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ABSTRACT

The National Preschool Coordination Project's (NPCP) Interstate Coordination Committee identified problems in finding and providing special education services for preschool migrant children. They propose training for parents and migrant staff and coordination among agencies to improve services. The NPCP Subcommittee on Special Education identified the following needs: (1) improved identification of migrant students with special needs; (2) more effective placement of migrant students needing special education; (3) training of service providers; (4) appropriate practices in the delivery of services; (5) consistency in services; and (6) coordination among service providers. An essay written for parents in Spanish and English, titled "Ninos Diferentes/Different Children," encourages parents to seek services for their children and become involved in education. Also included are reprints of the following articles: (1) "Practices and Policies in the Education of Migrant Students in Special Education" (Richard A. Figueroa); (2) "The Impact of Policies for Handicapped Children on Future Early Education Policy" (James J. Gallagher); (3) "Referring Language Minority Students to Special Education" (Paula Olson); and (4) "Making Sense of Disability: Low-Income, Puerto Rican Parents' Theories of the Problem" (Beth Harry). The bibliography lists articles, ERIC resources, books and periodicals, and organizations and services. (KS)

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Special Education in Early Childhood



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A Burning Issues Series Report from the National Preschool Coordination Project

An Migrant Education Interstate Coordination Grant

1993

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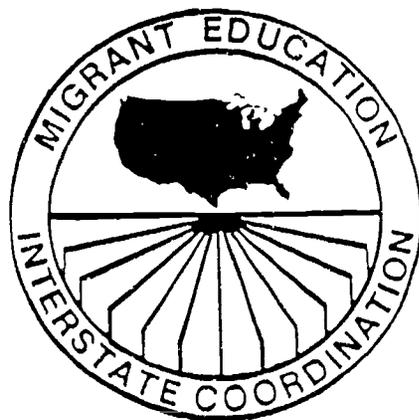
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Secondary Education Act of 1965, as amended."**

(A Migrant Education Interstate/Intrastate Coordination Program)

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Special Education in Early Childhood



A Burning Issues Series Report
from the
National Preschool Coordination Project
developed with assistance from the Interstate Coordination
Committee and the Special Education Subcommittee.

Thanks to: Sylvia Castro
Mary Carr
Laura Curry
Bob Backe

An Migrant Education Interstate Coordination Grant

1993

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I. Preface

Migrant children are under-identified for special education services. Special education services are of extremely high quality nationally, providing well-trained educators who explore a variety of approaches to identify effective ways to help children with special needs. Special education laws ask that children be provided the least restrictive learning environment. Whenever possible children will be included in the regular classrooms and will participate in all school programs (mainstreaming).

They are accustomed to using a variety of learning approaches to meet children's needs, and they individualize their instruction. They also recognize that a child with some limitations, may be extremely capable in other areas. These perspectives have made special educators a wonderful resource to migrant educators. We encourage migrant staff to become familiar with special education services, as well as the resources they offer. Coordination will help migrant students with special needs, and communication will improve the knowledge and skills of us all.

The federal education law that provides for services to students with special needs is Special Education law PL:99-457. This law has various sections. Those pertaining to early childhood education include section H the Birth to Three section which outlines the individual family service plan, and services for very young children. This law provides no funds for implementation at this time, but does provide planning money to states.

The same Federal Law: 99-457, part B pertaining to the Education of the Handicapped (EHA) serves children 3 to 5 years of age. Although there is provision in the law for services, there is no funding, so services must be negotiated with school districts who may have limited resources.

II. Young Children with Special Needs

The National Preschool Coordination Project's Interstate Coordination Committee identified Special Education as a "burning issue" in early childhood education. This is a summary of their report.

Many of the special education needs that we see in early childhood education can be addressed and resolved if they are identified early. For this reason, finding and providing appropriate services is very important. Some problems are:

- Parents may not be aware of their rights to special services
- Families may be reluctant to recognize the child's special needs
- The assessment process may take so long the child never receives services before migrating again
- Many programs operate during the school year and are unavailable during migrant residency
- Some programs base their funding on December attendance and thus receive no funding for later arrivals.
- Few programs have a staff with expertise in the appropriate culture and language, early childhood education, and special education.

Some solutions to these problems may be:

To provide training to parents and staff on:

- 1) Identification of children with special needs.
- 2) The rights of special needs children,
- 3) Services available to special needs children,
- 4) Methods to assist these children.

To increase coordination and communication:

- 1) Use MSRTS and other means to share information among Migrant programs about preschool aged special needs children.
- 2) Coordinate among agencies to identify gaps in service and provide the most appropriate programs.

Whenever Migrant educators coordinate with Special Educators, everyone profits - especially the children.

III. Existing Conditions &

Minority cultures underrepresented

Different systems serving kids

Description of ECE services:

negotiation

Family Care (home)

Preschool Programs: community based,

1/2 day, State Child Care & Preschools,

Child care centers, Migrant Education,

Migrant (402)/ DSHS

Special Education seen as stigma, failure,
remedial

Underidentification of children for
Special Education services

Lack of knowledgeable staff

The Ideal

Individualized
programs

Coordination,
communication,
among agencies

Asset model, builds on
strengths

Appropriate
identification and
placement

staff training and
recruitment

IV. Needs, Issues and Problems

*Notes from the Meeting of the NPCP Subcommittee on Special Education
Portland, Oregon, September 3, 1992*

The following issues and problems were identified by the participants:

Bob Backe, California	Mary Carr, Washington
Silvia Castro, Texas	Laura Curry, Oregon
Susan Morse, NPCP	

1. THERE IS A NEED FOR IMPROVED IDENTIFICATION OF MIGRANT STUDENTS WITH SPECIAL NEEDS:

Including:

- Appropriate identification and referral of preschool migrant children
- Improvement in the identification of children with special needs.
- Effective screening of children for special needs.
- Coordination with health services to provide screening, or to include special education screening with scheduled health screening.

DATA:

Data on enrollment from MSRTS indicates that the enrollment of preschoolers represents one third to a half of the numbers of children identified at higher grade levels. Special education students at all levels represent approximately 3% of the total migrant student population. In the general population students needing special education represent from 8% to 12% of the population. Students are identified as special education on the MSRTS only based on the provision of contact data, so there may be students identified for special education services who have not had contact data entered on the MSRTS. In contrast all preschoolers if identified will be listed on MSRTS. The total number of special education preschoolers was not determined, requiring a more time consuming data search, but was stated to be "negligible" by MSRTS personnel.

children are presently identified. However, it is known that in some areas migrant students may be over-identified as in need of special education, either through mistaken assessment of language skills, cultural and behavioral differences or in order to make them eligible for early childhood education services where none other are accessible. Generally minority cultures are underrepresented in ECE special education placement.

2. THERE IS A NEED FOR MORE EFFECTIVE PLACEMENT OF MIGRANT STUDENTS NEEDING SPECIAL EDUCATION SERVICES:

- Appropriate placement of children upon initial enrollment should include chronological age-appropriate placement.
- Diminish overidentification and underidentification of migrant students for special education services.
- Some special education categories may be over-used or inappropriately used because population is vulnerable to misidentification, as a result of cultural or language differences, (see Lily Wong Fillmore, article, Meeting the Challenge, Visions, Vol II, issue I).

EXAMPLE:

A disproportionate number of preschoolers needing special education services in Head Start programs are identified as learning disabled or speech language impaired, or language/social-emotional delayed. It is unknown whether more children with these needs are served in these programs because they can be mainstreamed more effectively than children with other needs, or whether there is overidentification of children as needing special education services when, in fact, their language differences are merely a function of having a home language other than English.

3. TRAINING

Four areas of training of service providers:

1. Awareness:

- Improved awareness of Special Education Early Childhood Education services and indepth training is needed for administrators, service providers, Migrant educators, and parents.

2. Skills:

- Staff training is needed for the Identification of special needs children
- Staff training is needed to improve service to special needs children:

3. Knowledge base

Awareness of categories of special needs and how to recognize them, awareness of special education services available, awareness of laws, awareness of human development, family systems and cultural practices, and need to access materials that are appropriate, innovative and inexpensive.

5. Attitudes/Dispositions

- Need training in cross cultural tolerance and anti-bias program development
- Minority cultures are underrepresented as service providers. *Recruit and train more persons from minority cultures as service providers.*

4. THERE IS A NEED FOR APPROPRIATE PRACTICES IN THE DELIVERY OF SERVICES TO PRESCHOOL SPECIAL EDUCATION CHILDREN

Developmentally, Culturally and Linguistically

Appropriate Practices for Young Children- Goals:

least restrictive environment/ child centered environment/ home language instruction/ mixed age grouping/ family involvement/ developmentally and culturally appropriate practices/ scheduling of services to meet child and family needs

First Language Services

Special Education guidelines which require that children be provided with the least restrictive environment can apply to the provision of instruction in the home language, as well as separate classes or assignment to mainstream classes.

Family Based Programs

Programs must provide for cultural and family sensitivity. A family centered model which is focused at enabling rather than disabling parents of students with special needs.

a. Cultural Context

Problem: Lack of acknowledgement of the family, village, and community support system which helps the child and family.

Often service providers are unaware that the social fabric of the society (or culture) in which the child is raised offers many supports. Attempts to intervene may actually weaken or eliminate the support system leaving the family stranded or dependent on those that intervened. The child will be a member of the family long after the termination of the intervention of the school system. We must be sure to assist in supporting and building cultural and societal supports.

b. Acceptance of Services:

Cultural and family differences are reflected in some parent behaviors. For example: migrant families may feel less likely to accept services for their children. They may feel more personal responsibility for the child and wish to protect them. They also may be more accepting of the conditions, and may exhibit more tolerance of the differences their child manifests. For this reason they may not seek special education services.

In other cases, families will attempt to hide the child's condition feeling that they problem manifests their own failures. These families need help to understand the conditions and to have an accurate understanding of the ways in which services could help the child.

Migrant educators need to assure that Special Educators have an understanding of culturally, linguistically and developmentally appropriate program and curriculum philosophy and design.

5. MOBILITY: THERE IS A NEED TO EMPHASIZE THE IMPORTANCE OF CONSISTENT SERVICES FOR CHILDREN NEEDING SPECIAL EDUCATION ESPECIALLY IN THE FORMATIVE YEARS.

- Children particularly in need of ongoing and consistent services are those with:

- neurological impairments
- orthopedic impairments
- sensory impairments, and
- technology dependent children.

It is critical that there be no interruption in services.

