. These include: (a) Educating students with handicaps as full-fledged human beings; (b) providing instruction for students with learning problems in the general education environment; (c) developing daily living proficiency, if students with learning problems are to function in a future society of rapid and continual technical change; (d) evaluating the placement decision and its impact on individual student lives; and (e) developing positive attitudes toward persons with ability needs (Fenrick &

Peterson, 1984; Fuhrmann, 1988; Lipsky & Gartner, 1987; Will, 1986a).

Certain inherent limitations of the current segregated service delivery model have been recognized (Lipsky & Gartner, 1987). These limitations include:

- (a) Inaccurate evaluation systems which are not reliable;
- (b) arbitrary methods of student classification;
- (c) categorization of students being more a function of political pressure and professional fad than legitimate student need;
- (d) mainstreaming programs which affect hardly 5% of mildly to moderately handicapped students and are structured in ways which almost inevitably lead to failure;
- (e) requirements for parental participation within the educational system which ignore their capabilities as integral members of the planning process for their sons and daughters; and
- (f) funding systems which discourage prevention, encourage over-classification and mislabeling of students, and hinder development of effective educational programs for students with learning problems.

Historically, persons with handicapping conditions have been denied equal rights and opportunities. They have been treated as second class citizens. Furthermore, they have been denied equal access to integrated educational programs by failure to effectively

incorporate currently accepted best educational practices which might enable them to succeed in the general education environment.

According to Will (1986b) integration should mean educating all disabled children in regular schools regardless of the degree or severity of their disabling condition. Special services should be provided within the regular schools, and teachers and administrators should be supported in their efforts to integrate students effectively.

Students with disabilities should be expected to follow the same schedule as nondisabled peers. They should be involved in as many academic and extracurricular activities as possible. This would include music, art, physical education, field trips, assemblies and graduation exercises. Use of the cafeteria, library, playground and other school facilities by students with disabilities should be arranged at the same time as their nondisabled peers. In addition, helper and buddy relationships between students without disabling conditions and those students with them should be encouraged.

Integration should mean arranging for students with ability needs to receive their education in regular community environments, when appropriate.

It should mean teaching all children to understand and accept human differences. It should also mean placing students with ability needs in the schools they would attend if they had no disability, taking parents' concerns seriously and providing an individualized educational program. Effective integration should be a positive experience for all students.

Will explained that integration should not mean dumping students with disabilities into general education programs without preparation or supports. It should not mean locating special education classes in separate wings of regular schools. Furthermore, integration should not mean grouping students with a wide range of disabilities and needs into the same program nor ignoring children's individual needs.

Children should not be exposed to unnecessary hazards or risks. Systems should not place unreasonable demands upon teachers and administrators and parents' concerns should not be ignored.

Students with disabilities should not be isolated. Finally, separate schedules for students in special education and general education should not be maintained.

Practices which have led to successful integration of students with ability needs were examined and presented to encourage full integration of all students in the

general education environment. The goal of integration has been adopted in a variety of arenas, including educational, family and community; therefore, this review of the literature has not been limited to educational research.

This review was designed to: (a) provide an historical review of integrating services for persons with handicapping conditions, (b) review literature and resources which describe situations where integration of students with special ability needs has been successful, and (c) describe best educational practices which could be applied to facilitate full integration of students with learning problems. Also, elements considered critical to the development of quality integrative programs were presented.

CHAPTER 2

Toward a Non-restrictive Environment

History of Attitudes and Treatment

Society's approach to persons with handicaps has incorporated a variety of historical attitudes. These include: (a) The Greek belief that the physically impaired were inferior; (b) the preprophetic Hebraic notion that sick persons were being punished by God; (c) the early Christian belief that the handicapped acquired more virtue because of their disability; (d) the Calvinistic assumption that the absence of material success by virtue of disability was visible evidence of lack of grace; (e) the Darwinian theory of survival of the fittest; and (f) the pre-World War I faith in the progress of mankind through science (Gellman, 1959).

Treatment of students with learning problems by the educational community has followed a progression from exclusion to inclusion. According to Gearheart and Litton (1975) one can divide the history of man's attitudes and treatment of persons with handicaps into five eras. They are: (a) the era of superstition, (b) the era of institutions, (c) the era of public school classes, (d) the era of legislation and national support, and most recently (e) the era of normalization,

child advocacy and litigation.

Gellman (1959) reported the roots of prejudice against persons with handicaps were founded on social customs and norms, child-rearing practices stressing normalcy and health, the recrudescence of neurotic childhood fears in frustrating or anxiety-provoking situations, and prejudice by invitation (that being discrimination-provoking behavior by the person with the disabling condition). Education of children with handicaps has been fraught with segregation and isolation, often accompanied by cruel and inhumane treatment because of individual differences (Blatt, Biklen, & Bogdan, 1977; Gearheart & Litton, 1975).

Attitudes toward persons with disabilities have influenced the treatment they receive as individuals. According to Gellman (1959) social living has provided pre-established social roles and expectations regarding the role of disability. Cues, which have been learned in childhood, guide in distinguishing and discriminating various types of handicaps according to socially accepted norms. From these distinguishing characteristics, society has developed social roles, language, and a customary attitude toward individuals with disabilities.

During the era of superstition, extermination was common treatment for persons who were labeled retarded,

blind, epileptic or different. These persons were not considered worthy of humane treatment due to the commonly held belief that they lacked human feeling (Galloway, 1980). From before the time of Christ, the Laws of Lycurgus reported the existence of non-human forms and called for the deliberate abandonment of idiots and fools (Gearheart & Litton, 1975).

The Middle Ages brought a change in the treatment of persons with handicaps. No longer were these individuals exterminated. Kolstoe and Frey (cited in Gearheart & Litton, 1975) reported that during this time persons with handicaps were used for amusement. Royalty kept persons with handicaps as objects of play and display. Persons with handicapping conditions were ridiculed and used as court jesters. During the same period, some movement toward the care of persons with handicaps occurred (Whitney, cited in Gearheart & Litton, 1975). Knott (cited in Gearheart & Litton, 1975) reported that during the 13th Century, the Catholic churches in Europe began to provide asylum for persons with distinct differences. These asylums were designed neither for education nor treatment. Rather, they were intended to provide a sanctuary and separation from society for these special children of God. Conversely, the Protestant Reformation held beliefs that persons with handicaps were possessed

by demons. Members of these churches punished, tormented and tortured persons with disabilities in an attempt to exorcise the evil spirits (Gearheart & Litton, 1975).

Attitudes toward and treatment of persons with handicaps changed following the works of several 19th Century individuals who were dedicated to improving conditions for individuals with disabling conditions. These works included: Pinel's treatment of the mentally ill; Periere's scientific method of instruction for deaf-mutes; Braille's contribution to the education of persons with visual impairments; and Itard's individualized education approach to treating mental retardation in the Wildboy of Aveyron.

The late 1830's brought the development of the first medical and educational residential facility designed to treat persons suffering from Cretinism, a thyroid condition resulting in deformity and idiocy. The institution, named Abendberg, was advertised as being therapeutic because it provided beautiful, serene surroundings; pure mountain air; physical care of the body; various medical treatments; and a good diet. Between 1830 and 1850, Abendberg became recognized internationally and inspired the development of other facilities.

By the late 1850's, Abendberg was closed amid

charges of questionable practices and poor record keeping. Society also realized that there was no cure for persons with Cretinism. Regardless of its shortcomings and closing, Abendberg created impetus for society's whole-hearted acceptance of the idea of institutionalization of persons with handicaps.

Galloway (1980) reported the first major state institutions for persons with mental retardation in the United States developed around 1850. They were intended to provide compensatory training for a limited time, then return these individuals to the community-at-large with at least minimal ability to be self-sufficient. Residential schools were used to accomplish this goal. Despite the honorable intention of these proposed schools, they became no more than warehousing facilities by 1870, in which persons with disabilities were merely sheltered from society. Social policy during the late 19th and early 20th Centuries reinforced attitudes of protecting society from those persons with disabilities. Between 1925 and 1950, conditions in institutions continued to deteriorate while the number of persons confined within their walls continued to multiply. As Galloway (1980) so adeptly remarked:

Each of the three historical eras we've touched on

so far had a logic behind it: The institution as a small, local, transitional boarding school to prepare youngsters for self-sufficiency in the community; the institution as a charitable refuge from the unbearable stress and persecution of a society-at-large; and the institution as a place to confine a menace that threatened the moral and genetic integrity of the general, untainted population (p. 8).

The characteristics and logic of each of these eras can easily be recognized; however, each era eventually failed.

