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Benefits and Risks of Reverse Inclusion for Preschoolers With and Without Disabilities: Parents' Perspectives

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In this article, we compare the perceived benefits and risks of inclusion among 244 parents whose preschoolers with and without disabilities attended a community-based reverse inclusion program. Parents reported strong support for inclusion and differed on only one attitude dimension. Perceived risks for typically developing children were greater among parents of typically developing children than among parents of children with disabilities. Level of support was consistent for parents of children with mild, moderate, and severe disabilities. Parents reported greater support for including children with mild-moderate disabilities, as well as those with speech or orthopedic impairments. Rates of program satisfaction and parent involvement were high and 94% indicated they would place their child in a similar program again.

State and local education agencies are engaged in systematic reform efforts emphasizing inclusion (Guralnick, 2001; Odom, 2000; Vaughn, Bos, & Schumm, 1997). Inclusion refers to the process of educating children with disabilities in the regular education classrooms of their neighborhood schools—the schools they would attend if they did not have a disability—and providing them with the necessary services and supports (Turnbull, Turnbull, Shank, & Leal, 1995). Related services, such as speech therapy, are provided in the regular education classroom as appropriate. Support services are provided through the collaboration of professionals from various disciplines and might include a team approach to service delivery, innovative instructional strategies, consulting teachers, appropriate staffing ratios, paraprofessionals, and staff training (Yell, 1998). The goal is to provide all children with equitable opportunities for a successful education (Janko, Schwartz, San-

dall, Anderson, & Cottam, 1997; Odom et al., 1996; Peck, Odom, & Bricker, 1993). Other terms, such as mainstreaming and integration, are often used interchangeably with inclusion, although they are not synonymous. Mainstreaming refers to the practice of removing students from their special classes for part of the day and placing them in regular education classes (McLean & Hanline, 1990). In addition, children are given access to regular education classes only when they are able to function on the same level without instructional modifications or support services. Integration is a broader term, and refers to the process of actively mixing children with and without disabilities (Odom & McEvoy, 1990).

As practiced, early childhood inclusion programs vary substantially in terms of their structure and the extent to which children with and without disabilities are integrated, although four categories of inclusive programs have been identified (Guralnick, 2001). The

term *full inclusion* describes programs whereby children with disabilities are full participants in the general program environment and the general early childhood educator is responsible for all of the children, although specialized staff can provide both special education and related services integrated into the ongoing curriculum. The *cluster model* describes programs whereby a small group of children with disabilities is embedded within an existing program for typically developing children. The cluster of children with disabilities, although frequently assigned a separate physical location within the larger program with its own special education staff, participates in the usual program activities. *Reverse inclusion* refers to settings whereby a relatively small group of typically developing children (usually 25%–40% of the total) is added to a specialized program for children with disabilities. Although early childhood special educators generally staff these settings, there are substantial variations across programs in terms of structure, curriculum, and educational philosophy. Finally, *social inclusion* refers to programs for typically developing children whereby children with disabilities are housed in the same general location but are maintained in separate spaces with separate staff. Social interaction opportunities are planned during free play and other recreational activities.

This shift in special education policy and practice has created challenges for educators and parents as they attempt to design and implement high-quality inclusion programs (Bricker, 1995). One major challenge is policy related and pertains to the unavailability of regular education classrooms in neighborhood schools for typically developing children. Because preschoolers in the United States do not have a legal right to education, public schools rarely provide programs for typically developing children (Guralnick, 2001). Placement options for typically developing preschoolers include Head Start, day care (private and public), and to a lesser extent, programs operated by the public school system such as the Universal Prekindergarten (UPK) program. In most areas, there are insufficient places in

each of these programs to meet demand, and waiting lists tend to be long (Children's Defense Fund, 2001). Consequently, the challenge of providing children with disabilities with the necessary services and supports to succeed in the schools they would attend if they did not have a disability is more complicated for preschoolers than for their school-age peers.

In contrast with the options for typically developing children, preschoolers with disabilities in the United States are entitled to special education and related services under the Individuals with Disabilities Education Act (1997). Traditionally, the majority of preschoolers with disabilities were placed in segregated center-based programs where they had little, if any, opportunity to interact with typically developing peers. According to Guralnick (2001), children's access to inclusive programs has grown in recent years, although inclusion options are still not offered to a substantial proportion of families. Greater collaboration is needed between the systems responsible for preschool programs for typically developing children and the center-based programs for children with disabilities. In New York City, for example, Committees for Preschool Special Education (CPSEs) place preschoolers with disabilities in only those programs that are operated by approved 4410 providers (referred to as the "Section 4410 Schools" after the section of state law which governs provision of this service). Section 4410 programs, which are fully funded and regulated by the New York State Department of Education, offer special classes in both integrated (reverse inclusion) and segregated settings. The CPSE considers placement in a preschool program ("Section 4410 School") only when they have determined that the child cannot be appropriately served in a less restrictive setting—i.e., by receiving "Related Services Only" or "Special Education Itinerant Teacher Services" in the child's home, a related service provider's office, or at a regular education site the parent arranged for the child (e.g., a preschool program, Head Start; Rafferty, 2002). In view of these policies, it is not surprising that only 3% of the pre-