Solutions:

- consistent services (continuity)
- paperwork/ record keeping, effective use of MSRTS
- awareness of MSRTS by Sp. Ed. program staff

6. THERE IS A NEED FOR COORDINATION AMONG SERVICE PROVIDERS FOR PRESCHOOL STUDENTS NEEDING SPECIAL SERVICES:

- Differences in definition of migrant has resulted in gaps of service as well as overlaps.
- Different systems serve these children. The systems are in conflict/not in coordination.
- Differences in program schedules, calendars, and regulations have compounded the problem of providing service to the child in need. School districts, operating under PL-law 99-457 serve children ages 3-5, Head Start serves 3 or 4 year olds and is mandated to provide services to a percentage of children with special needs.
- Coordination of transportation among services is needed: special education services are usually half day, leaving child with transportation problems and without child care for half a day.
- Coordination with medical services might net more referrals for Special Education
- Coordination with employers to increase awareness and generate supportive policies to enable access of children to services.
- Transportation may be needed to provide access to services.
- Effective record keeping (MSRTS) is needed to prevent interruption of services. The 30 day waiting period can be avoided when records are available. *Ideas: MSRTS alert, fax follow-up.*
- Clarification of services and funding among district, social service agencies and Migrant Education.

V. Further Action

RECOMMENDATIONS

Advocacy: The principal role of Migrant Education in Special Education early childhood education should be as a supplementary service providing referral, coordination, advocacy and assistance in providing services to help link available programs with children.

Data: The preschool children identified as in need of special services on the MSRTS is minimal. Investigation of what kinds of information can be put on and is helpful to service providers is needed.

Increased training in the process of providing Special Education services to preschoolers

More information on Special Education is needed for migrant educators in the areas of:

- (A) Identification of need for special services
 - (B) Assessment that is culturally and language appropriate
 - 1) Initial assessment (formal/informal)
 - 2) screening
 - (C) Referral, Placement and Services
 - 1) Individualized Education Plan (IEP) contract or Individual Family Service Plan
 - 2) Appropriate placement - avoiding over or underrepresentation
 - 3) Designing Services
- Districts' Special Education services, Migrant Head Start, child care programs, Even Start program and all other available service agencies should work together in solving the problem of providing services to special needs children.

Areas of Coordination

- transportation for screening services
- resources/ materials
- transportation to and from programs
- interagency coordination

Additional Recommendations:

Thanks to Maria Estela Garcia of the Central Stream Program Coordination Center for these additional recommendations:

- Need to have a strong and effective outreach program so that students can be identified and served.

Identify children through public awareness meetings, public medical services, private medical services, public education enrollment cards, or other members of their families. Also families that need these services may be identified through employers of the parents. Other members of the community might also assist to identify these children.

- Need to coordinate efforts between agencies as to maximize services without duplicating efforts.
- Need to secure practices that are academically or educationally appropriate yet incorporating the understanding and value of diverse cultures.
- Need for services to be rendered with the least constraints and a continuity of the process of service even if the family moves. This should be done by establishing methods of sending records to the new service area.

Services should be provided in the schools and through programs that provide assistance in the homes.

- Need to promote the attitude among parents and service providers that come in contact with the handicapped child that "the best services" are merited by these children.

MEANS to achieve recommendations:

Interstate coordination projects, as well as states or districts may be able to use the following means to further address the problems affecting young migrant children with special needs.

Some means to address issues identified:

Forums Brochures for parents Training (packets)

Research on: migrant special ed families (case studies)

MSRTS data over/underplacement culture and family

Reports/ Burning Issues

National Migrant Conference forum or sessions on Special Education
(in coordination with Head Start)

Meetings - Coordination - Collaboration among agencies

Awareness information:

- newsletters,
- article in Memo about this meeting,
- Burning Issues report on Special Education

What Can Migrant Educators Do at the Local Level?

°Provide identification of migrant preschoolers and referral of those who may have special needs

- Access training for migrant staff and migrant families through coordination with other agencies
- Provide funds for transportation/ home based services
- Provide parent education and family support
- Provide translators and liaisons
- Advocacy
- Assure access to families
- Assure quality services
- Coordinate/ network
- Assure appropriate placement
- Provide greater awareness regarding migrant children to other organizations

VI. Para Padres/ For Parents

NIÑOS DIFERENTES

Todos nosotros somos diferentes unos de otros. Y eso es maravilloso. A todos nosotros nos va bien por muy diferentes que seamos, pero para algunos de nosotros que somos muy diferentes del resto, es otro cuento.

Algunos se pueden burlar de un niño de cuatro años porque es torpe. Otros pueden llamar tonto o estúpido a un niño que es lento. Y a aquel niño que es lento para hablar muchas veces se le ignora.

Uds. como padres son los primeros en darse cuenta de que su niño no está creciendo o aprendiendo tan rápidamente o de la misma forma en que otros niños lo hacen. Su reacción a esto es crítico. Ud. talves desea proteger a su niño y opte por esconderlo de sus familiares o amistades. Pueda que se diga a sí mismo, "Oh, ya se le pasará." En el fondo desea que su niño **no sea tan** diferente.

El primer paso para ayudar a este niño es que Ud. acepte la posibilidad de que él o ella sea poco común. (exceptional means superior) ¿Qué puede hacer al respecto? El primer paso que puede dar es averiguar que clase de ayuda hay para la educación de su niño. Llame al distrito escolar en donde Ud. vive y hágales saber que Ud. tiene un niño que posiblemente requiere educación especial. y que cree le ayudaría empezar su educación lo antes posible. Los distritos pueden ayudarle ya que se requiere de ellos que ofrezcan educación para niños con necesidades especiales. Hay ciertos programas que se ofrecen para recién nacidos hasta tres años de edad, y de tres años hasta el pre-kindergarten

Una vez que su niño sea inscrito en un programa, trate de pasar el mayor tiempo posible en la sala de clase. Conozca a la maestra y a los otros padres. Trate de que la maestra se convierta en su amiga. Demuéstrele lo mucho que Ud. se interesa y preocupa por aprender. Observe a su alrededor; preste atención a como se comportan los otros niños. ¿Qué diferencias hay? ¿Es el comportamiento de su niño parecido al comportamiento del resto?

Háblele a la maestra si Ud. cree que su niño no pertenece a ese grupo. Puede que haya otro más **apropiado** a las necesidades de su niño en la misma escuela.

Manténgase involucrado. Ud. es ahora tanto el padre como el defensor de su niño. Para obtener el mejor servicio es necesario que Ud. sea ambos. Con esta acción Ud. ha dado un paso gigante para que su niño sea ayudado. Las diferencias que limitan a su niño serán minimizadas (disminuídas) y a aquellas personas que ayudan a que su niño tenga éxito serán maximizadas (aumentadas).

Escrito por Roberto Backe, traducido por Patricia Burke
---Visions,II, issue 3.

Different Children

We are all, all of us, different from one another. And that's great. Things go along pretty well for most of us "different" people, but for some who are very different, it is a very different story.

A clumsy four year old may be labeled a dummy, or sissy by other children. The child who is slow of speech may be ignored.

As mothers and fathers, you are the first to sense and then to know that your child is very different from his or her family and friends. What you do with that knowledge is critical. You may want to protect your child and hide her or him from others. You may say to yourself, "Oh, he'll grow out of it." You don't want your child to be different.

Have you heard the saying "sink or swim?" Pretty tough, isn't it? You don't want to put your child into a situation where those are the only choices. After you accept your child for what s/he is and you act on your love and acceptance, you seek the best. You want your little one to be helped, to have choices and a chance to succeed - not to be held back, not to be pushed too fast or too far. You may want for her/him to have the choice of physical therapy, a special leg brace, speech training, testing, or to be with other children who are not as different as s/he is for part of the day. A medical doctor's help and advice might be necessary. You want those choices. The law of the land is that every child gets a free and well-suited education in the least limiting surroundings.

Accepting the possibility that your child might be exceptional is the first step to help him or her. What can you do about it? You can get your child educational assistance as soon as possible. Call the school district where you live and let them know you have a child that may have special needs, and that you think would benefit from an early start. School districts can help. They are required to provide assistance for children with special needs, newborn to three years old, and programs for children who are three, to pre-kindergarten age.

Once your child is enrolled, try to spend as much time in the classroom as possible. Get to know the teacher and the other parents. Make a friend of the teacher. Let her or him know how much you care. Look around; be aware of how the other children

behave. Check out the differences. How does your boy or girl fit it? Talk to the teacher if you don't think your child belongs in that particular group. There may be a more suitable one next door. At the same time don't be too quick to judge by looks alone. A lot of kids look very different. This does not mean that they can't play, communicate, be a good friend, read, help around the house, or go to a birthday party. You want your child to have choices. You have the right to change your mind and make new choices, too.

Stay involved. You are now both parent and advocate for your child. To get the best, it is necessary to be both. You have taken the kind of action that will make certain your child, as different as he or she may be, will be helped. Differences that limit your child will be minimized and those that help the child succeed will be maximized. Your child is not a label, a category, a name on a form. Your child is a person full of wonder and promise - no matter how different. Only with your help will they be able to realize their potential, their promise. Stay with them. You will both grow, together.

-by Robert Backe

Family Services Plan

Special Education programs have developed a new service model that migrant educators may want to borrow.

The **Individual Family Service Plan** is a process for planning and providing services to special needs children. The family and a Family Resources Coordinator team together to identify the needs of the child and the concerns and priorities of the family.

The resources needed to address these needs are identified. The team can outline goals and objectives and a plan for future services. This informs and empowers the parent and promotes continuity in services.

Services may include school programs, child care, enrichment, health, and family services. The provider recognizes that services will not be effective if they do not address the concerns of the parents and elicit their participation.

The same family-centered model may be appropriate for migrant families. Interventions such as academic assistance, teacher training, advocacy, access to services, identifying child care needs, parenting, and the fostering of home-school communication can be developed as a natural outgrowth of communication with the family.

This approach could simultaneously simplify and enrich our services.

From *Visions* Volume I, Issue 4.

--Thanks to Mary Carr, Washington State ICC member for information on the Family Service Model.

Resources for

Special Education Services to Young Children

Articles: (The following are included in this publication)

Practices and Policies in the Education of Migrant Students in Special Education, Richard Figueroa, U.C. Santa Cruz.

The Impact of Policies for Handicapped Children on Future Early Education Policy, James J. Gallagher, Phi Delta Kappan

Referring Language Minority Students to Special Education, Paula Olson, Forum, NCBE.

Making Sense of Disability: Low Income, Puerto Rican Parents' Theories of the Problem, Beth Harry, Exceptional Children.