Galloway (1980) noted that the large institutions continued to linger in existence. This was in large part due to the momentum of tradition they had gained and the economic dependency which had developed in communities surrounding them. Gellman (1959) observed that a mixture of attitudes resulted in a marked ambivalence toward persons with disabilities. In addition, there was the lack of a power group to direct services away from institutional care (Galloway, 1980).

The era of public school classes for persons with mental retardation were first established during the mid- to late 1800's. Baumeister and Butterfield (cited in Gearheart & Litton, 1975) reported that special

classes were designed in Germany to help students with mental retardation to catch up and return to regular classes.

Gaining impetus from the Civil Rights movement in America during the 1950's and 1960's, the federal government became integrally involved in supporting and upholding the rights of persons with handicapping conditions. Brown v. Board of Education of Topeka (1954) was a key case which opened the door for all children to receive a free, appropriate public education. P.L. 83-531 (1954) and P.L. 88-164 (1963) provided money for research related to the education of children with mental retardation. P.L. 85-926 (1958) provided grant monies to train teachers in the field of special education.

Increased strength and support for the integration movement came during the 1970's. This was the era of normalization, child advocacy, and litigation.

Normalization

The principle of normalization came into existence in the late 1950's. In 1980, Wolfensberger, founder and developer of the principle of normalization, redefined it to mean: "utilization of means which are as culturally normative as possible, in order to establish, enable, or support behaviors, appearances and interpretations

which are as culturally normative as possible" (p. 80). He stressed that in applying the principle of normalization programs should strive to avoid dehumanization, age-inappropriateness and isolation of people in segregated programs.

O'Brien (1980) noted that normalization is a set of idealistic standards needing to be applied when designing and delivering services to meet a person's needs. Those services which have appropriately applied the principle of normalization are likely to result in increased competence and social participation for the individual with a disability and increased social acceptance for persons with disabilities as a whole.

Wolfensberger (1980) described seven themes of normalization. The first deals with the role and importance of unconscious routines. According to Wolfensberger, unconscious dynamics largely control or influence persons' routine acts. Just so, service delivery systems such as schools are influenced by unconscious routines. For instance, many schools and persons act in certain ways because they have always been done in just those ways.

The second theme of the normalization principle deals with the importance of role expectation and role casting. Social roles imposed by others are among

the most powerful social influences and control methods known to mankind.

Wolfensberger's third theme of normalization deals with the "conservatism corollary" and the implications of positive compensation. According to the conservatism corollary, the greater the number, severity and/or variety of handicaps or deviancies of an individual or the larger the number of persons with ability needs within a group, the greater the impact of positive compensation. Positive compensation occurs when one or more of the following things take place: (a) One or more stigma per person are reduced, (b) the number of people in the group are reduced, and/or (c) the stigma of the disability is balanced by other positive factors, images or abilities.

The fourth component of the principle of normalization is belief in the developmental model and the enhancement of personal competency. That is, adhering to the belief that all persons grow and change over time following the same basic pattern of development, but at varying rates. The enhancement of personal competency is exhibited when one views positive abilities and images of persons with handicaps. That is one should look for the good in others.

The fifth factor Wolfensberger (1980) emphasized

was the power of imitation. This power is apparent when one considers that the majority of children learn to walk, talk and behave by imitating others. Integrated settings would provide greater opportunity for individuals with handicapping conditions to imitate positive social behaviors of non-handicapped peers.

The sixth component of the principle of normalization deals with the dynamics and relevance of social imagery. Social imagery is reflected by the where, or location, of a particular service (e.g. school program), the what, or label, of the service (e.g. ED room), and the age-appropriateness of the program.

The final theme of the normalization principle deals with the importance of social integration and of being valued social participants. Education programs in which students with learning problems are successfully integrated are those in which each student is recognized as having individual value to contribute to the attainment of positive educational goals.

Educational Integration

As mentioned earlier in this paper, litigation provided impetus to the movement toward full integration in the 1970's. In a class action suit, Pennsylvania Association for Retarded Children (PARC) v. Commonwealth of Pennsylvania (1972), the federal district court judge

held that persons with mental retardation are capable of benefitting from education.

The Education for All Handicapped Children Act mandated that states assure:

That to the maximum extent appropriate, handicapped children . . . are to be educated with children who are not handicapped, and that special classes, separate schooling or other removal of handicapped children from the regular educational environment occur only when the nature or severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily (Section 300.550).

Contrary to the letter of the law, many states, including Wisconsin, continue to provide separate classes or separate schools for children with handicaps.

According to Skrtic (1987), there have been a number of educational researchers and professionals who have begun to call for full access to educational programs for all students (Gartner & Lipsky, 1987; Reynolds, Wang & Walberg, 1987; Stainback & Stainback, 1984, 1985; Will, 1986a,b). These individuals have questioned commonly accepted practices and proposed other viable alternatives for children with learning problems which are more integrated than those practices

and alternative forms of education currently being utilized.

Will (1986a) has identified numerous obstacles which have hindered the attempt to provide effective educational services for students with learning problems. She urged caution in interpreting the term "obstacles." The term has been used to convey the idea that the creation of separate special programs has produced unintended effects, some of which have hampered the effectiveness of the teaching and learning process.

Will (1986a) reported the following obstacles:

(a) A fragmented approach allowing misclassification of some students and eligibility criteria preventing services for some other students in need of special services, (b) a dual system with separate administrative arrangements which contribute to lack of coordination, and raise questions about leadership, lines of responsibility and accountability within the schools, (c) an increase in negative attitudes toward students with learning problems when those students are segregated from their non-handicapped peers and labels are attached to them, and (d) adversarial encounters which hinder formation of potentially powerful partnerships between parents and schools in developing positive level programming for students with educational ability needs. These

obstacles have contributed to ineffective, inappropriate educational programs for students with learning problems.

Special and general educators have been challenged to exchange knowledge, form a partnership between the two programs, and to blend intrinsic strengths of both systems (Will, 1986a). Schiffman (1987) added that the blending of intrinsic strengths of both systems would be made perfect "by creating extended entitlements, not by eliminating, eroding or fuzzing those that exist" (p. 542). That is, both the special and general education systems should jointly advocate protection of equal student rights for individuals with handicaps within the mainstream of regular education.

Will (1986a) suggested solutions to the problems would include: (a) Increasing instructional time for students with learning problems, (b) creating support systems for teachers, (c) empowering principals with full control of all programs and resources at the building level, and (d) implementing new instructional approaches for students with learning problems in general education classrooms. Also proposed were the use of pilot programs which would employ systematic and rigorous evaluation methods. In her concluding remarks, Will stressed that "in no case should existing protections be diminished, nor should the rights of individual children be denied" (p.19).

Current special education practice has incorporated a medical view of disability as being within the individual and two separate categories of people, handicapped and non-handicapped, have been formulated (Gartner & Lipsky, 1987). This practice has encouraged the use of categories as rational distinctions. These attitudes have provided rationale for the arbitrary division of students with learning problems into separate programs. Separate programs have produced a system which is both segregated and second class.

The authors further stated that the needs of students with handicapping conditions have led some parents, and professionals as well, to accept the notion of separate education. They argued that the current system has proven inadequate because it is not integrated. We must learn from our mistakes and attempt to create a new type of unitary system which promotes quality education for all students.

Wang, Reynolds and Walberg (1985) pointed out that current systems for classifying students with handicaps have in many cases been shown to be educationally ineffective and that they burden schools with excessive administrative, teaching and financial costs. Federal and state regulations occasionally impose unnecessary uniformity on local school staff, hinder

their initiative to serve students well and divert financial resources and staff energies away from the provision of direct educational services. As a result, highly productive teaching techniques, such as mastery learning, adaptive education and school-based home enrichment which could enable students with learning problems to remain in general education classes, may not be utilized to their fullest potential.

Hiebert (1987) also contended that inadequacies exist in the current classification system. He stressed the need to revamp evaluation processes and to utilize more curriculum-based and community-based assessment techniques.

Wang et al. (1985) contended that categorical programs in special education often overlap with Chapter I (compensatory education for disadvantaged youth), migrant programs and bilingual programs.

Since categorical programs are often "expected to accomplish what is not done in general education," these authors propose to "break through the narrowness, disjointedness, and wastefulness of narrowly framed programs to provide an effective education for all students. This objective will entail the expansion of productive programs and practices, experimental waivers of existing rules

and regulations for some school districts, and greater autonomy of professionals and parents to make decisions for students at the local level. Within this framework, special educators would concentrate on students who need the most extensive and intensive help" (Council for Exceptional Children, Teacher Education Division, 1986, p. 4-5).