schoolers receiving services in the UPK program in New York City during 1999–2000 had identified disabilities and were receiving special education services (Lekies & Cochran, 2001).

A second challenge to preschool inclusion is the absence of a comprehensive research base describing the social and academic impact of inclusion on children with and without disabilities, characteristics of successful programs, and strategies that overcome policy and attitudinal barriers (Fuchs & Fuchs, 1994; Kauffman, 1993; Lewis, Chard, & Scott, 1994; Odom, 2000). In addition, although parents exert a powerful influence on preschool inclusion programs, as well as on the development of their children's attitudes toward people with disabilities, there is also a paucity of research related to parents' perspectives on the benefits and drawbacks of inclusion (Buisse & Bailey, 1993; Diamond & Innes, 2001; Odom & Diamond, 1998; Stoneman, 2001). There are a number of studies, however, that have focused on mainstreaming or integration and, although different from inclusion, provide considerable insights into parents' perceptions of the benefits and risks associated with inclusion.

A number of studies have indicated that parents of children with disabilities are generally supportive of opportunities for integration and that they favor the increased social contact with typically developing peers that integrated settings provide. They are more likely than parents of preschoolers in segregated programs to report opportunities for their child to participate with their typically developing peers in activities outside of the preschool setting, and to report that their child has a friend who does not have a disability. They also report that integration provides their children with greater preparation for the real world (Bailey & Winton, 1987; Blacher & Turnbull, 1982; Guralnick, 1994; Turnbull & Winton, 1983; Turnbull, Winton, Blacher, & Salkind, 1983) and is associated with positive developmental outcomes and peer relationships (Bennett, Deluca, & Bruns, 1997; Hanson et al., 2001; Miller et al., 1992; Stoiber, Gettinger, & Goetz, 1998). Parents often at-

tribute their children's developmental gains to opportunities for modeling age-appropriate skills and the enhanced social exchanges in integrated settings (Bennett et al., 1997; Guralnick, 1994).

Parents of typically developing preschoolers report how integration helps children learn about and become more accepting of differences in how people grow and develop. Perceived benefits are related to social cognition (e.g., increased awareness of other children's needs), prosocial behavior (e.g., increased responsiveness to needs of others), and acceptance of human diversity (e.g., less likely to feel uncomfortable around people with disabilities, less prejudice and fewer stereotypes about people who look or behave differently; Bailey & Winton, 1987; Cansler & Winton, 1983; Green & Stoneman, 1989; Guralnick, 1994; Miller et al., 1992; Peck, Carlson, & Helmstetter, 1992; Reichart et al., 1989; Turnbull et al., 1983). Related research has indicated that participation in integrated classrooms helps typically developing children accept diversity in others (Okagaki, Diamond, Kontos, & Hestenes, 1998), become more knowledgeable about disabilities, and more accepting of young children with disabilities (Diamond & Hestenes, 1996; Favazza & Odom, 1996). As with parents of preschoolers with disabilities, parents of typically developing preschoolers also indicate that integration facilitates friendships between children with and without disabilities (Green & Stoneman, 1989; Peck et al., 1992).

Researchers have also reported that parents have concerns about the potential impact of integration on their child. Parents of preschoolers with disabilities are concerned that their child will be socially isolated, rejected, or teased by their typically developing peers (Bailey & Winton, 1987; Cansler & Winton, 1983; McDonnell, 1987; Turnbull & Winton, 1983). Parents of typically developing preschoolers are concerned that their child might develop undesirable behaviors (Cansler & Winton, 1983; Reichart et al., 1989). Additional concerns pertain to the special needs of the children with disabilities and the program's ability to adequately meet the educa-

tional needs of children with and without disabilities (Bailey & Winton, 1987; Cansler & Winton, 1983; Green & Stoneman, 1989; Hanline & Halvorsen, 1989; McDonnell, 1987; Peck, Hayden, Wandschneider, Peterson, & Richarz, 1989; Reichart et al., 1989; Turnbull et al., 1983; Turnbull & Winton, 1983).