The Sensuous Aide, Bob Backe, Sp. Ed./School Climate Consultant

PRACTICES AND POLICIES
IN
THE EDUCATION OF MIGRANT STUDENTS
IN
SPECIAL EDUCATION

Richard A. Figueroa
California Research Institute on Special Education and Cultural
Diversity

University of California at Santa Cruz

The knowledge base about Migrant children in special education is quite small albeit disturbing. Policy documents written since 1979 have repeatedly echoed the problems surrounding poor interagency communication and record transfer, poor compliance with extant special education law when it comes meeting the needs of Migrant exceptional pupils, lack of awareness about handicapped conditions affecting Migrant students.

The professional articles on these pupils, since the early 1980's tend to be highly critical of special education. These articles are reform-minded in suggesting what can be done to change the educational status of Migrant children in special education.

The empirical studies on the Migrant pupil who is handicapped are few. Some attempt to address the question of prevalence rates with limited data. Others focus on the issues of health status and its possible correlates to exceptionalities. The smallest number include empirical data which suggest that severely handicapped Migrant children are not being served in accordance with federal statutes.

In a report commissioned by the National Commission on Migrant Education, and partially funded by the California Office on Migrant Education (Tom Lugo, Director), Figueroa (1991) conducted a study of current practices and policies in five regions of the country (Western and Eastern streams). Four data sources were included: administrators, teachers, parents and pupil records. Data protocols were developed from the policy documents on Migrant students in special education published since the early 1980's.

Results from this study concur with those in the available literature on Migrant students in special education. There is an insufficient amount of knowledge about the handicapped Migrant child, her/his needs, her/his status in the current special education delivery system, and current/projected prevalence rates across the country. The unique linguistic, social and educational characteristics of the culture of migrancy are not addressed or accommodated by the current special education system. Virtually all the available studies, this one included, indicate that such accommodations are important in order to provide Migrant handicapped pupils with an appropriate special education program. Current federal law needs to be examined and amended to address the unique needs of exceptional Migrant children, particularly in the areas of: child-find procedures, collection of prevalence data, assessment procedures, a uniform Individualized Education Program format for interstate Migrant children, continuity of curricular and instructional program components across states, parents participation and training, and evaluations on the effectiveness of special education for Migrant pupils. Serious consideration should be given to the creation of a National Migrant Special Education Program. Interstate differences in special education laws, regulations and local school district delivery systems are impediments in the education of Migrant pupils who need special education. There is some indication that receiving sites may be having considerable difficulty in educating handicapped Migrant children.

Finally, this study underscores one point: the national reform efforts in special education have failed to address the needs of Migrant handicapped children.

Figueroa, R.A. (1991). The Education of Handicapped Migrant Students: A Preliminary Study of Current Practices and Policies, University of California at Davis. To be submitted to the AMAE (Association of Mexican American Educators) Journal. Spring 1993.

The Impact of Policies for Handicapped Children on Future Early Education Policy

If Mr. Gallagher's predictions are correct, early care and education programs for all young children will involve families to a greater extent, will be more multidisciplinary in character, and will make use of a variety of staffing patterns — three features of existing programs for young children with special needs.

BY JAMES J. GALLAGHER

PUBLIC influence on elementary and secondary education in America has traditionally been exercised at the local and state levels: through school board actions, budget reviews, certification standards, and the like. Only in the past three decades has the federal government exerted significant influence on the education community.¹

That influence has come largely through legislation directed at children with special needs: handicapped children or the children of low-income families. These children with special needs were chosen as the initial focus of federal legislation for two main reasons. First, the severity of their problems generated

JAMES J. GALLAGHER is Kenan Professor of Education at the University of North Carolina, Chapel Hill, and director of the Carolina Institute for Child and Family Policy. From 1967 to 1970 he served as the first director of the Bureau of Education for the Handicapped in the U.S. Office of Education.

sympathy and made a positive response from legislators more likely. Second, by focusing on small subgroups of children, the legislators advocating these proposals could avoid huge expenditures that might frighten both the public and those members of Congress not totally committed to the purposes of the legislation. The congressional supporters hoped that obtaining limited legislative authority for special groups would eventually lead to a broader federal commitment to education.²

The strategy worked. The magnitude of the problems that children with special needs and their families faced in the education system of the 1960s tended to overcome the traditional resistance to federal involvement in education policy. For example, much of the landmark Elementary and Secondary Education Act (P.L. 89-10) of 1965 focused on economically disadvantaged students, while previous forays into federal legislation had been made on behalf of handicapped children.³



EARLY CARE & EDUCATION

NEED FOR EARLY CARE AND EDUCATION

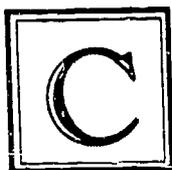
The American education system and the American public have recently been showing increased interest in dropping the age for entering the public schools and in providing greater support for child-care programs. Two factors may explain this development. First, the number of women in the work force has risen dramatically. In the 1930s fewer than 15% of women worked outside the home; more than 50% of women now work outside the home, including almost half of all mothers with children under age 14. The movement of mothers of young chil-

Legislation for the education of the handicapped is a case in point. The earlier federal legislative initiatives for handicapped children were limited to expanding the resources available to special educators. Funding was increased for research, preparation of personnel, demonstration programs, dissemination, and the like.⁶ When increased funds alone did not seem to achieve the desired goals, policy makers began to use legislation to create structural reform, and they required changes in educational settings and procedures as a condition for the allocation of future resources.

Legislators' growing involvement —

of the children being tested. These repeatedly proposed changes in educational practice have proved hard to institute, for a variety of reasons. Legislators finally took it upon themselves to mandate such changes, many of which will now affect preschool programs being initiated in the states.

At the state and federal levels, changes in services to handicapped children have traditionally served as a legislative wedge for the eventual provision of services to all children. For example, funds for educational research at the federal level were originally allocated to investigations pertaining specifically to the education of mentally retarded children. This research was then broadened to include all handicapped children and, eventually, all children in public education.⁷



Changes in services to handicapped children have served as a legislative wedge for the eventual provision of services to all children.

LEGISLATION FOR THE HANDICAPPED

Legislation for the handicapped has also introduced the public to education policies that it might at first have found difficult to accept as applying to all children. The most dramatic example is the landmark Education for All Handicapped Children Act (P.L. 94-142), which has influenced all of American education. It is likely that its companion piece, the Education of the Handicapped Act Amendments of 1986 (P.L. 99-457), will do the same for services to all young children.

P.L. 94-142 introduced six key principles, all of which have had an impact on American education.

1. *Zero reject.* All children with handicaps must be provided a free and appropriate public education. Local systems do not have the option of choosing whether or not to provide needed services.

2. *Nondiscriminatory evaluation.* Each student must receive a complete and individual evaluation before being placed in a special education program, and tests must be appropriate to the child's cultural background.

3. *Least restrictive environment.* As much as possible, handicapped children must be educated with children who are not handicapped.

4. *Due process.* Legal due process procedures insure the fairness of educational decisions and the accountability of both professionals and parents in making those decisions.

5. *Individualized education.* An individualized education program (IEP) must be written for every handicapped child

dren into the work force has been one of the most dramatic social changes in American society, and it has raised the fundamental question, Who will care for the children?

The second factor stimulating public concern about early care and education is the growing realization that many young children from disadvantaged or culturally different families are not developmentally ready for school at the traditional age. They need specific skills and experiences in order to reduce the likelihood that many of them will fail in school and that the state will face greater costs later on.

Increases in the numbers of working mothers and of developmentally delayed children are compelling motivators for policy makers. As educational programs for all children under age 5 are developed, prior experience with legislation on behalf of children with special needs might be expected to play a major role in shaping and influencing these new programs.

REFORM LEGISLATION

One unexpected consequence of the increased public interest in education has been a more thorough public analysis of the manner in which education is conducted. In many cases this careful scrutiny has led to public dissatisfaction.⁵

perhaps even interference — in education policy making is not without irony, for the goals of legislators often coincide with the express wishes of many educational leaders. For example, educators have been saying for years that handicapped children should be better integrated into public school programs, that many professional disciplines (e.g., psychology, health, social work, education) should cooperate in delivering services to children, and that testing programs should consider the cultural backgrounds



"It's no use! They're getting smaller and more fuel efficient every year!"

EARLY • CARE • & • EDUCATION

who is receiving special education. The IEP should describe the child's current performance, the educational goals for the child, and the manner in which services will be delivered to enable the child to reach those goals.

6. *Parental participation.* Parents are included in the development of the IEP and are guaranteed access to their children's educational records.⁸

The law governing handicapped *pre-school* children (ages 3 to 5) provides an interesting example of the way legislative precedents can work. That law now requires that an IEP be provided for each child, extending the idea beyond the population originally targeted by P.L. 94-142.

A recent congressional initiative that has gone relatively unnoticed except by special educators is the Education of the Handicapped Act Amendments of 1986 (P.L. 99-457). This legislation is the most recent in a series of laws focusing on different aspects of educating handicapped children.⁹ One of the provisions of P.L. 99-457 (Part H) deals with a group that had been previously overlooked: handicapped children from birth to age 3.

P.L. 99-457 (Part H) completes a long cycle of legislative efforts to provide a free and appropriate education for all handicapped children. This new legislation for infants and toddlers is also the latest step in an effort — spanning more than two decades — to focus attention on early childhood, a commitment that began with the Handicapped Children's Early Education Assistance Act (P.L. 90-538) in 1968. That law provided small sums of money to support demonstration models of early childhood programming for handicapped children.

This legislative cornucopia for children with handicapping conditions should be of interest to everyone concerned about children. Much of this legislation is groundbreaking: it establishes precedents for relationships among federal, state, and local education agencies. In addition, the most recent pieces of legislation extend beyond the provision of additional professional resources and attempt — specifically and deliberately — to effect reforms that will have an impact on all educators and all professionals who work with children and families.¹⁰

The stated purposes of P.L. 99-457 are:

- to enhance the development of handicapped infants and toddlers and to minimize the risk of developmental delays;

• to reduce educational costs by minimizing the need for special education and related services after handicapped infants and toddlers reach school age;

- to minimize the likelihood of institutionalizing the handicapped and to maximize their potential for independent living; and

- to enhance the capacity of families to meet the special needs of their handicapped infants and toddlers.

In many respects P.L. 99-457 is more specifically directed at reform than any previous legislation. The new law requires each state to develop and implement a statewide "comprehensive, coordinated, multidisciplinary, interagency program of early intervention services."¹¹ Public acceptance of this legislation was sought by appeals to broad themes: helping the child and the family, saving money through early intervention that reduces future costs, and developing the full potential of each child. Similar themes can easily be imagined as rationales for programs for *all* young children.