Wang et al. (1985) have proposed a two part initiative. The first part would involve joining demonstrably effective instructional practices from special, compensatory and general education to establish a general education system that is more inclusive and more effectively serves all students, especially those with exceptional learning needs. The second part of the initiative would petition the federal government to support/authorize a number of state and local school districts to initiate experimental trials of integrated forms of education while maintaining accountability to parents, students and the public at large. In exchange, the federal government would be asked to guarantee no categorical funding losses for the local education agencies during the time-limited experimentation period. In putting into practice this initiative, Wang et al. (1985) contend that educational services for students with special learning needs as well as for students with general

learning needs would be more integrated.

As mentioned by Gartner and Lipsky (1987) and Will (1986a), attitudes toward students with learning problems must change. Every person involved in the educational network of these students must support and nurture their educational growth. Students with learning problems are an integral part of the school and community and need to be recognized.

Fuhrmann (1988) proposed that persons with disabilities should be viewed as persons with what he calls "need abilities." He stressed the need to recognize each person as having the ability to contribute to society, as well as each having demonstrable needs.

Edmonds (1979) stated "how we feel" is most often a function of our attitudes and perceptions about students with learning problems. It is not whether we profess concern for them, but rather, the extent to which we believe that they matter, that they are able to succeed, and that they have entitlements. Basically, that is, they are one with us.

The People First conferences which have been held annually since the early 1970's emphasize that persons with mental impairments are people who are capable of experiencing feelings and emotions that persons without handicaps experience. (These conferences are

sponsored and organized by persons with mental impairments and demonstrate their personal determination to be active and responsible self-advocates.)

Supporting Integration within a Non-restrictive Environment

During the last two decades, a number of agencies and parent organizations have voiced support for full integration opportunities for children with learning problems. These groups include: Association for Children with Learning Disabilities, Association for Persons with Severe Handicaps, Association for Retarded Citizens, Alliance for the Mentally Ill, and Wisconsin Council for the Developmentally Disabled.

A number of these supportive resources, as well as community service agencies met in September, 1987 for the National Community Integration Forum in Madison, Wisconsin. These groups gathered to share thoughts and practices in an effort to promote the idea of a non-restrictive environment. In addressing the forum, Bersani (1987) stressed the differences between the currently valued least restrictive environment and the proposed non-restrictive environment. The non-restrictive environment is meant to go beyond the least restrictive environment view in that it is not limited to the idea of a continuum of service, rather, it is directed toward the individual needs of each person.

Within the educational environment, this opens the arena for more individualized education options for students with learning problems. It means that no longer will an array of service options be constant (e.g. LD room, ED room, EMH room). Rather, services will conform to the changing needs of individual students. It is important to note that those needs are not necessarily constant.

The goal of integration knows no bounds. It pervades all of our lives, in every area of life, not just in the educational system. In speaking to the 1987 National Community Integration Forum, Bersani also emphasized the need for value-run service systems. He noted that we are dealing with people's lives, not emotionless commodities. He stressed the need to talk about the values we place upon people.

In proposing integrated settings for students with learning problems, one value stands out in the opinion of numerous professionals and agencies. That is, all people thrive when they are viewed and treated by others as developing human beings with valued roles to play within the mainstream of community life (Wisconsin Council on Developmental Disabilities, 1987).

CHAPTER 3

Integrative Principles, Practices and Programs

Even students with the most severe physical and mental ability needs are attending special classes in regular public schools at an increasing number across the nation (Will, 1986b). Some schools have closed segregated programs for students with severe and profound handicaps to provide educational programs in general education settings in students' local schools.

In this chapter, principles and practices which facilitate integration will be presented. These principles, when adopted, should become the foundation of a philosophy which supports full access to educational opportunities for all children, especially those children with exceptional learning needs. The implementation of the practices described will demonstrate adherence to such a philosophy. Also presented are examples of programs in which integration has successfully been implemented.

Principles and Practices which Facilitate Integration

According to Berres and Knoblock (1987), Biklen (1985) and Taylor (1982), schools which have successfully integrated children with and without handicaps share a common core of principles. These include:

1. Special education is a part of the school's total instructional program, not an add-on.

2. All students should be in classes and schools with their same-age peers.
3. Integration of students with handicaps should follow naturally occurring proportions of the population with handicaps to those without handicaps.
4. The number of students with handicaps should be geographically distributed within the school district.
5. The normal pattern of the school day and school year should be followed by students with learning problems.
6. Ongoing staff training and inservices should occur for all school personnel, including instructional and support staff.
7. Strong leadership from the building principal and school district administration should be intact.
8. Special jargon, overt labels, loud voices or other language use that tend to segregate, isolate, or identify students with ability needs as different should be avoided.
9. Educational programs for students with learning problems should provide modified curricula or functional naturalized curricula which are sequential and integrated into the long-term educational goals of the school.
10. Related services such as speech and language, and occupational therapy and physical therapy, should be provided within the general education classroom and

be integrated into the general instructional program.

11. Staff with special training in working with students having exceptional learning needs should be recognized as and integral part of the total staff.

The Center for Developmental Disabilities conducted a research study throughout the state of Vermont and presented a list of nine best educational practices which facilitate unconditional mainstreaming or full integration of students with learning problems (Thousand, 1987). The practices listed were:

1. Age-appropriate public school placement should occur for all children. All students should be educated within their neighborhood school with children their own age.

2. Social interaction should be provided for all children. All students should have equal opportunity to interact with community members and other children their own age.

3. Delivery of services should be integrated. Students needing related services such as OT, PT, speech and language or recreation therapy should receive these services in their home, school and community settings. Service providers should consult with teachers, parents and significant others in an effort to enable a greater number of individuals to provide special services.

4. Curricular expectations should be established. Curriculum skills should be sequenced so they lead to competent adult functioning in the areas of communication, community living, work and recreation.

5. Community-based training opportunities should exist. Students should be provided opportunities to learn and practice skills in those places where they will ultimately be expected to use them.

6. Transition planning should occur for all students well in advance of anticipated moves. This would include from preschool or home programs to kindergarten, from segregated class to general class placement or from high school to the world of work or post-graduate study.

7. A home-school partnership should be fostered and established. Parents should be provided ongoing opportunity to participate in planning their child's educational program. Their input should be valued and encouraged. Regular home-school communication should be developed and maintained.

8. Educational decisions should be based on systematically obtained data.

9. A systematic program evaluation should be completed regularly. Evaluation content should focus on the impact of the educational program on the student, his or her family and the community. Results of the

evaluation should guide in selecting appropriate directions for the student's individual educational program.

Integrative Programs

Examples of programs in which integration has successfully been implemented follow. Features which distinguish their effective implementation will be noted. The programs reviewed include: (a) Vermont's Homecoming Model, (b) Madison Metropolitan School District, (c) Albuquerque Public Schools, (d) Philadelphia's Urban Model Project, (e) Project Merge, (f) Louisville Schools, (g) Integrated Classroom Model, and (h) Washington Elementary School Program.

Vermont's Homecoming Model. The Homecoming Project (Thousand, Fox, Reid, Godek & Williams, 1986) was written to present a guide for establishing shared responsibility among teachers, administrators and parents for the education of students who present intensive educational challenges within the regular education environment. These students include mildly, moderately and severely retarded, multi-handicapped, deaf, blind, autistic-like, behavior disordered or emotionally disturbed children. From 1982 to 1986, the Center for Developmental Disabilities along with administration and instructional staff of 26 Vermont schools developed, field-tested and evaluated a model designed to bring "home" students from regional

special education programs and prevent any others from ever being placed in them.

The model included plans for accommodating the transition of students from early childhood exceptional education programs (EC/EEN) to local kindergarten classes upon reaching school age. Seventy-seven students ranging from 5 to 17 years of age were served by the project. Fifty-eight of those students made transitions from regional special education programs to general education classes in neighborhood schools. The other 19 students were at risk of being placed into pull-out programs. Table 1 presents characteristics of the 58 students who made transitions to local school regular classrooms. It should be noted that 45% of the total number of students who made transitions from regional programs to general class placements in neighborhood schools were students with moderate or severe handicaps.

The model was based upon the concept of "shared ownership" among special and general educators for providing educational services for challenging students. It proposed utilizing a building-based planning and consultative approach to delivering special education services to students with exceptional educational needs.