Despite these concerns, several studies have indicated that more favorable attitudes toward integration are found among parents of children in integrated environment than among parents of children in segregated environments, and that exposure to integration alleviates parents' concerns (Bailey & Winton, 1987; Diamond & LeFurgy, 1994; Green & Stoneman, 1989; Miller et al., 1992; Peck et al., 1992). There are several limitations, however, to existing research on this topic. First, almost all of the studies involved mainstreaming or integration, which, although related to inclusion, are inherently different from inclusion. Second, most studies were conducted in university-based settings, contained characteristics not typical of preschool programs operating in the wider community (e.g., low student-teacher ratios; Buysse & Bailey, 1993), and did not explore the relationship between program satisfaction and involvement on attitudes toward inclusion. Third, researchers did not compare the attitudes of parents of children with and without disabilities as they pertain to children with disabilities as well as typically developing children attending the same classes. Fourth, the unit of analysis in many studies was a single item as opposed to a valid and reliable scale. Although this type of analysis can provide insight, item scores tend to be relatively unstable and can distort results. The use of univariate analysis can also inflate experiment-wise Type I error rates. A final issue pertains to methodological limitations, such as small sample sizes and low response rates in many of the studies. Thus, the findings obtained might not be a true representation of the population surveyed.

Purpose of Study

In this study we describe the development and validation of two scales to assess the per-

ceived benefits and risks of inclusion for children with disabilities and typically developing children. We compared the attitudes of parents of preschoolers with and without disabilities on each scale, as well as on an existing measure of global attitudes toward inclusion (slightly modified for this study). In addition, we focused on parents of preschoolers with disabilities and compared attitudes toward inclusion of parents of preschoolers with mild, moderate, and severe disabilities (based on severity ratings in self-reports). Furthermore, we compared parents' attitudes toward inclusion for hypothetical children with different types of disabilities (e.g., speech impairment, emotional problems, autism) and severity of disability (mild, moderate, severe). Finally, we examined if parents' attitudes toward inclusion on any of the above mentioned attitude dimensions were associated with their level of program satisfaction or involvement.

This study makes a unique contribution to the research literature by providing information about the issues that parents think about when considering an inclusive setting for their preschool child. It addresses the major limitations of research in this area by studying reverse inclusion, rather than mainstreaming or integration, by using a large sample of parents who have had first-hand experience with a reverse inclusion program, and by using families with children in a community-based inclusion program, rather than a university-based model preschool program. Rather than relying on single items to reflect parental attitudes, this study presents a comprehensive measure (based in part on items from existing scales) that produces scores with good internal consistency reliability and validity. In addition, it includes parents of preschoolers with disabilities as well as parents of typically developing children attending the same preschool program enabling comparisons across the same measures, and addresses attitudes toward inclusion for children with disabilities and without disabilities. Finally, it addresses how levels of program satisfaction and involvement might influence attitudes toward inclusion.

METHOD

Participants

Study participants were 244 parents of preschoolers with and without disabilities whose children attended reverse inclusion classes in a community-based preschool program in New York State. The preschool setting was selected because (a) it is known among members of the community as offering a high-quality program for children with and without disabilities, (b) it has a long-standing history of supporting integration/inclusion by educating children with and without disabilities in the same classroom settings, and (c) the administration readily granted permission to conduct research. The children of the participants were primarily boys (72%); 68% were children with disabilities. Parent reports indicated that slightly more than half of the children with disabilities (55%) had a mild disability, 37% had a moderate disability, and 9% had a severe disability. In addition, parents described 55% of the children as having a speech impairment, 12% as having behavioral or emotional problems, 9% as having autism, and 6% as having multiple disabilities. Most children (72%) attended half-day programs. The average age at entry into the preschool program was 41 months ($SD = 10.8$) and the average time spent in the program was 16 months ($SD = 11.1$).

The Preschool Setting

The early childhood learning center is a private-agency run community-based program that provides services for young children birth to 5 years of age. The program is designed to meet the individual needs of all children in a "whole-child" model focused on physical, socioemotional, cognitive, and language development. Combined in the same classroom are children with disabilities receiving services under the Public Preschool Program (Part B, Section 619) of the Individuals with Disabilities Education Act (IDEA) and typically developing children who are receiving services through regular day care and the UPK program. Each classroom contains 9–18 preschoolers between the ages of 3 and 5; ap-

proximately 65% are children with disabilities. Each class has a special education teacher with a master's degree, an early childhood teacher with either a bachelor's degree or an associate's degree, and a teaching assistant who all co-teach the class. A few children work with individual paraprofessionals.