HANDICAPPED INFANTS AND TODDLERS

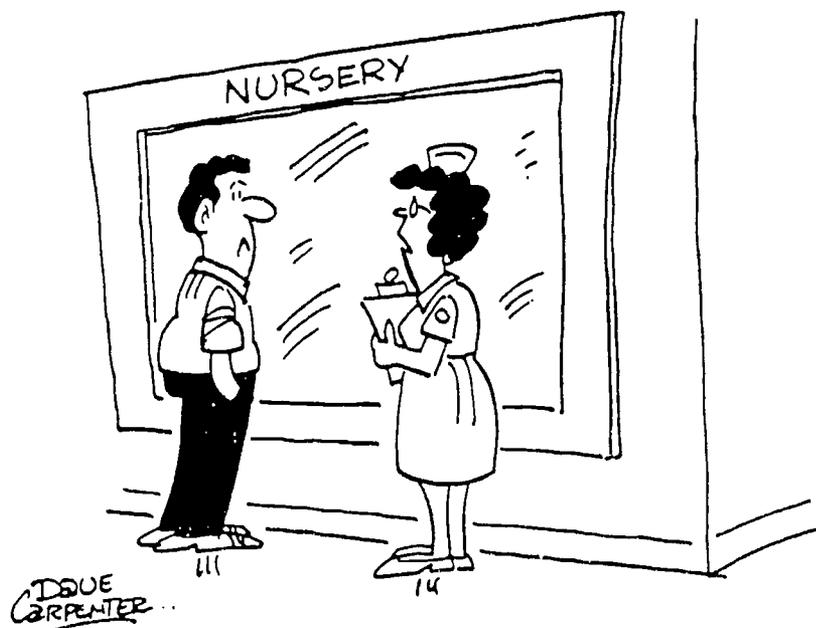
The new legislation establishes precedents for providing comprehensive services to handicapped infants and toddlers and to their families. The major reforms included in P.L. 99-457 (Part H) are:

1. *Multidisciplinary approach.* P.L.

99-457 requires that professionals organize multidisciplinary and multi-agency programs for young handicapped children and their families. Special educators have long seen the advantages of using teams of professionals — pediatricians, nurses, occupational therapists, physical therapists, speech/language pathologists, psychologists, and social workers — to work with handicapped children and their families, but such teams have rarely existed in practice. The law now mandates such multidisciplinary cooperation. The Individual Family Service Plan (also mandated for each child) will be required to contain evidence of this multidisciplinary approach.

Clearly, a young child who has cerebral palsy, a mild hearing loss, a delay in language development, and an inability to respond well to adults will need help from many sources. Working alone, the special educator, the psychologist, the pediatrician, or the physical therapist cannot provide the necessary program of coordinated treatment for such a child.

It should be equally clear that a mix of disciplines is needed to serve young children who are not handicapped. Social and health services have often been seen as desirable programs in the public schools, but not as partners in the educational program. At the preschool level, particularly for children from culturally different and economically disadvantaged families, some type of interdisciplinary teamwork among professionals would seem war-



"He left this morning for preschool."

EARLY CARE & EDUCATION

ranted. Jeanette Valentine and Edward Zigler note that the Head Start program is mandated to provide "education, health screening and referral, mental health services, social services, nutrition, and parent involvement."¹² To meet that mandate, public schools would need to include multidisciplinary teams that serve the special needs of the preschool population.

2. *Family empowerment.* Programs for handicapped children have long targeted parents and families for services: teaching parents more effective parenting techniques, engaging them in the instruction of their own children, helping them be-

tion, and the influence will surely continue to grow.¹⁴

3. *Personnel preparation.* There is a chronic shortage of adequately trained personnel to provide multidisciplinary services for handicapped preschoolers.¹⁵ This shortage can be circumvented by designing new ways of delivering services, whereby highly trained professionals supervise the work of other personnel rather than deliver the services themselves.

There are many variations on these personnel patterns, but they all seem to point the way to alternative models of service delivery for nonhandicapped pre-

creases and as the number of children with developmental deficiencies from economically disadvantaged families also increases, some type of public policy on early care and education seems inevitable. The provisions for such a policy will probably be shaped in part by existing programs for preschoolers with special needs. This would mean that programs for all young children will involve families to a greater extent, will be more multidisciplinary in character, and will make use of a variety of staffing patterns — all features of existing programs for young children with special needs.



More working mothers and more developmentally delayed children from poor families are forcing new public policy on early care and education.

come more effective public advocates.¹³ P.L. 99-457 makes a major effort to include the family in planning for handicapped infants or toddlers. The notion of protecting the rights of parents is relatively new to general educators, many of whom have viewed the public schools as their exclusive domain, with parents limited to a visit on "parents' day." However, the emphasis on *family empowerment* in programs for handicapped children and in programs such as Head Start has already filtered into general educa-

schoolers as well. It may not be possible to find sufficient numbers of certified preschool teachers to provide service to young children. However, alternative staffing models and personnel preparation models can help stretch the limited numbers of fully qualified preschool teachers.

PRESCHOOL EDUCATION FOR THE HANDICAPPED

Title II of P.L. 99-457 mandates full service to all handicapped children between the ages of 3 and 5 by the 1990-91 school year. In fiscal year 1989 the federal government provided \$200 million to aid the states in meeting this requirement. A state that does not meet the deadline will lose its share of the \$200 million and other discretionary funds that have been provided through the U.S. Department of Education's Office of Special Education Programs.¹⁶

It appears inevitable that financial support from the government produces rules and regulations that increasingly shape and control the expenditure of that money. Federal support for early care and education is likely to follow that pattern; for good or ill, federal guidelines and regulations will accompany these programs.

As the number of mothers of young children entering the work force in-

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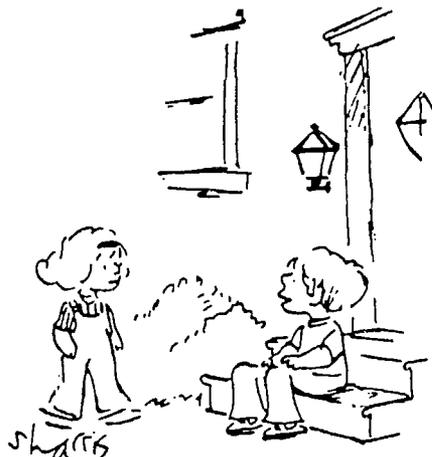
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FORUM

The Title VII Special Populations Program

OVERVIEW

As part of its mission to provide equal educational opportunity for limited English proficient (LEP) students, the Office of Bilingual Education and Minority Languages Affairs (OBEMLA) operates the Special Populations Program. The program provides funding to eligible parties for activities that are preparatory or supplementary to programs such as those assisted under the Act. Special populations projects may establish, operate, and improve preschool, gifted and talented, or special education programs for LEP children.

The Special Populations Program currently serves 8,663 students enrolled in 49 education projects nationwide with an annual operating budget of more than \$7 million. Special Populations Program projects are funded for no more than three years. During Fiscal Year 91, 45 projects were funded: 27 served LEP preschool students, 15 served LEP gifted and talented students, and three sup-

ported special education services for LEP students.

In response to an identified national need, Secretary of Education Lamar Alexander announced a competitive priority during Fiscal Year 92 for preschool programs serving LEP students. This priority is in response to changing demographics and the high number of preschool project applications to the Special Populations Program submitted in recent years. By emphasizing preschool projects, the Special Populations Program is helping local school districts in their efforts to achieve the first National Education Goal: "by the year 2000, all children in America will start school ready to learn."

Funding through OBEMLA's Special Populations Program is open to local education agencies (LEAs), institutions of higher education (IHEs), and private non-profit organizations.

The primary focus of each project funded through the Special Populations Program is to assist LEP students to become proficient in English.

continued on page 2

Referring Language Minority Students to Special Education

Paula Olson, Fairfax County Public Schools, Virginia

Specialists assume that approximately the same proportion of very bright individuals, cognitively limited individuals, individuals with language disorders, etc., will be found in any population. Statistically, about 12 percent of the language minority population in the United States may require special education. In some school districts, language minority students are over-represented in special education, while in other districts, and in certain categories of special education, there is an under-representation of language minority students with disabilities. While special education is not the only option available to language minority learners with special needs, it is imperative that they be identified

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Title VII programs, from page 1

Currently, Special Populations Program projects enroll students from the following native language groups: Arapaho, Armenian, Cambodian, Chamorro, Cherokee, Chinese, Choctaw, Creek, Crow, Farsi, Haitian-Creole, Inupiaq, Khmer, Korean, Laotian, Marshall-ese, Mien, Polish, Punjabe, Romanian, Russian, Samoan, Siberian Inupiaq, Spanish, Tagalog, Thai, Trukese, Ukrainian, Vietnamese, and Zuni.

Special education and gifted and talented programs that are funded through OBEMLA's Special Populations Program serve LEP students at grade levels from preschool through 12th grade. They are founded on accepted practices and meet the standards established through relevant federal regulation.

Preschool projects funded under the Special Populations Program can be developmental bilingual education (DBE), transitional bilingual education (TBE), or ESL instructional programs, among others. They include developmentally appropriate activities for three to four year old students, with an emphasis on early motor, language, and cognitive development as integral components of their structure.

The parent components focus on developing parents' parenting skills and understanding of the child development process, and increasing their involvement in education through home learning activities.

THE SPECIAL POPULATIONS PROGRAM: PROJECT PROFILES

Project PREP (Preschool Readiness for Educational Progress), Buena Park, California
Contact: E. Elaine Hutchins
714/228-3188

Project PREP is an early intervention preschool program established to meet the needs of native Spanish speaking LEP students who lack opportunities for adequate language and concept development prior to formal schooling.

Project PREP is designed to:

- provide a bilingual early childhood learning environment where LEP children will be stimulated to develop the motor, sensorial, language, affective, and intellectual skills needed for academic success in elementary school;
- assist at-risk LEP children in acquiring English language proficiency prior to the development of literacy and academic skills required for school success;
- prepare bilingual teachers to meet the challenges of teaching LEP students; and
- equip the LEA with the necessary resources to meet the needs of LEP preschool children on a continuing basis.

Project EL SOL (Exceptional Learners Speakers of Other Languages), Miami, Florida

Contact: Gwendolyn J. Kidney
305/995-1704

Project EL SOL is a special education project designed to serve handicapped LEP students in preschool and in grades K-5. Through ESOL-based group and individualized instruction in language devel-

opment, reading, mathematics, social/self help skills, social studies, science, health, and computer literacy, project EL SOL strives to increase handicapped students' English communicative and cognitive skills. Students served are native Haitian-Creole or Spanish speakers.