The goal of the building-based planning teams is to develop and support implementation of plans which

Table 1

Students Who Made Transitions to Regular ClassroomPlacements (n = 58)

45% made transition from early childhood special
education programs

55% made transition from school-age regional special
class programs

55% were mildly handicapped

45% were moderately or severely handicapped

76% were aged 5 to 11 (elementary school)

16% were aged 12 to 14 (junior high school)

8% were aged 15 to 22 (high school)

16% were part-time placements (one or two days per week)

84% were full-time placements in the local school

100% currently remain in their local school

enable hard-to-teach students to be educated within
regular education environments. The functions of the
planning team are two-fold: (a) To develop educational
plans which assist challenging students to make successful
transitions to general education settings and (b) to
provide support for local school staff to facilitate
its ability to maintain these students in the general
education settings. The planning team identifies and

allocates local resources, both human and material. It is responsible for developing curricular modifications and physical accommodations within the general education classrooms, and identifies and arranges inservice training, technical assistance and follow-up for local school personnel.

The second component of the program is the implementation of a consultation model by an Educational Specialist (ES) with extensive background and experience in developing integrated programs. It is the responsibility of the ES to provide inservice training, consultation and technical assistance to the local planning team and other school staff.

Six factors are considered essential to fully implement a program similar to the Homecoming model. They are: (a) Administrative commitment, (b) instructional staff commitment, (c) a practical method for accessing expertise of instructional staff, (d) a collaborative planning process, (e) an established procedure for developing transition and maintenance plans for students with ability needs, and (f) access to consultative support for local planning teams.

The first step in implementing the Homecoming model within a district is to determine the level of administrative commitment to the principle of educating

all students, even those with ability needs, within general education environments in local schools. Thousand et al. (1986) recommended the following steps be taken to gain administrative support: (a) Conduct a district cost-analysis of current expenses for educating students outside of the district, including special transportation, tuition and loss of P.L. 94-142 and P.L. 89-313 funds which may follow the students; (b) involve the State Education Agency consultant in promoting least restrictive environment principles, as this individual may be able to identify additional incentives and benefits to districts for implementing integrated services; (c) review current policies and procedures to determine if they present barriers to implementation; and (d) assign every school-age child within the district to a local general education classroom roster based upon his or her chronological age.

Administrative commitment is more than just a token statement of the "zero reject" philosophy from a district's central office. It is the dedication of the school board, superintendent, special education administrator and the building principal demonstrated in actions taken which encourage integrated settings for all students. These actions communicate the administration's strong belief in the notion of local

school ownership and responsibility for the education of students with intense educational needs within district schools, its willingness to support teachers' efforts to educate all children by responding to identified training and resource needs and its appreciation for teachers' efforts.

With regard to instructional staff commitment, Thousand et al. (1986) noted "not everyone will have the same level of commitment, but everyone will need to agree to support the implementation of the model within their school" (p.24). The support of the instructional staff is critical to the decision to implement the Homecoming model. Support may need to be promoted and sought during general district school staff meetings. These meetings should emphasize the responsibility for educating all students.

The third essential factor which Thousand et al. (1986) addressed was the development of a practical method for accessing local expertise. According to these authors, "local schools have within them a natural and oftentimes untapped pool of 'experts'" (p. 25). It is critical that districts learn to tap into in-house expertise. A key to successfully meeting the educational needs of all students is the development of a collaborative relationship among the school staff

so that expertise can be shared. The local planning team is the hub which fosters a collaborative, cooperative relationship among the instructional staff.

The fourth factor, a collaborative planning process is essential because of the diverse membership of the planning teams. Thousand et al. (1986) stated "the 'best' decision regarding a student demands cooperation and the contribution of each and every member" (p. 25).

Planning teams which have implemented the Homecoming model have generated and utilized a 15 step planning process designed to successfully transition and maintain students with intense educational needs in general education environments. The process includes the following:

1. Identify team membership for each individual student. The team membership should be unique to the individual.

2. Identify the student's educational strengths and needs.

3. Identify existing resources available to the student's program.

4. Describe the student's current educational program including current activities, settings, materials and teaching strategies.

5. Identify potential next placements.

6. Describe potential next placements.

7. Analyze the specific activities, settings, teaching styles and materials available in all potential next grade placements and for the student's current placement.

8. Develop a best match between the student's skill level, educational needs and available next placements.

9. Develop a schedule of activities with materials, needed adaptations and resources identified for the current or next year's placement.

10. Develop specific transition activities, if needed.

11. Provide for additional resources to the student's program, if necessary.

12. Provide for technical assistance to the student's program, if needed.

13. Provide for training of school staff, if needed.

14. Provide for continued parental involvement in the student's educational program planning and implementation.

15. Monitor the student's progress and make needed adaptations to the plan.

As previously mentioned, the successful implementation of the Homecoming model depends upon access to consultative support for the local planning team. The ES must be able to work with the planning team as a cooperative

member, not an outside expert, as all planning team members are experts in their own right.

The Homecoming model was adopted by four supervisory unions in Vermont. A supervisory union is an administrative unit of several small, independent school districts, similar to Wisconsin's Cooperative Education Service Agencies (CESA). Each of these supervisory unions has developed a unique service delivery model of education for students presenting intense challenges. The models have unique features which are reflective of the resources available within local schools and the needs of individual students. Common to all of the existing programs are:

(a) The development of local planning teams, (b) the development of the ES position, and (c) new policies and procedures describing the delivery of ES services.

The four models established have also demonstrated some unique features. These distinguishing features include such things as a peer tutoring system, the assignment of students to regular class homerooms while maintaining eligibility for some special class placement, the provision of direct instruction by the ES, explicit plans to assist students in EC/EEN programs to make successful transitions into local kindergarten classes, and utilizing the ES as a mainstream consultant whose expertise is called upon only by referral.

Thousand et al. (1986) indicated various potential benefits of the Homecoming model. They suggested that students presenting intense educational challenges will benefit from the collaborative planning efforts of parents, educators and administrators, as well as through increased opportunities for integrated educational and social interactions in general education environments.

Teachers having participated in the implementation of the Homecoming model program reported: (a) They have more say in the development of local educational programs; (b) they feel more comfortable asking for and receiving the material, technical and emotional support from colleagues to educate more challenging students; and (c) the expertise of all educators in the building is more readily discovered and used.

Parents reported enhanced levels of participation in local school activities and in the planning of their children's educational programs. Finally, administrators reported more efficient use of resources, savings to the district through the reduction of duplicated services and the increase of understanding and support among administrators, educators, related service personnel and families of one another's roles and needs.

The authors identified several obstacles related to the development of the Homecoming model. These

included: (a) lack of money, (b) planning teams' lack of authority and lack of meeting time, and (c) lack of commitment to a common goal which had been cooperatively planned.

Issues related to model implementation identified by Thousand et al. (1986) included such things as eligibility criteria, referral processes, parental roles, case management and use of instructional aides. Other concerns involved educating the community, preparing school staff and non-handicapped students for integration. Finally, concerns about teacher-student ratios were mentioned. The authors did not offer solutions to these issues. Rather, they suggested the answers and solutions would be generated by individual planning teams and would be as unique as the characteristics and needs of their schools.

Madison Metropolitan School District. The Madison Metropolitan School District (MMSD), in the mid 1970's, developed program alternatives for implementing the zero reject philosophy of the EHA for students with severe ability needs. The program proposed that students with severe needs should be placed in self-contained classes in regular schools. According to Brown, Nietupski, and Hamre-Nietupski (1976), students with severe learning needs should not be locked up in

dehumanizing institutions, hidden in homes, rejected from public schools or sheltered from society. "They have a right to be visible, functioning citizens integrated into the everyday life of complex public communities" (p. 2).

Brown et al. (1976) went on to report that for years the system has upheld the idea of homogeneity within educational corridors. In effect, this belief has prevented many students with and without handicaps from acquiring the skills, values and attitudes necessary to function in "heterogeneous, multifaceted and interpersonally complex environments" (p. 2). The authors, however, pointed out that homogeneous groupings can be beneficial in selected settings and for selected purposes. The point made is that a reasonable balance should exist between homogeneous and heterogeneous groupings.

The MMSD program proponents held that there exist degrees of instructional inference. For example, students with fewer ability needs are more able to infer or transfer skills learned to similar or related tasks. Those students whose needs are greater are less able to do so. In other words, students whose ability needs are great require a more functional approach to instruction, one which is practical and uses skills in natural environments.

For students with severe ability needs, this meant adopting a philosophy of zero degree inference.