Project EL SOL is designed to:

- provide LEP pre-kindergarten and elementary handicapped students with an individualized education program (IEP) which will allow them to acquire communicative and cognitive English language skills;
- support the students' maintenance of their home languages to ensure the maintenance of previously acquired communication and cognitive skills;
- train parents to support the educational process, increase their understanding of the school system, and familiarize them with available community resources.
- prepare instructional personnel in the areas necessary to meet the unique needs of LEP pre-kindergarten and elementary handicapped students; and
- train teachers in ESOL strategies, multicultural awareness, academic theory and methodology, oral language development, parent training skills, and the use of home language to promote the acquisition of English.

For more information on the Special Populations Program, or for a complete listing of funded projects contact: Barbara Wells, Special Populations Program, OBEMLA, 400 Maryland Avenue, SW, Switzer Building, Room 5627, Washington, DC 20202; 202/732-1840. ■

Referring Students, from page 1

and given access to the full range of special education and related services to meet their needs.

THE PREREFERRAL PROCESS

The prereferral process seeks to eliminate unnecessary and inappropriate referrals to special education. Most inappropriate referrals can be avoided by implementing a prereferral intervention process through which teachers are helped to remediate the problems the child is experiencing in the context of the classroom. One prereferral method uses Teacher Assistance Teams (TATs)—groups of teachers selected by their peers to facilitate prereferral problem-solving. The TAT and the referring teacher meet to discuss the problems the student is having, think of possible solutions, and develop a plan of action to be implemented by the teacher. Ultimately, the TAT decides whether the student should be referred to special education (Garcia & Ortiz, 1988).

ASSESSMENT AND REFERRAL

To ensure access to special programs, yet not use special education as a dumping ground for LEP students, it is imperative that LEP students be tested thoroughly. Appropriate formal and informal assessment procedures should be used to determine the student's level of functioning and possible handicapping condition. Current research on language development and second language acquisition should be taken into account, including research on neurolinguistics, cognitive development, bilingualism, and psychologi-

cal functioning, as well as research on resettlement and cultural and emotional adjustment.

The ESL teacher, bilingual education teacher, and classroom teachers who work regularly with the learner will have the most important school-based observations and input in the assessment process. This, coupled with input from parents, becomes the foundation for the assessment process.

ASSESSMENT: OVER-IDENTIFICATION VS UNDER-IDENTIFICATION

Public Law 94-142 states that children with disabilities in the United States are guaranteed the right to a free, appropriate public education, to an individualized education program (IEP) that includes special education and related services that meet their specific needs, to due process (assuring that students with disabilities are properly assessed, classified, and placed in appropriate programs), to education in the least restrictive environment, to tests that are not culturally discriminatory, and to multi-dimensional assessment. The LEP child with a disability has a right to the same special education services as other children with disabilities.

The assessment and placement process is not a simple task. Legal requirements can cause difficulties for districts or schools seeking to implement procedures for assessing LEP children. "Fear of litigation by school districts can lead to the under-identification of minority pupils in special education. Data collected by the California State Department of Education (CSDE) pupil count verifies the trend of shifting from over-identification of minorities in special education to under-identification" (Vasquez-Chairez, 1988).

CONCLUSION

Students who have disorders that interfere with the teaching and learning process should be referred to special education programs that will allow them to develop the skills necessary for full participation in society. However, it is vital to distinguish students who are experiencing difficulties in school because of limited English skills from students who have disabilities. Inappropriate referral to special education can be stigmatizing and costly, and can inhibit LEP students from achieving their full academic potential. ■

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Excerpted from "Referring language minority students to special education," ERIC Digest, March 1991. To order a copy of the Digest, refer to "In the NCBE Database" on page 7.

Making Sense of Disability: Low-Income, Puerto Rican Parents' Theories of the Problem

BETH HARRY
University of Maryland

ABSTRACT: This article reports findings from an ethnographic study of the views of 12 low-income Puerto Rican parents whose children were classified as learning disabled or mildly mentally retarded. Different cultural meanings of disability and normalcy led parents to reject the notion of disability and focus on the impact of family identity, language confusion, and detrimental educational practices on children's school performance. Parents' views were in line with current arguments against labeling and English-only instruction.

□ In the face of the rapidly increasing cultural diversity of the United States, the special education system is faced with the challenge of explaining its services and practices to people who may hold radically different types of cultural understanding, assumptions, and expectations regarding education. Current demographic projections for the 21st century (Hodgkinson, 1985) have underscored the urgency of finding radical solutions for the evident mismatch between school systems and many of those they serve.

This article is concerned with one aspect of this mismatch—the potential impact on parents of cross-cultural misunderstanding. The mandate for the participation of parents in the placement process should serve as a protection to students who might be inappropriately placed in special education programs and should provide assistance to educators in the decision-making process. However, unless professionals working with culturally different parents can find effective means of ensuring a shared understanding of the meaning of special education placement, the intent of the law will be seriously undermined.

Using the findings of an ethnographic study of low-income Puerto Rican parents' views, this article demonstrates both the impact of cross-cultural misunderstanding and the tremendous potential of parents as effective collaborators in the education process. The concerns of the parents centered on conflicting interpretations of the concept of disability and on parents' provision of alternative explanations for their children's learning difficulties. Cultural differences notwithstanding, the parents' explanations of their children's difficulties were very much in line with some of the major debates current in the field, that is, arguments concerning labeling as well as the debate on appropriate assessment and instruction of cultural and linguistic minority students.

PARENTS' VIEWS OF LABELING

Official definitions of *mild mental retardation* emphasize that the concept does not include the expectation of biologically based, permanent, and comprehensive incompetence. Nevertheless, the term continues to evoke such an impression, partly because the same term is used for individ-

uals with much more severe intellectual limitations (Reschly, 1987), and partly because the term *disability* inevitably suggests a deficit within the individual.

A small but consistent body of literature on parents' reactions to labeling reflects this concern. Parents have been shown to be more accepting of terms such as *brain injured* (Barsch, 1961), *learning disabled*, and *slow learner* (Wolfensberger & Kurtz, 1974) than of retardation-related labels. The greater social desirability of the term *learning disabled* generally reflects the notion of an impairment that is specific rather than global in nature and therefore less stigmatizing to the image of the child as a whole person. Parents' preference for this type of description was observed by Smith, Osborne, Crim, and Rhu (1986). These researchers compared the definitions of learning disability given by 129 parents and 137 school personnel and found that parents tended to describe their children's difficulties in terms of physical disorders and attention span. The authors interpreted this tendency as a protective device on the part of parents to "neutralize" the social stigma attached to broader interpretations. On the other hand, Pollack (1985) pointed to potential negative effects if parents cling to such definitions to escape facing children's real needs. In case studies of upper-middle-class professional families, Pollack found that parents actively sought the "learning disabled" label, in what seemed to be an effort to deflect responsibility for negative familial dynamics underlying the child's difficulties.

Meanwhile, it is also likely that parents might be influenced by terminology they perceive to be negative. For example, Coleman (1984) found that mothers of children labeled learning disabled estimated their children's self-concept to be lower than the ratings actually given by the children themselves, perhaps because of the mothers' knowledge of social judgments. In addition, Kaufman (1982) found that mothers rated videotaped children more negatively when they were informed that the children were labeled mentally retarded rather than developmentally delayed.

It is important to distinguish between parents' reactions to the labels *per se*, and their estimations of their children's capabilities. Wolfensberger and Kurtz (1974) found that although parents' estimations of children's mental age and functioning agreed with those of professionals, they tended to reject retardation-related labels. Thus, parents' disagreement over any particular label

does not necessarily mean that they do not recognize their children's difficulties, but rather that they interpret and name them differently.

These findings are in keeping with common-sense expectations of parents' need to protect their children and families from stigma. Further, it is in keeping with Goffman's (1963) well-known consideration of stigma, in which he observes that labeled persons themselves may engage in actions designed to camouflage their difference so as to "pass" for normal. This theory was applied by Edgerton (1967) to his findings that previously institutionalized persons labeled mentally retarded rejected the label and expended considerable energy in disguising their deviance. Edgerton referred to this self-defensive mechanism as a "cloak of competence." His follow-up study 10 years later, however, found that this concern was no longer central in the lives of these persons; he concluded that this related to their increased distance from the stigma of the institution. More recently, Zetlin and Turner (1984) identified different types of self-perceptions among such persons, which included both "acceptors" and "deniers" of the label, and argued that one significant source of such reactions was the way parents had explained their children's limitations to them.

It is important to understand the meaning of the concept of "passing." A standard that has been established by society for the identification of deviance does not represent objective reality or "truth," but simply a social agreement as to the definition of deviance. Indeed, labeling theory, as set forth by theorists such as Lofland (1969) and Becker (1963), emphasizes that definitions of deviance are social constructions negotiated by those with official power to label. Bogdan and Taylor's (1982) life histories of persons labeled mentally retarded have demonstrated that such persons' self-identifications may differ sharply from the way society has identified them. Bogdan and Taylor pointed out that these individuals' rejection of society's label simply reveals the existence of differing perspectives, thus underscoring the socially negotiated nature of the labeling process. In other words, because a person engages in denial, one cannot assume that the denier is inherently wrong, and the official labeler is right, since the application of the label is but a social decision reflecting a societal value. To attempt to "pass" is simply to assert one's self-definition over the definition imposed by society.

Parental rejection of labels for their children underscores the highly differentiated response of individuals to their loved ones, whom they see as individuals with behaviors that may be recognizably different, but which do not necessarily render the whole individual "deviant" and therefore warrant a deviant classification. Thus, when professionals say that parents do not accept a child's classification, it should not be assumed that the professional is right and the parent wrong, but rather that both are using different criteria for describing the child. It would be more appropriate to describe the parent as disagreeing with the label than as failing to accept it.

Most studies of parents' views of labeling were either conducted with white populations, or else did not specify differences in responses between racially different groups. Studies of non-white parents' views of the mental retardation label per se are few, the best known being Mercer's (1972) report of interviews with Black and Hispanic parents who explicitly rejected the appropriateness of the label for their children. These parents felt that the special education classes into which the children were placed offered no remediation to their learning difficulties. Marion (1980) has also reported that Black parents have expressed resentment at the disproportionate classification and special education placement of their children.

Although the impact of the "mild mental retardation" label is important for all students and their families, the decades-long controversy has been fueled by the overrepresentation of minority students in special education programs (Dunn, 1968; Mercer, 1973). This continuing concern has more recently focused on the pressing need for more appropriate and effective methods of assessment and instruction for cultural and linguistic minority students (Duran, 1989; Figueroa, 1989; Ortiz & Polyzoi, 1986). The intensity of the debate reflects the elusive nature of the search for a dividing line between special and regular education, while the arbitrariness of the designation "disability" for many students with mild learning disorders illustrates that the concept is more a reflection of social values than of objective reality. For many minority students, underachievement is the point at which regular and special education meet, with many students from what has been called the "mental withdrawal—grade retention—drop-out syndrome" (Stein, 1986), crossing the border from "normalcy" to "disability."

HISPANIC PARENTS AND SPECIAL EDUCATION

Since Mercer's (1972) study of parents' opinions, which was conducted before the passage of Public Law 94-142, literature focusing on Hispanic parents has centered on their knowledge of and participation in the education process. Documentation so far indicates that parents place great value on education and express faith in the schools, but that their knowledge of what actually goes on in schools in the United States may be minimal (Condon, Peters, & Sueiro-Ross, 1979; Delgado-Gaitan, 1987). Studies focusing on special education show a similar pattern, indicating that there is often no parallel in the families' home countries (Figler, 1981; Lynch & Stein, 1987) and that cultural meanings attached to concepts of disability may be very different from those in the United States (Condon et al., 1979; Correa, 1989; Figler, 1981). Further, a recent ethnographic study by Bennett (1988) concluded that the discourse of parent-professional interactions is so structured as to render parents effectively powerless as partners in their children's educational careers.

The present study offers an additional dimension to the literature on Hispanic families' interaction with special education by seeking parents' actual definitions of disability, as well as their reactions to the experience of their children's classification and placement in special education programs. Further, the study shows that such parents can be very perceptive about their children's difficulties and, therefore, have a great deal to contribute to an effective parent-professional partnership.

DESIGN OF THE STUDY

The findings reported in this article are part of a larger data set from an ethnographic study of low-income, Puerto Rican-American parents' views of special education (Harry, 1992). The primary aim of the study was to examine the role of culture in parents' interpretations of their children's special education placement. A secondary aim was to examine the extent and quality of the parents' interaction with the special education system, as well as factors that facilitate or obstruct their participation. This article addresses only the findings related to the first of these aims.

Participants were 12 Puerto Rican-American families residing in a low-income, largely Hispa-

nic community, in a medium-sized city in the northeast. In three families, both fathers and mothers were participants, while in the other nine, only mothers and one grandmother participated. Spanish was the language of the homes; only one mother, who was born on the mainland, was a native speaker of English. The families had lived between 2 and 12 years on the mainland, and 11 families were currently receiving welfare benefits. Only two of the mothers had completed high school, most having left school between the fourth and ninth grades, while few of the fathers had gone beyond the fifth grade.

Although the sample number was small, these 12 families represented 17 children in special education programs, which amounted to 35% of the 48 Puerto Rican students enrolled in special education programs in the school district. All but one of these 48 were classified as having mild disabilities, while among the sample children 6 were classified as mentally retarded and 11 as learning disabled.

The parents were contacted by two Hispanic social workers affiliated with a neighborhood voluntary agency. This approach was important because it allowed the researcher to be presented as an independent agent, not affiliated with or accountable to the school system and therefore in a better position to gain parents' honest opinions of the system. Selection of the families was based on personal judgments by the social workers concerning which families they felt would be most accessible and most willing to participate. Families were not chosen because of any prior knowledge regarding the parents' experiences with the school system. The researcher was introduced to the parents by the social workers and subsequently proceeded independently of them.

Over a period of 9 months, information was collected through repeated unstructured interviews, conducted in the ethnographic tradition (Spradley, 1979; Bogdan & Biklen, 1982), with recurring feedback from researcher to participants to ensure accuracy and correct interpretation. At least three taped interviews were held with each family. The interviews were conducted by the researcher in participants' homes in Spanish or a mixture of Spanish and English, as appropriate; further, additional informal interviews were held with most parents. A second method of data collection was participant observation, conducted primarily in the style of "observer as participant" (McCall & Simmons, 1969). These included seven meetings between parents and

school personnel, as well as a variety of family and community activities. Triangulation of data was achieved by examination of students' school documents and by interviews with 12 district professionals involved in special education policy or service delivery to Spanish-speaking families.

The findings of this study are based on the views of a small group of parents from a particular background, that is, Puerto Rican families of low income and relatively little formal education, who might be described as being in the early stages of acculturation to the culture of the U.S. mainland. Their voices cannot be expected to be representative of all culturally different parents, or even of all Hispanic parents. However, though the study cannot claim to be generalizable to other populations, the in-depth, recursive nature of the interview and observation methodology ensures that an accurate picture of parents' views has been obtained. In other words, one of the main strengths of this methodology lies in its claim to validity—the notion that what it claims to demonstrate is in fact what has been studied, and therefore that one might expect similar findings with a similar population under similar circumstances.

Patton (1980) has offered a thoughtful discussion of the relevance of generalizability to qualitative data and concludes that the strength of the method lies in the provision of perspective and of well-grounded information that can lead to action. In the case of this study, the clarity of participants' perspectives demonstrates the principle of cultural relativity, which goes beyond the particular views of a given group and which can serve as a guide for professionals working with any significantly different cultural group.

FINDINGS

This article focuses on two central findings: first, important ways in which the meaning of disability differed along cultural lines for these families and, second, that the parents held their own theories explaining their children's difficulties. With regard to the issue of culturally based meanings of disability, the data showed two particular trends:

1. The parameters of "normalcy" in terms of children's developments were much wider than those used by the educational system.
2. Different designations for disability led to parents' confusion of terms like *handicapped*

and *retarded* with more extreme forms of deviance.

This section outlines, first, the meaning of the labels and, second, parents' theories of their children's problems.

The Meaning of the Labels

Francisca, a woman of 55, had years of experience with the special education system. Her daughter, Angelica, had been placed in a program for children labeled "educable mentally retarded" when she was between the ages of 8 and 13. At the time of the study, she had returned to the regular class, but Francisca's granddaughter, Rosita, was currently in special education, classified as "mildly mentally retarded." The following is Francisca's account of her daughter's initial referral to special education. This story is representative of the way in which many families described the initial referral of a child for special education services. For many it was a moment of crisis, marking the onset of a period of confusion and distress.

When the children were small I always used to go and collect them from school. One day, when my youngest daughter was in the second grade. I went to get her and as I was walking along Spruce Street the child came running toward me screaming. I was very frightened and thought that something terrible had happened. When she got close to me she grabbed me and threw herself on me and shrieked, "Mammi!" I said, "My God! What has happened to you?" And she said to me, "The teacher told me that I must not come to her class anymore, that she is not going to struggle with me anymore because I am crazy!"

So I went to the school and I told them the child is not crazy but they started sending me these letters and I took them to the Latin American Association and asked someone what they said and they told me it said the child is retarded. They put her in the special class although I told them at the meeting that no person who is retarded, who does not have a good mind, can do the hard school work she does. I told them to stop sending these letters because the child sees them, she knows English and she reads them and she gets very upset and says, "I am not going back to the school unless they stop saying I am crazy because I am not crazy."

Now they are saying the same thing about my granddaughter, but she has nothing wrong with her mind either. She behaves well and she

speaks clearly in both Spanish and English. Why do they say she is retarded? . . .

They say that the word "handicap" means a lot of things, it doesn't just mean that a person is crazy. But for us, Puerto Ricans, we still understand this word as "crazy." For me, a person who is handicapped is a person who is not of sound mind or has problems in speech or some problem of the hands or legs. But my children have nothing like that, thanks to God and the Virgin! (Francisca)

Most parents were initially as incredulous as Francisca at the assignment of the label "mentally retarded." Coming from a background where daily affairs can be managed by a healthy body, common sense, and elementary academic skills, parents explained that the label "retarded" or "handicapped" would be applied only to someone whose competence is severely impaired or who is considered mentally deranged. Thus, the labeling of Francisca's daughter and granddaughter seemed a contradiction in terms: How could a person who is retarded read and become incensed by the very letter that describes her as retarded? How could a 6 1/2-year-old who speaks both English and Spanish be retarded?

In addition to different parameters for normal development, the word "retardado" was tied to the general category of mental illness—a tremendously stigmatized form of social deviance. Thus the term would only be used to denote behavior and a functional level seriously different from the norm. One mother, Ana, speaking in terms very similar to those of Francisca, made a clear distinction between "retarded" and "handicapped":

For me, *retarded* is crazy; in Spanish that's "retardado." For me, the word "handicap" means a person who is incapacitated, like mentally, or missing a leg, or who is blind or deaf, who cannot work and cannot do anything . . . a person who is invalid, useless. . . . But for Americans, it is a different thing—for them, "handicap" is everybody! (Ana)

For parents to accept the use of the word *retarded* they had to start by differentiating it from the word *loco/crazy*, and most parents who made this transition substituted the word *slow*. However, to reach this level of agreement with the school, parents would still need to see the child as significantly different from their own expectations. This became confusing for parents whose own level of education was at the third or fourth grade and who had a child already in the fifth or

sixth, or who was bilingual while the parent found English difficult to learn. One mother, Carmen, exclaimed angrily that the work her daughter was doing was sometimes so hard that "neither her father nor I can do it!"

The term *learning disabled* did not evoke the same confusion for parents, but neither did they accept it as an appropriate description of their children's difficulties. They readily understood the intent of the term, and did not find it offensive since it acknowledged the overall developmental competence of the children. However, with only one exception, the notion of a deficit intrinsic to the child was rejected by the parents; in other words, they did not interpret the difficulty as a "disability." Their explanations are described in the next section.

Parents' Theories

Parents' interpretations of their children's difficulties varied in specific ways; but from all the interviews there emerged three distinct themes: the importance of family identity in the interpretation of a child's developmental patterns; the detrimental effects of second-language acquisition on school learning; and the detrimental effects of educational practices such as frequent changes in placement, out-of-neighborhood placement, an unchallenging curriculum, and inflexible reading instruction.

Family Identity. The strong familism of Hispanic cultures is well documented (Condon et al., 1979). With reference to Puerto Rican people in particular, Canino (1980) has described the typical family as tending to show an "enmeshed" rather than a "disengaged" structure. In this pattern, there is a strong emphasis on the family's identity as a group rather than as a collection of individuals, which, Canino says, may lead to features such as, "prolonged mother-child interaction," overlapping of nuclear and extended family roles, and a perception of illness as a problem that resides within the family rather than solely within the individual.

This concept of the family became a crucial factor in some parents' interpretations of their children's being described as "handicapped." For example, some parents said they felt that their families had been disgraced because the social histories written about the children gave the impression that the children's difficulties resulted from immorality in the family. In addition to

these families' traditional association of "retardation" with mental illness, disability thus took on an extra stigma, that of being tied to bad family character.