Brown et al. (1976) described three major reasons why curricula for students with severe ability needs should be naturalized. First, generalization is lacking when artificial materials and settings are used. Second, the actions or responses required by many artificial tasks and materials are often not crucial actions or responses which are required in more functional environments. Third, the purpose of education is to train individuals for life in complex, heterogeneous communities. Since generalization of skills is assumed to have zero degree inference, training needs to take place in functional environments.

Several characteristics basic to the education of students with severe ability needs were noted by Brown et al. (1976). These include: (a) providing early educational intervention, (b) teaching to criterion, (c) teaching to heterogeneity, (d) coordinating comprehensive services, and (e) providing longitudinal services.

Early intervention and teaching to criterion are essentials because of the intense service needs of individuals with severe ability needs. Erickson (1988) stressed the need to prepare persons with severe and profound ability needs to function within heterogeneous

communities as quickly and successfully as possible. Nelson (1987) as well as Erickson (1988) emphasized the importance of teaching critical skills to individuals with severe ability needs without wasting valuable time teaching unrealistic or impractical skills. Due to the severity and complexity of the same students' ability needs, it will be essential to coordinate a comprehensive system of services and provide them from a longitudinal perspective.

The MMSD program strengths were based upon:

(a) a school board which adopted a philosophical goal of providing one instructional program which provided appropriate options to all students, (b) a firm leadership role assumed by the superintendent regarding integrated practices, and (c) a dedicated staff which was willing to implement change. McCarthy and Shoultz, cited in Berres and Knoblock (1987), observed that while a supportive principal did not ensure program success, a non-supportive one almost assured failure.

A number of specific considerations are needed to facilitate unconditional mainstreaming of students with severe ability needs (Loomis, cited in Berres & Knoblock, 1987). The 13 considerations cited by Loomis are:

1. Students should be in age-appropriate classrooms in accessible schools.

2. Students should be in instructional programs matched to their pace and learning style.

3. The number of students with severe ability needs should be matched to the natural occurrence of persons with similar needs in the community.

4. Therapy services should be an integral part of the general instructional program.

5. Classrooms should be assigned to various locations of the building with the same considerations which apply to areas assigned to students without severe ability needs, in order to reduce the possibility of developing a ghetto effect.

6. Schedules should encourage integration of all students in instructional and extracurricular activities.

7. Adaptive provisions must be allocated to integrated classrooms, such as provisions for team teaching and instructional supplies.

8. Heterogeneous groupings should systematically be sought and provided.

9. Opportunities for all students to interact should be promoted and provided.

10. Student, parent and staff orientation should be regularly scheduled.

11. Transition staffings are considered critical when students have major life changes, such as progressing

from one school to another or in instances of family crisis.

12. Adequate paraprofessional resources are considered critical, including the use of volunteers.

13. Staff with expertise in working with students possessing learning problems should be recognized as integral members of the total instructional staff.

An external evaluation of the MMSD programs for children with severe ability needs was conducted by Taylor (1982). The results of Taylor's research demonstrated that MMSD had implemented a variety of innovative strategies which assisted children with severe ability needs to live and participate in general community life. The strategies Taylor identified were: (a) integration of children with severe needs into regular schools, (b) functional community-referenced curriculum, (c) integrated vocational placements for secondary students, (d) program support for instructional and other staff, (e) education of institutionalized children in local public schools, and (f) administrative leadership and support for integrated services.

Albuquerque Public Schools. Thomason and Arkell (1980) reported a side by side model of integration initiated by the Albuquerque Public Schools (APS). This approach was used to integrate students with severe

and profound needs into their schools. The side by side approach utilized clusters of students with handicaps dispersed throughout district schools. Approximately 25% of the total school population was involved in the project.

The model featured integrated experiences including reverse mainstreaming of general education students into special education classrooms, on site special education administration, comprehensive medical support, accessibility, transportation, staff and community inservice and technical assistance. Pressure for the initial implementation of the side by side model came from parents who desired to educate their children with severe learning needs closer to home, rather than in segregated settings.

The initial program was discontinued after the first year due to heavy demands on the principal's time, lack of integrated activities and insufficient support for the special class instructor. The parents and the district, however, remained committed to the idea of integration and agreed to try again with a different approach. In the fall of 1973, McCollum Elementary School was opened, serving nearly 40 students with exceptional ability needs in seven classrooms located in one wing of the school. Interaction with general education

students was somewhat limited; however, opportunities to interact with students having fewer ability needs did occur in the lunchroom, on the playground and at assemblies.

Integrated activities developed gradually, usually on a student-by-student basis, arranged by the special educator approaching a general educator with a proposal to integrate a particular student. During the next three years, integration of students took place in several ways. Some of the special classes traded rooms with general classes which resulted in side by side classes in other parts of the building. Classroom integration continued to increase as more general education students were mainstreamed into the special classes for part of each school day.

As students approached middle school age, parents again began petitioning APS to continue providing an integrated setting for their children. The district selected a school site and prepared staff, parents, students and the community for implementation of a side by side program of integration at the middle school. The middle school program began in 1976. Staff were allowed the choice of working in the side by side approach or transferring to a different school.

By 1978, parents requested an age-appropriate

side by side high school program. By this time, one elementary school was operating as an integrated setting without the side by side model, but a negative impact on the regular program existed. Also, both side by side programs were overcrowded. After discussions with parents and examination of the district needs, the APS Board of Education decided to expand the program of side by side education to three additional schools, one elementary, one middle and one high school. This model eventually was expanded to meet the needs of students with a variety of exceptional educational needs (e.g. severe communication disorders and physical impairments).

Elements considered optimal for successful implementation of the side by side model follow. The Albuquerque Public Schools suggested that 20% to 26% of the total student population having special ability needs would provide optimal opportunity for integration and would support the assignment of ancillary personnel to each side by side site. On site location was considered important because ancillary services in many cases were an integral part of individual educational programs for the students in the side by side program. Additionally, staff travel time was eliminated, allowing for more direct service time to students and teachers, and collaboration and cooperation

were developed from an in-house team approach. The recommended percentage of students in the program allowed visibility and integration without overloading the resources of the general education environment.

The APS side by side model programs incorporated the use of systematic instruction as the basis for program development. The programs were recognized for adhering to the assumption that a systems approach was necessary to provide a complete educational program for students with severe and profound ability needs. Systematic instruction may teach students skills but will not change community attitudes. The district recognized this fact and implemented a public education plan to prepare parents of general education students, the student body, teachers and administrative staff and community groups for integrating students with severe ability needs in the local schools.

Thomason and Arkell (1980) stated the APS special educators reported the need to serve as societal change agents. The special education services staff encouraged a series of social and psychological changes within the school environment including attitude change, availability of generic services and vocational opportunities for students with severe ability needs. Interactions were systematically planned on a case

by case basis. All students were integrated into lunch hours, recess, hall passing times and school assemblies. Further integration was based upon individual student data and the readiness of the general classroom. The special educator's assignment was to prepare all students and staff involved before the integration took place. Often a buddy system was established between a general education student and the student to be integrated.

Each side by side program was assigned a special services administrator to serve as an assistant principal or curriculum assistant. This administrator's responsibilities included: (a) working with all instructional staff and students, (b) providing technical assistance to teachers and parents, (c) attending IEP meetings and daily educational team meetings, and (d) meeting with parents.

In addition to the full time educational staff, full time nursing services were available to each program based upon individual needs. This service also proved to be an effective means of providing ongoing medical consultation.

Schools implementing the side by side model received increased custodial services. The addition of bathroom facilities such as accessible stools, basins, changing tables and showers was necessary in most cases. Some

programs also added a washer and dryer in the bathroom.

An integrated therapy approach was used to implement the side by side model in APS. Functional assessments were completed for each student requiring the approach. Intervention strategies were collaboratively developed and implemented in the naturally occurring environments by the staff involved.

All transportation personnel received advance inservice and emergency medical training. Door to door bus service was provided.

In summary, the factors which motivated the development of the APS side by side model were: (a) parental pressure and support; (b) district-wide commitment; (c) allocation of necessary staff and resources to make it work; and (d) ability to utilize reverse mainstreaming techniques to open the door for fuller integration opportunities for all students, especially those students with severe ability needs. It was a combination of these factors which contributed to the APS side by side model's success.

Philadelphia's Urban Model Project. McGregor, Janssen, Larsen and Tillery (1986) reported that the School District of Philadelphia responded to parental pressure to provide age-appropriate educational experiences for students with severe ability needs in regular classrooms.

As a result of Fialkowski v. Shapp 405 F. Supp. 946 (E.D. PA, 1975), the district was forced to reexamine its educational provisions for such students and to set in motion a system-wide reorganization.