Parents' comments also demonstrated that although a strong concept of group identity makes the whole group vulnerable, there is a resilience created by these same assumptions. That is, inasmuch as the individual may bring shame to the group, so may aspects of the groups's identity serve to protect the individual. Thus, all parents spoke of their children's strengths and weaknesses in terms of family characteristics.

There is a certain acceptability in a child's difficulties "coming from the father," or being "just like his aunt." Some mothers modified the term "retarded" and other rejected it outright; but in either case they described the children in terms of marked family traits not considered to be outside the range of normal behavior. Thus, they felt that the school's labeling process did not recognize the child's individuality and family identity. Francisca, for example, explained both her daughter's and her granddaughter's difficulties at school in terms of the school's preference for more expressive types of personality. Her children, she said, were very quiet, both by heredity and because of the family's life style:

As I told them at the school, the only problem my child has is that she is very quiet. She does not talk much. But this quietness comes from the family because the father of these children is very silent. If you speak to him he speaks, if you greet him he greets you, if not, nothing! . . . So this is by heredity; the child has no problem in speech nor is she retarded or anything. . . .

And my granddaughter—she is very timid, you know. I brought her up here and she does not play with other children outside, only at school. At home I only let her go outside if she goes with the family, but alone, no. (Francisca)

In a similar vein, another mother, Ramona, acknowledged that her 10-year-old daughter was progressing more slowly than most children in academic work, but did not agree that this meant she was mentally retarded. Rather, she described her daughter as very unsure of herself because of extreme shyness, similar to that of her "father's family" and of Ramona herself. Ana, whose 9-year-old, Gina, was also classified as "mentally retarded," agreed that her daughter needed a special class because she was slow in learning and her behavior was very erratic. Ana understood

what "Americans" mean by "retarded" but considered it irrelevant: Gina, she said, is simply "like her father." He never did learn to read and write and has a quick temper. He has always been like that, and she feared that Gina would be too:

I think she won't change because she is the same thing as my husband. He is always "con coraje" (quick to anger). You tell him something, he talks to you back. He can't stay quiet. He spoils Gina—he says, "I love her because she is just like me!" (Ana)

Learning Disability: "*A causa del idioma/Because of the language.*" Parents of children in both learning disability and mental retardation classifications tended to place their children's difficulties in the context of family identity. Beyond this, however, parents also placed a great deal of responsibility for children's difficulties on the school. Here a noticeable pattern emerged regarding the disability label. Parents of children labeled learning disabled focused on the common theme of "confusion" resulting from the change from Spanish to English, and one parent specifically charged the method of teaching reading as the source of her daughter's difficulties. Parents of children labeled mentally retarded, however, focused on other detrimental educational practices.

Because Spanish was the primary language in all homes in the study, even those children born in the United States learned Spanish as their first language. Thus, English became a requirement only upon entrance into school, which, for most, was between kindergarten and the third grade. These children were placed directly into regular education English-speaking classes with varying amounts of "pull-out" for the "English as a Second Language" (ESL) program. Those labeled mentally retarded were identified within a year or two, and those labeled learning disabled were referred to special education between the second and sixth grades. All of the latter group had repeated one or, in several cases, two grades before being referred.

Parents said that the children had been "doing fine" in prekindergarten and kindergarten and that their problems began when the child entered the elementary grades. Of those children who had started school in Puerto Rico, most of the parents said that the child had no problem in school there. Only two children, who had behavior problems, had been considered for special education placement in Puerto Rico.

Some parents interpreted the second-language difficulties in school as a reflection of teachers' intolerance and unreasonable expectation. Josefina, for example, whose 14-year-old son had been in a special education class since the fourth grade, pointed to an undue focus on students' accents, a point which has also been made by researchers Moll and Diaz (1987). To quote Josefina:

It is all because of the language—nothing more! At first my son did not know English, but he had to learn to read it and write it. Then when he learned it, his pronunciation was not perfect like an American because he must have a Puerto Rican accent, but they wanted him to know it correctly. When I went to the meeting they said that the child is at a high level in math but the reading. . . . So I told them that I suppose that a child from Puerto Rico could not learn English so quickly—he can learn to read it but not so perfectly as an American! (Josefina)

Another mother, Delia, illustrated the impact of the language problem by drawing a comparison between her older children, who began school in Puerto Rico and were doing "all right" until they entered the first and second grades in the United States, and her youngest child, who was born in the United States and went to prekindergarten here. She said that at the end of the semester there was a family joke when the little girl came home from her kindergarten class with a certificate for good reading; the older children laughed, but were really embarrassed because they were behind in reading. Delia concluded that the difference was that "the little girl started here in the pre-k, not like the others starting in Puerto Rico and then coming to this country to meet with a new language."

Although parents were adamant regarding the role of language confusion, it was evident that they did not have a clear idea of exactly how this worked in school. Parents used the terms *ESL* and *bilingual* interchangeably and expressed the belief that this program was the source of the children's confusion. However, none of the children in the study were old enough to have been in the district's bilingual program, which had been discontinued about 8 years before the study began.

Another aspect of the comment that "bilingual or ESL" classes confused children is that this belief presented a dilemma for most of the parents: They felt that a choice had to be made between English and Spanish, and all were adamant that

they would choose English for their children. Yet they thought it a shame that the children were not learning to read and write in Spanish, and might even forget the language after a while. For families who thought they might like to return to Puerto Rico, this was particularly worrying. Others simply felt that the ability to speak two languages should be an advantage.

Teaching of Reading. The teaching of reading became the focus of one mother's concern. Dora, whose daughter, Maria, was labeled learning disabled, was pursuing an understanding of the methodology used to teach reading and had concluded that inflexible use of a direct-instruction, phonic method, along with repeated grade retention, had compounded her daughter's language-induced difficulties. Dora did not consider her daughter as learning disabled, because, she said:

When I started teaching her to read in kindergarten, I taught her to read the whole word and she was learning, but the way they are teaching her now is confusing her. All children are not the same, and she is not learning by this method. For one thing, it is only phonetics; and she became confused when she started school and had to learn the difference between the letters ABC, and the sounds you have to say in English. (Dora)

Both Dora's account and her daughter's school records showed that although Maria had passed the first reading level at the end of the second grade, in repeating the grade she had, somehow, been put back to the same level. Toward the end of her repeating year, Maria's report indicated that she still had not mastered this reading level. Her mother was incredulous:

It is a very hard thing to understand! It is impossible that Maria could stay a whole year on the same reading level, especially when she had passed it the year before! (Dora)

Placement and Curriculum in the Special Class. Although parents of children labeled mentally retarded generally agreed that their children were slow in development, they argued that two aspects of special education programming had exacerbated their children's difficulties and, in Ana's words, had done the children "a lot of harm." The detrimental practices identified were, first, frequent changes of school and, second, an infantile and repetitive curriculum in the special class.

The frequent changes of placement reflected the school district's pattern of moving children labeled mentally retarded to whatever was considered the most appropriate self-contained program. This was devastating for some children and for their parents, who, for the most part, spent most of their time in their own neighborhood and generally considered the city at large dangerous and alien. Rita's daughter, Marta, for example, had been moved to five different schools between ages 6 and 9, and had finally been placed in a school where the district said she would remain until age 12. Similarly, Francisca's granddaughter, Angelica, had been placed in three different schools between the ages of 5 and 7, and Francisca had recently refused to allow her to be moved to a fourth. Ana's daughter, Gina, had experienced four school changes by the age of 9. The parents were angry about the moves and about the children's being placed in schools outside of the neighborhood.

These parents were also angry about the nature of the curriculum in special classes, which they all said taught only kindergarten activities such as painting and coloring. In Francisca's words:

They give her a little paper with animals and she has to mark if it is a cow or a dog, and things like that! I see her as much more alert than that and she could learn to count and write. . . . All day long she is wasting time, because they are not teaching her anything. If she needs to learn to paint I could teach her at home! (Francisca)

Ana had encountered the same problem when her son had been placed in special education some years before in another city. Upon relocating, she found her own way of solving the problem:

When I moved down here I was tired of José staying down in the special class. He was always in kindergarten; they never let him pass to the first grade because they say he doesn't know the work. But how can José know something if you don't tell him how to do it? All they did was painting and some little stuff—every day the same thing. So when I came here I told them I lost the school papers and I put him in regular first grade. He failed one year, but the next year he passed. . . . He never failed since then, and he gets As and Bs in the regular class because he is very intelligent. (Ana)

Parents' Views of Children's Progress

Despite disagreement with the school's interpretations of the meaning of their children's difficulties, parents' satisfaction with the effectiveness of special education varied. As indicated previously, the exigencies of special class placement were generally seen as a deterrent to children's progress for those labeled mentally retarded. On the other hand, some parents of children labeled learning disabled felt that the resource room program was helping their child. Margarita and Delia, for example, who both explained their children's problems in terms of second-language "confusion," said that the children were progressing better as a result of the special attention. Inés, the only mother who said she had come to the United States because of her son's learning difficulties, felt that the school was doing its best and she was getting the services she came for. Others, however, such as Dora and Josefina, were skeptical, believing that a combination of intolerance and inappropriate methods continued to hold the children back.

Yet it is important to note that the parents did not object to special assistance as such. On the contrary, they all said that small-group instruction should be the main benefit of special education. Even parents who considered the curriculum or the teaching methods inappropriate also felt that the child "would not make it" in a large class. In sum, parents mostly agreed that the children were having difficulty and were willing to accept appropriate and effective help from special education, but varied in their assessment of the actual success of these programs.

DISCUSSION

This study of parents' views makes two crucial points for professionals in special education: first, it illustrates the argument that conceptions of disability are socially constructed (Bogdan & Knoll, 1988) and that, in the words of Irving Goffman, "The normal and the stigmatized are not persons but rather perspectives" (Goffman, 1963, p. 138). Second, the study shows a cluster of folk theories that are very much in line with certain current arguments in the field of special education.

Parents' Theories as Cultural Perspectives

The perspectives of these 12 Puerto Rican families should sharpen educators' awareness of the

potential for cross-cultural misunderstanding inherent in the culturally specific classification system used by special education. As professionals, we need to be reminded that any deviance classification is based on the values and expectations of a society in a particular era. Indeed, it is likely that, in a more rural and less technological America, mainstream conceptions of disability may have been considerably different.

The language of the law (the Individuals with Disabilities Education Act), however, and the medical model it espouses, reflect none of this ambiguity. Indeed, the process of reification, by which a theoretical construct is treated as objective reality (Bowers, 1984), is evident in the conception of disability inherent in special education theory and practice—the belief that a child's failure to master certain skills is indicative of an objectively identifiable intrinsic deficit. The limitations of the assessment process are recognized by the law in its call for measures to ensure unbiased assessment, yet the subjective nature of the process is inescapable and becomes most evident with students from culturally diverse backgrounds.