In 1982, the School District of Philadelphia agreed to place 533 students with severe ability needs into age-appropriate classrooms within regular elementary, junior high and senior high settings. The goal was to have these students appropriately placed by 1984.

As part of the settlement agreement (PARC, 1982), a formal plan, known as the Urban Model Project (UMP), was developed to provide for a quality educational service system for severely handicapped children, and received federal funding. The plan incorporated currently accepted best practices, while it held the district responsible for developing a service system which would: (a) Focus on developing functional skills and behaviors; (b) utilize the least restrictive environment while treating students with severe ability needs in the least restrictive manner possible; (c) provide age-appropriate educational opportunities in age-appropriate settings; (d) provide individualized programs; (e) base educational decisions on valid and reliable data; (f) incorporate currently accepted best instructional practices into ongoing programs;

(g) foster and facilitate active parent participation;
(h) use an integrated transdisciplinary approach in delivering student services; and (i) provide for continued inservice training of administrative, supervisory, instructional and related service staff. Success of the model would demonstrate that effective age-appropriate, relevant educational experiences for students with severe ability needs could be provided in a large urban district.

At the time of the PARC (1982) agreement, the Philadelphia School District had an enrollment of approximately 200,000 students in 281 schools. The district was subdivided into seven subdistricts. While the subdistricts varied in demographics, they were comparable in size, number of students, schools and staffing patterns. Each subdistrict had its own administrative personnel which included a subdistrict superintendent, director of special education and other supervisory staff who oversee school-based operations. Additional support was available from centrally administered departments created to serve various content areas (e.g. the Division of Special Education).

The UMP activities were implemented in two phases. Staff members worked in all classes for students with severe ability needs in 3 of the 7 subdistricts during

Phase I (1982 - 1983). Students with severe needs in all seven subdistrict high school classes were also included in Phase I since the district recognized these students as having the least amount of time remaining to benefit from the proposed changes. Phase II (1983 - 1984) extended the model to students with severe needs within the remaining four subdistricts.

There were five program components associated with UMP. These were: (a) inservice training, (b) curriculum, (c) data collection, (d) integration, and (e) parent participation. A massive training effort was established as the first program component. The diversity of staff expertise necessitated a broad-based training effort which utilized a number of information dissemination mechanisms. Among these were group training sessions, written materials which were periodically distributed, a lending library and in-class training.

During the implementation period, a project coordinator was assigned to each UMP classroom. The coordinator was responsible for assessing teacher performance in relation to a list of prescribed program practices. The Quality Program Checklist developed by Quirk and Janssen (1984) was used to evaluate teacher performance in the areas of assessment, IEPs, parental involvement, program organization and management, program implementation,

program evaluation, integration and transdisciplinary services.

The transdisciplinary model is an approach designed to reduce compartmentalization and fragmentation of service and responsibility which may result from the more traditional multidisciplinary approach. Three elements which distinguish the transdisciplinary model from the multidisciplinary approach are: (a) a joint team approach, (b) continuous staff development, and (c) role-release. Briefly, role-release takes place when expertise is shared, taught to others and then implemented by those others (Shea & Bauer, 1987).

Teacher competencies and needs were evaluated within the UMP classrooms. The coordinator then translated the needs into individual teacher training goals and provided direct training within the classroom. Teachers were required to obtain a 90% competency to be considered as having mastered the targeted skill. Those teachers who had not yet mastered the 90% criterion received additional training.

McGregor et al. (1986) reported staff competency scores increased from 36% and 33% initially to 93% and 81% in May 1984. These increases were significant given that many of the UMP teachers had received little or no training in college on how to teach students

with severe ability needs. Those teachers who had received training, had been taught very different methods from the life skills method the UMP proposed.

The checklist also served as a training mechanism for principals and administrators. It provided a means of defining what should be occurring in the UMP classrooms these personnel supervised. Project coordinators assisted this administrative group in the year end program assessment.

Subdistrict advisory groups which met up to three times per year monitored the progress of UMP implementation. The groups consisted of the UMP administrator, subdistrict directors of special education and supervisors, principals of UMP schools and interested parents of the students in UMP classrooms.

A second program component was curriculum selection and utilization. The Philadelphia School District chose a life skills approach for UMP implementation, contending that "there must be a clear relationship between what the student is taught in school and the demands of current and future environments" (McGregor et al., 1986, p. 62). Curricular content was arranged around the instructional domains of personal maintenance, domestic maintenance, vocational skills, recreation and leisure skills, functional academics and interpersonal

communication. The curriculum focused on a process designed to result in meaningful instruction for students rather than a master list of objectives and activities from which IEPs were developed.

The goal of data collection, the third program component, was to develop and implement a system which would standardize the process and facilitate efficient educational decision making. A set of standard data collection forms which included minimum criteria for implementation were compiled into a reference manual distributed to district teachers. Fuhrmann (1988), Nelson (1987a), Rettler (1988) and Thies (1988) emphasized the need to streamline data collection and reporting forms.

Physical placement of students with severe ability needs into general education environments was only the first step of the integration component. Abundant evidence already existed indicating special educators must aggressively utilize a proactive approach to facilitate fully integrated opportunities in their schools and communities (Bernstein, Ziarnik, Rudrud & Czajkowski, 1981; Brown, Ford, Nisbet, Sweet, Donnellan & Gruenewald, 1983; Hamre-Nietupski & Nietupski, 1981).

As previously mentioned, the initial step of the integration effort involved information dissemination.

This step was designed to increase sensitivity, awareness and knowledge about students with severe ability needs. The second major emphasis of the integration phase was initiated by teachers' efforts to maintain a high level of visibility while teaching students with severe needs. Again, a reference manual which detailed instructional strategies and activities was compiled and made available for teacher use.

The UMP recognized the needs and preferences of parents' desire for school involvement were as unique as their children's characteristics and needs. Project staff maintained ongoing communication with parents at least once a week. Various mechanisms were used to obtain information from parents regarding their expectations and preferences in relation to home-school involvement. Although the UMP required a minimum of one parental contact per week, many UMP classrooms documented a greater degree of involvement (Jackson, Buckley, Panyan & Larsen, 1983).

In summation, the Philadelphia Urban Model Project demonstrated the ability to provide integrated services for students with severe ability needs within a large urban school district. In essence, the district was subdivided and essential staff, inservice training, methods for documentation and data collection, public

awareness, integrated opportunities and parental support were provided.

Project Merge. Project Merge was developed in Olympia, Washington to address educators' concerns with traditional service delivery models. Project Merge operated on two premises. Children were not to be labeled as a prerequisite to classroom intervention, and the majority of educational interventions were to take place within the general education classrooms.

Project Merge called for restructuring of services for students with learning problems to effect the linkage of general education and support services. Procedures used to achieve this linkage included teacher assistance teams, curriculum-based assessment, instructor consultation, peer tutoring, classroom organization, direct instruction, social skills and study skills. To facilitate the restructuring process, support personnel (categorical educators and their assistants) were utilized for pull-out services for skill instruction the first hour and one-half each school day. This scheduling change made it possible for support personnel to work directly in general classroom settings with grade teachers the majority of the day.

According to Wood, McDonald and Siegelman (cited in Berres & Knoblock, 1987), the availability of

categorical support personnel to general educator resulted in lowering the student to staff ratio; establishing a functional team relationship between education professionals; facilitating small group instruction based upon student need rather than program eligibility; and establishing a consistent pattern for instruction, curriculum and management strategies for students with special needs. The availability of categorical support personnel provided for program cohesiveness.

The second change which occurred in the restructuring process involved replacing one categorical instructor by a school psychologist who was responsible for providing consultative support, specialized social skills and study skills training and direct intervention services. The movement to a consultation model provided a building-wide emphasis on the social and behavioral needs of all students (Wood et al., in Berres & Knoblock, 1987). The result of this second restructuring strategy was increased classroom instruction and management.

An educational support team concept was adopted by Project Merge. The objectives of the educational support team were to determine high risk status of individual students and to assist general educators to establish successful instructional and behavioral

programs for those students (Chalfant, Pysh & Moultrie, 1979). In addition to screening referrals, the team was responsible for monitoring program implementation, sharing resources and materials, participating in educational decision making, serving as instructional resources to general educators and participating in discipline and study skills committees at the building level to establish staff training and inservice (Wood et al., cited in Berres & Knoblock, 1987).

Project Merge incorporated several building-wide interventions designed to shift emphasis from segregated special classes to prevention of learning and behavioral problems within the general classroom. All students received social skills and study skills instruction. Selected students received small group and/or one to one counseling. In addition to using general education peers as appropriate role models, a total school-home management system was devised. Finally, Project Merge made use of a leveling process whereby students having difficulty could lose free time, be removed from the classroom for in-school suspension or be temporarily transferred to a self-contained special class.

Louisville Schools. Brost and Johnson (1986) reported Louisville, Kentucky Schools have responded

to parental pressure for integrated educational opportunities for their children with special needs by offering several innovative programs. The Brown School was established as an optional school. The school included 650 students, five of whom had severe impairments. These five students were totally mainstreamed from their first day at school and received a variety of community-based and in-school instruction.

Another innovative program began in a middle school with seven students having severe and profound ability needs. These students were integrated into regular music, physical education, home economics, industrial arts, language arts and/or science classes.

A third program option the Louisville Schools offered was located in the Jefferson County District. This program was based upon the use of an itinerant teacher serving five kindergarten students, each placed in different schools in general education classrooms.

Integrated Classroom Model. The Issaquah, Washington School District cooperated with the University of Washington to design a program for integrating students which could compare benefits of the integrated model to the resource room model. The Integrated Classroom Model (ICM) was developed to meet two major concerns voiced by special educators. The first concern was

the lack of data affirming the resource model's efficacy and the second, the cost effectiveness of the same (Affleck, Madge, Adams & Lowenbraun, 1988). Policy makers were looking for a new approach which would offer an alternative to expensive pull-out programs.

Some educators have suggested making use of inclusion concepts within the general education construct and re-emphasizing the worth of general education as valuable for all children (Lilly, 1982; Sontag, 1982). Edgar and Hayden (1982) advocated placing responsibility for educating students with mild handicaps on general education; however, legal protections such as IEPs and individualized instruction inherent in special education would be maintained. Affleck et al. (1988) observed that providing special education in the general education setting would seem to be an attractive option.

Initially, the ICM was implemented in one first grade classroom. Within three years from the ICM initiation, the program expanded to include thirteen classrooms in three buildings, in grades 1 - 6.

The ICM was designed to educate students with mild handicaps in the same classes as general education students for the entire day, using regular school district curriculum and materials. All instructional staff had successful prior teaching experience either

in special education or general education settings. Each classroom implementing the ICM was assigned a half-time aide.

Integrated classrooms were composed of approximately one-third students with mild handicaps and two-thirds general education students with average to above-average ability. The students identified as mildly handicapped included those who met state criteria for mildly mentally retarded, learning disabled and/or seriously emotionally disturbed. All eligible students were placed in age-appropriate classrooms in schools they would normally attend if they were not handicapped. Class size was targeted at 24 students, to include a maximum of eight mildly handicapped students. The general education students were assigned to the integrated classrooms on the same basis as all other class assignments (Issaquah School District, cited in Affleck et al., 1988).

Model teacher selection was conducted as a joint effort of building principals and special education administrators. "Qualifications for integrated classroom teachers include successful teaching experience, ability to individualize and adapt curriculum and behavior management techniques, effective communication and management skills, and flexibility" (Affleck et al., 1988, p. 341).

Aides were responsible for carrying out programs designed by the teachers, collecting data on pupil performance, tutoring pupils on one to one and small group basis and monitoring classroom activities. Aide time was distributed according to the number of students with handicaps per ICM classroom.

In 1983, the ICM instructors identified four best practices they felt to be critical to successful implementation of the program. The first, students with special education needs were to receive complete inclusion within the general education classrooms; they were not to be singled out of the group. Second, the majority of teacher time was to be spent on active instruction. Third, at least a 2:1 ratio of positive to negative comments from the teacher should be directed toward the students. Finally, adaptation of materials for individualized instruction should be directed by the teacher.

A group of five educational professionals conducted research in ICM and general education classrooms to validate the presence of these practices. Their observations included teacher-teacher interaction and teacher-student interaction, evidence of individualized instruction and evidence of a behavior management system. Results of their research indicated several

positive and distinguishing areas of note in ICM classes. These were: (a) clear directions and expectations; (b) high reinforcement levels; (c) grouping for instruction; (d) direct, sequential instruction; and (e) individual attention. As a further validity check, a series of observations was scheduled. The series consisted of two observations per year, in January and April, in both integrated and general education classroom settings. The results continued to substantiate the presence of the five areas.

During the past three years, the University of Washington has conducted research in three areas of the ICM program. The first area studied was the academic achievement of students with mild handicaps in ICM classes compared to a group of similar students assigned to resource rooms. Resource room students received skill instruction in a segregated setting from 30 to 150 minutes per day. Individual student characteristics of both groups of students were similar. Teachers in ICM rooms and resource rooms had similar background experience. Teachers from both models received special education inservice training offered to all special education staff during the three years of study.

Students were individually evaluated using language, reading and mathematics subtests of the Woodcock-Johnson

Psycho-Educational Battery. Normal curve equivalent (NCE) scores were used to allow for an analysis of covariance. Keogh's (1984) trait-treatment interaction analysis was used to assess further the effects of treatment.

There were no significant differences demonstrated between groups during the study in either reading or language. During the first year, one significant difference was noted in math, in which the adjusted mean for the integrated students was significantly higher than that for the resource room students. Although the results suggested math as demonstrating the most variable gains and losses in both programs, the final results suggested virtually no difference in gains and losses between the two programs (Affleck et al., 1988).

The second study compared the academic achievement of general education students in ICM classes with similar students in the corresponding grade level classes in the same building. The California Achievement Test Battery was administered in the fall of Year 1 and Year 2. An analysis of NCE scores suggested no significant differences between the two groups.

The final study was an analysis of the cost of staffing ICM programs as compared to the resource model. The Issaquah School District realized cost savings

in both special and general education budgets. There was \$13,590 saved in special education and an additional savings of \$41,250 in the general education budget. This resulted in combined savings of \$54,840 under the ICM implementation (Affleck et al., 1988).

Results of these studies have supported ICM as a viable alternative educational service delivery model for students with mild handicaps and general education students. The research results have indicated the ICM program is at least as effective academically as the resource room model in the Issaquah School District and provides services in a less restrictive environment. It has also demonstrated cost savings to the district.

Affleck et al. (1988) gave reference to limitations of ICM which might preclude other districts from being able to implement it. These include: (a) lack of a long standing integrative philosophy preceding ICM implementation, and (b) uncertainty of generalization to urban, rural or culturally diverse school settings. The program, however, did appear to be a viable model for suburban, middle- to upper-middle class students with mild handicaps.

Washington Elementary School Program. The Washington Elementary School Program (Anderson, Becker, Fuhrmann, Robertshaw & Shedivy, 1988) was written to propose

a realistic and workable integrated system of education for students with mild and moderate emotional disturbance. In recognizing the significant separation between general and special education, these authors sought to: (a) eliminate the barriers created by two separate systems of education; (b) change attitudes about the way people view others with emotional disturbance, the way schools are organized and the purpose of education; (c) increase interagency cooperation and collaboration; (d) recognize children with emotional disturbance as persons with strengths and needs, having the goal of learning to interact appropriately with their age-mates and non-handicapped peers; (e) develop a system of quality education for students with emotional disturbance within the general education environment; and (f) create a system of education which meets the unique needs of every student within one school.

Although the Washington Elementary School program was developed as a simulation exercise, the demographics and student characteristics were representative of its authors' actual experiences and current research. Four major areas were addressed by the program. They were essential people components, building level systems, educational interventions and an implementation plan.

The unique nature of the integrative program at

Washington Elementary School would require close collaboration between and support of administration, instructional staff, parents and related agency staff. For this reason, the essential people components were developed.

Administrative commitment was deemed essential in developing a positive learning climate within the school. Administrators set the atmosphere for learning in the policies they establish, the attitudes they reflect and the manner in which they work individually and collectively with the staff and students.

Instructional staff commitment was considered critical to the successful implementation of the program since the staff would be directly responsible for educating all students in the general education environment. Strong instructional staff commitment would be evidenced by high expectations for all students, high rates of engaged learning time, enthusiasm for teaching and viewing each student as an individual, ability to work as part of a collaborative team and implementation of an effective parent-school relationship.

Parent-teacher communication and collaboration was considered necessary to provide individualized educational programming for students with emotional disturbance. The authors recognized parents as having

a valuable perspective of their children which would be beneficial in educational planning.

The final essential people component addressed was interagency commitment. The needs of children with emotional handicaps are broad-based and complex, often requiring a variety of services. For this reason, a unified transdisciplinary approach was proposed. Interagency commitment would assist in creating a transdisciplinary effort which would facilitate continuity of programming in the home, school and community.