The interpretation of parents' disagreement as a reflection of cultural difference may be challenged in a number of ways. First, it is appropriate to ask whether these parents' views differ significantly from those of mainstream American parents; second, whether parents are simply engaging in a process of denial to protect their children's and their families' identities; third, whether parents' disagreement simply represents a difference in nomenclature—in this case, a mistaken translation of the term *retarded* to mean *crazy*.

Wolfensberger (1983) described the process of stigmatizing in terms of the negative valuing of a characteristic, the subsequent attribution of that characteristic as the defining feature of an individual, and, hence, the ultimate devaluing of the whole individual. Similarly, Goffman (1963) spoke of this process as the "spoiling" or "disgracing" of individual identity. As was indicated by the earlier review of literature, parents' desire to protect their families from such stigma could explain the commonly observed preference for milder, more specific, rather than global labels. The literature also showed that parents disagreed with professionals mostly at the level of naming the problem, not at the level of describing children's performance or behavior. In this regard, the parents in this study showed a pattern

similar to what is known about mainstream parents, in that they rejected the labels while acknowledging that their children have difficulties. The reasons for their rejection of these labels, however, were complex.

First, like the mainstream parents in the literature, they found the label "mental retardation" too stigmatizing. This was exacerbated by the fact that the traditional Spanish used by these families does not have a word for *retarded*, but rather identifies mental disability with mental retardation, under the vernacular term *loco* (*crazy*). It is not simply a matter of mistranslation, but a reflection of an absence of distinction between mental illness and intellectual impairment, the latter being considered an impairment only at the more extreme end of the spectrum.

The avoidance of stigma, however, is not the only reason that parents may reject a label. The parents in this study genuinely disagreed that deficits in mastering academic skills were tantamount to a handicap, as was made clear by Francisca's incredulity that a child who can read and who can speak two languages could be considered retarded. The use of academic learning as a criterion for normalcy is clearly related to differing societal norms.

Beyond the issues of stigma and varying societal norms, there is also the question of assumptions about etiology in mild disabilities. The concept of disability, by definition, suggests some impairment intrinsic to the individual. Mainstream parents have argued for more restricted, less global interpretations of children's difficulties, but have not rejected the notion of disability as such. Indeed, it is well known that parents have been a powerful force in the recognition of the existence of learning disabilities. In this study, parents of children labeled mentally retarded, when they accepted their children's delay as an intrinsic characteristic, tended to accept it as falling within the normal framework of the family's identity, and did not define it as a disability. Parents of children labeled learning disabled, on the other hand, explicitly rejected the notion of within-child etiology, identifying the source as extrinsic to the child. This is in keeping with the previously mentioned work of Mercer (1972) and of Marion (1980) with Black and Hispanic parents.

Thus, the views of culturally different parents may differ in some important ways from those of mainstream parents. This study shows how intense can be the stigmatizing effects on families

whose cultural base is different, whose knowledge of the school system is minimal, and who already feel powerless and alienated. Correa (1989) made the point that acculturation must be a two way, "reciprocal" process, with professionals in education becoming sensitized to the values and norms of the cultures from which their students come. First, however, professionals must become aware of their own values, and of the fact that most human values are not universal but are generated by the needs of each culture. Such awareness is not too much to ask: It is through the eyes of the school that a child officially comes to be defined as a success or a failure; the school system must, therefore, accept the tremendous responsibility that accompanies such power.

Folk Theories and Professional Arguments

The ability of these parents to identify weaknesses in the education system exemplifies the validity of the law's intention to include parents in the decision-making process, yet it is notable that the discourse between parents and professionals provided no forum for parents' theories to be heard. Indeed, as has been observed elsewhere (Harry, 1992), such discourse is structured so as to exclude and delegitimize views that fall outside the framework of the law's conception of disability.

Marion (1980), in discussing the subordinate role often accorded minority parents, stated that professionals often withhold information on the assumption that such parents are too unsophisticated to benefit from much professional information. Similarly, Sullivan (1980) charged professionals with assuming that low-income parents will accept any evaluation of their children. This study illustrates the perceptiveness of a group of low-income parents who spoke neither the literal nor the metaphorical language of the school. The study offers a small but effective challenge to the recent charge of Dunn (1988) that Hispanic parents' lack of interest is partly responsible for the poor performance of their children. The theories of these parents reflect ongoing debates current among professionals in the field—debates on labeling, on appropriate instruction for bilingual students, and on the efficacy of special class placement.

Labeling. Arguments against the current classification system are no less than 20 years old

(Dunn, 1968; Mercer, 1973) and have continued to gain momentum (Gardner, 1982; Reynolds & Lakin, 1987) with regard to both the mild mental retardation construct and learning disabilities. One recommendation for change has been a call for new designations, such as "educational handicap" (Reschly, 1987), or "educationally delayed" (Polloway & Smith, 1987), reflecting the fact that students' difficulties are largely related to academic learning. Indeed, Reschly's argument that students classified as mildly retarded are "inappropriately stigmatized by implicit use of the same continuum for all levels of mental retardation" (Reschly, p. 37) is identical to that of the parents in this study. Goodman (1989), in a study of third-graders' perceptions of the term *mentally retarded*, has recently demonstrated that this label is a "poor diagnostic term . . . embedded in erroneous thinking" (p. 327) and has called for new terminology or classification criteria.

More radical, however, are challenges that call for rejection of categorical eligibility criteria based on the concept of within-child deficits. Such arguments call for a system of service that would reflect the programmatic needs of students or that rely on curriculum-based approaches and dimensional rather than categorical diagnosis (Gerber & Semmel, 1984; Reynolds & Lakin, 1987).

These arguments are even more urgent when applied to students from racially and culturally diverse backgrounds. It is not enough to say that many people misunderstand disability classifications and that it is therefore simply a matter of nomenclature. It is now widely acknowledged that our assessment system is severely limited in its ability to identify the true nature of students' learning difficulties, especially when these students' cultural experiences predispose them to linguistic, cognitive, and behavioral styles that may differ in important ways from what is considered normative on most assessment instruments (Cummins, 1984; Figueroa, 1989). Particularly relevant to the views of parents in this study is the observation that the "learning disability" label is often applied to children whose difficulties are really a reflection of normal second-language development (Ortiz & Polyzois, 1986).

This study supports the argument that it is time for us to abandon our reliance on a model whose main effect is to locate the source of failure in the child. The concept of disability in the case of underachieving children is simply inadequate and

inappropriate in the context of the tremendous diversity of American schools.

Instruction and Efficacy. Research on instruction and efficacy in special education also parallels the interpretations of parents in this study. Cummins (1979, 1984) has argued convincingly that children may demonstrate adequate basic interpersonal competence in a second language while their level of cognitive academic language proficiency may be inadequate to the task of literacy or psychological assessment in the second language. Indeed, the literature on this topic overwhelmingly concurs that to move children to second-language literacy too soon is to set them up for failure in both languages, thus preparing them for low-status roles in the host society, as well as alienation from their native culture (Cordasco, 1976; Lewis, 1980; Ovando & Collier, 1985; Spener, 1988; Stein, 1986).

A crucial outcome of the premature introduction of children to instruction in the second language is grade retention, a feature frequently observed among bilingual students, with a common pattern of "overage" students (Walker, 1987). Among the families in this study, it was not uncommon to find children as much as 3 years older than the usual age for their grade, and it was the rare child who had not repeated at least one grade level.

Besides language of instruction, research is increasingly focusing on the need for culturally sensitive instructional approaches. In contrast to the direct instruction, phonic-based approach used with Dora's daughter in this study, are more holistic, meaning-based approaches recommended currently for students from different cultures (Au, 1981; Ruiz, 1989). Indeed, Figueroa, Fradd, and Correa (1989), in summarizing the findings on assessment and instructional services, call for a paradigm shift from "decontextualized, acultural and asocial" interventions, toward conditions of high context, both in assessment and instructional approaches. Along with this shift, other researchers recommend targeting curricula toward the "upper range of bilingual children's academic, linguistic, and social skills" (Ruiz, p. 130), and viewing the culture from which students come as a resource rather than a deficit (Moll & Diaz, 1987). Like the parents in this study, professionals in the field of special education are calling for effective, challenging, and culturally appropriate programs.

The Role of Parents in Empowerment

In his proposed framework for the empowerment of minority students, Cummins (1989) has used a sociohistorical perspective to analyze the underachievement of students from what John Ogbu (1978) has called "caste-like minorities." Cummins argued that only through holistic interventions, incorporating cultural/linguistic, community, pedagogical, and assessment needs, will minority students be empowered to achieve to their potential. The input of parents is essential in this process.

Most of the parents in this study said that their children were fine until they started school. This should not be relegated to the status of parent/folk lore: It is, increasingly, the comment of careful scholars who have focused their attention on students from low-status minority groups. Henry Trueba (1989) has put the case succinctly:

These disabilities are an attribute of schools. Children's seeming "unpreparedness" for mainstream schooling is only a measure of the rigidity and ignorance of our school system, which creates handicap out of social and cultural differences. (p. 70)

This study shows that the power of parents may be seriously undermined by culturally different ways of understanding. Yet it also shows that poor parents, with little formal education, and a different language and culture, may, through their own analysis of their children's difficulties, have a significant contribution to make to current debates in the field of special education. This can only underscore Cummins' (1989) call for a collaborative versus an exclusionary approach to defining the roles of families. Students from widely differing cultural backgrounds already comprise the bulk of the population in certain school systems; in the coming century they will no longer be in the minority nationwide. If their parents' voices cannot be listened to, vast numbers of students will be caught between irreconcilable worlds of home and school.

Two years after the completion of this study, a limited follow-up revealed that parents' opinions of their children's performance had not changed. In the words of one mother, Dora, whose apparently very bright 6-year-old was about to fail kindergarten:

Algo está pasando en la enseñanza, porque la chiquilla es muy normal, y después de un año, no pudo aprender a leer ni una palabra! Yo lo

siento, pero, es imposible que yo crea una cosa así! Y siempre la mayoría de los niños Hispanos tienen problemas en la lectura. Eso yo no comprendo!

(Something is going wrong in the teaching, because the little girl is very normal, and after one year, she has not been able to learn to read even one word! I am sorry, but it is impossible to believe such a thing! And the majority of Hispanic children continue to have problems in reading. I do not understand it!) (Dora)

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Regional centers for training and technical assistance on Special Needs to Head Start Programs
- Institute on Special Education and Language Minority and Culturally Diverse Children, a component of the Center for Second Language Learning and Cultural Diversity, University of California at Santa Cruz.
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