Teachers of students with emotional ability needs, general education teachers, social workers, psychiatrists, therapists and other related interagency personnel must be aware of the simultaneous workings of each other to cooperatively plan and effectively perform their particular services. Professionals in related agencies need to understand the basic reasons for educating children with emotional ability needs in integrated settings and to demonstrate their support of integrative practices in how they work with parents and teachers. The roles, responsibilities, purposes, specific terminology and priorities of the various service delivery agencies must be understood. Interagency personnel should be encouraged to share their skills

and expertise as members of individual child assistance teams. The laws and regulations that pertain to various agencies may conflict at times; therefore, ingenuity and cooperative planning may be needed to provide effective programming for children. A systematic written procedure for interagency communication should be developed and utilized. Finally, maintaining children with emotional ability needs within their home community must be recognized as the most effective means of providing services to these children.

The Washington Elementary School program included building level systems which would provide for frequent monitoring of student progress and would ensure a positive instructional/professional environment for staff by providing support systems and sharing responsibility for instructional approaches. The building level systems described include: (a) Individual Child Assistance Teams (ICAT), (b) collaborative consultation, (c) behavior management systems, and (d) peer tutoring.

The ICATs were designed to provide individualized educational programming for students with emotional disturbance. Team members would include teachers providing direct instruction to the student, parents, supportive and consultative staff and related interagency staff. The child's classroom teacher would serve as

the team coordinator. Members would be expected to attend regularly scheduled weekly meetings. Chalfant and Pysh (1985) recommended these meetings last no more than 45 minutes to avoid becoming counter-productive. Based on the premise that within-building staff possess skills and knowledge to effectively assist children identified as having emotional ability needs, the ICAT would serve as an in-house peer problem solving group.

The ICAT was designed to provide readily accessible support to teachers and students. Team members would collaboratively engage in a systematic process of reviewing the student's performance, identifying problems, conceptualizing the identified problems, brainstorming solutions and planning interventions.

The collaborative consultation element was based upon the book Collaborative Consultation by Idol, Paolucci-Whitcomb and Nevin (1986). Collaborative consultation is an interactive process which enables people with diverse expertise to generate creative solutions to mutually defined problems. It is comprised of three components: the target, the mediator and the consultant.

In the Washington Elementary School program, the student would be considered the target, the parent or teacher would serve as the mediator, and a person

knowledgeable and able to mobilize the mediator's influence would be the consultant. Typically, this person would be an educational specialist.

The advantages of collaborative consultation are fourfold: (a) the ability to share expertise based upon mutual student responsibility; (b) an increased sharing of material and human resources; (c) the provision of instructional services based on academic and social learning needs, not categorical labels; and finally (d) programs focused on individual student needs.

Benefits of collaborative consultation were also noted. Teachers and parents, as mediators, would benefit from the availability of direct assistance while implementing effective management programs. Administrators would benefit from access to records documenting pupil progress resulting from collaborative consultation. They would also benefit, as would the district, from more cost effective special education services. The authors also described methods, provided strategies and techniques and described purposes and outcomes of implementing collaborative consultation.

The behavior management system prescribed for the Washington Elementary School program was designed to provide positive social reinforcement and employ praise for student accomplishments. It would involve

redirecting negative behavior by encouraging positive behavior and verbalizing high expectations for student success. It would define limits in a positive supportive manner and respond nondefensively in crisis situations, while encouraging students to make appropriate choices and accept responsibility for their own actions. It would employ time-out when necessary and, as a final measure, provide support using crisis intervention techniques.

The behavior management system would provide support to the general classroom educator in a variety of classroom situations. It would recommend alternative disciplinary strategies for students with emotional and/or behavioral needs to building level administrators and advocate for such students during crisis situations. Finally, it would establish behavior management strategies for transportation staff and encourage active parent participation through community groups.

The final building level system presented in the Washington Elementary School program was peer tutoring. Ehly and Larsen (1980) defined peer tutoring as children teaching other children on a one to one basis. Two types of peer tutoring which were proposed were cross-age and same-age tutoring.

Peer tutoring was thought to be a successful

means of providing instruction, as well as improving student behavior. The peer tutoring system was considered economical, as well as educational, given the implementation of effective monitoring and management practices. Teachers who effectively use this system could conceivably multiply the efforts of their instruction.

Lee-Lampe (1983) reported that the rationale for peer tutoring arrangements is based upon a number of studies which have demonstrated the effectiveness of using one student to teach other students. Peer tutoring promotes individualized instruction, friendships and positive social behaviors. It increases opportunities for academic response and is cost effective. The program offered suggestions for establishing goals, selecting tutors and learners, training tutors and matching tutors and learners.

The third major area of the Washington Elementary School program focused on currently accepted educational interventions. The effective use of the prescribed interventions would facilitate "a unitary system that is individualized and delivered in an integrated setting" (p. 55). The interventions were intended to be used as deemed appropriate by the individual student's program developed by the ICAT. The educational interventions presented were: (a) direct instruction,

(b) cooperative learning strategies, (c) curriculum-based assessment, (d) social skills training, (e) adaptive learning environment model, (f) career education, (g) reality therapy, and (h) community-referenced curriculum options.

The final portion of the Washington Elementary School program addressed the implementation plan. The program proposed a two-year schedule which included training staff in all program components and providing supervised implementation periods prior to expecting staff to operate the program independently.

The strength of the Washington Elementary School program is in its adaptability to a variety of school districts. The program may also seem easier to implement since it deals with students who have mild and moderate handicaps, many of whom are already in general education buildings. In addition to proposing a model program of people components, building level systems and educational interventions, the Washington Elementary School program included a realistic plan to implement the project. The program's weakness is that it was a simulation and lacks empirical evidence of its validity, reliability and practicality.

Summary

This chapter described principles which promote

integration of students with special ability needs within general education settings. These principles have become the foundation for implementing model integrative programs which utilize currently accepted best educational practices. These practices have been utilized to integrate students with mild, moderate, severe and profound educational needs into general education classrooms in a variety of ways. The programs described were designed for a variety of reasons. These reasons included parental pressure, fiscal responsibility, litigation, research and the development of attitudes committed to integration. The programs described herein have provided evidence that integrative programs are effective in both urban and rural settings; in middle- to upper-middle class communities; and for children with mild, moderate, severe and profound limitations.

CHAPTER 4

Critical Elements of Quality Integrative Programs

At the 1987 National Integration Forum, Bersani described a number of elements which indicate quality integrative programs. Quality service delivery systems utilize generic services and resources. In education, those would be general classroom environments. They are flexible and provide services which meet individual needs.

Quality integrative programs foster positive attitudes toward persons with severe ability needs. They use small heterogeneous groupings which encourage positive behavior shaping.

Integrative services provide for staff continuity. That is, they recognize staff attrition and provide student support through contact with a number of personnel to facilitate consistency of programming. They provide for staff training, development and support to increase staff effectiveness and longevity.

Quality service delivery systems develop individualized programs. They provide flexible programs which meet changing individual needs. They support individual autonomy, while encouraging and supporting family involvement.

Administratively, quality integrative programs

utilize individualized funding, demonstrate administrative flexibility, evidence administrative leadership and provide quality assurance safeguards. They are of manageable proportion and encourage regional administration.

Summary and Interpretation

At the 1987 National Integration Forum, Bersani stated "maverick service programs do exciting things." This author sees a need to recognize any and all efforts to provide integrative services for individuals with special ability needs. Informal teacher deals have provided integrated services for students in many school districts and continue to do so. Those schools which have received administrative and district support have been able to provide integrative services on a larger scale; however, those schools implementing informal teacher deals have been no less effective and they appear to be in a neonatal stage for effecting systems change.

Providing quality educational services for students with special ability needs involves building relationships and valuing individuals. The primary goal of public schools has always been to prepare students for adult life. The goal is the same for students with special ability needs. Integrated programs have significant educational and social benefits for all students.

There is increasing evidence which demonstrates positive effects on all persons due to the promotion of social integration in education, work, recreation and other community environments. The more time persons with and without special ability needs spend together, the more they will interact and form meaningful relationships (Thousand, 1987). Educators should seek to build relationships, encourage parent participation, facilitate administrative and instructional staff commitment, promote community awareness and demonstrate personal interest in providing quality educational experiences for each and every student.

A variety of currently accepted best practices have been described throughout this study. In the end, educators must do whatever it takes to provide successful integrative educational experiences for all students (Robertshaw, 1988).

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