Offering comprehensive learning experiences through a planned environment ensured quality early childhood programs to young children and their families. Each classroom's curriculum was designed to meet the developmental levels of all children within the group and focused attention on interests and individual learning differences of each child. Activities and routines were based on sound developmental practices and built on children's natural curiosity and problem-solving abilities. Children participated in many play and language activities, which were child-directed and teacher-supported, and had the opportunity to work and play in small groups, large groups, and individually. The curriculum was organized according to developmentally appropriate practices and included the areas of receptive and expressive language, cognition (pre-academic arithmetic and reading), fine motor, gross motor, socialization (play and peer interaction, affect, and self-concept), adult interactions, classroom behavior, and self-help skills. In addition, the children were exposed to formal structured group language instruction in the classroom as well as individual instruction conducted by a speech and language pathologist. Related services for preschoolers with disabilities were generally provided in the classroom.

Procedure

An envelope containing a survey, a return envelope (stamped and addressed to the principal investigator), and a cover letter (signed by both the executive director of the preschool and the principal investigator who was not affiliated with the preschool) was sent home to all parents in their child's backpack ($N = 383$). The letter described the study and assured parents their survey responses would remain anonymous and confidential. Two hundred and forty-four respondents returned com-

pleted surveys, yielding an acceptable 64% response rate (Goyder, 1987).

Measures

Perceived benefits and risks of inclusion. Two attitude scales were developed for this study to assess the perceived benefits and risks of inclusion for children with disabilities and typically developing children: The Impact of Inclusion on Children With Disabilities Scale, and the Impact of Inclusion on Children Without Disabilities Scale. These scales were developed based on items from a variety of published scales, such as the Benefits and Drawbacks of Mainstreaming Scale (Bailey & Winton, 1987) and the Parental Attitudes Toward Mainstreaming Scale (Green & Stoneman, 1989). Four subscales were created and Cronbach's alpha coefficients suggested high internal consistency (Nunnally, 1987) for each subscale: Benefits for Children With Disabilities (alpha = .90), Risks for Children With Disabilities (alpha = .87), Benefits for Typically Developing Children (alpha = .83), and Risks for Typically Developing Children (alpha = .88).

Confirmatory factor analyses (CFAs) were conducted to test the hypothesized factorial structures for the two attitude scales and to investigate the psychometric properties of the individual items. The EQS computer program (Bentler, 1995) was used for the CFA models. The following criteria were used to evaluate the overall fit of the CFA models: (a) the comparative fit index (CFI), which specifies the amount of covariation in the data that is accounted for by the hypothesized model relative to a null model that assumes independence among factors, adjusting for the sample size (a CFI of .90 or above indicates a good fit of the model to the data, whereas 1.0 indicates a perfect fit); (b) the χ^2 to degree of freedom ratio, which should be less than 5.0; and (c) the standardized root mean squared residual (SRMR), which should be .05 or less (Bollen, 1989).

The primary reason for conducting the CFAs was to determine whether the hypothesized two-factor structure (risks vs. benefits) of the impact of inclusion scales was observed

in the data. As shown in Figure 1, two latent factors were specified in the measurement model for the Impact of Inclusion on Children with Disabilities Scale (IICD), with each latent factor representing one of two subscales: the Perceived Benefits of Inclusion and the Perceived Risks of Inclusion. The Perceived Benefits latent factor of the IICD contains seven indicator items (large circles represent latent factors and rectangles represent indicator items); the item coefficients ranged from .67 (Helps them feel better about themselves) to .86 (Enables them to learn by observing typically developing children). The Perceived Risks latent factor of the IICD contains six indicator items, and item coefficients ranged from .59 (May negatively affect their emotional development) to .86 (They are more likely to be rejected or left out by teachers). The correlation between the Perceived Benefits and Perceived Risks subscales of the IICD was $-.48$. According to model fit criteria outlined above, the CFA model was a good fit, CFI = .93, $\chi^2/df = 2.9$, and SRMR = .05. Furthermore, factor coefficients for all latent constructs were high and in the expected direction, indicating that the measurement model was properly specified and that each factor was statistically reliable based on the hypothesized model.

As shown in Figure 2, two latent factors were specified in the measurement model for the Impact of Inclusion on Typically Developing Children Scale (IITDC), with each latent factor representing one of two subscales: the Perceived Benefits of Inclusion and the Perceived Risks of Inclusion. The Perceived Benefits of Inclusion latent factor of the IITDC contains four indicator items and the item coefficients ranged from .71 (They benefit in many ways) to .83 (Helps them to develop sensitivity to others). The Perceived Risks of Inclusion latent factor of the IITDC contains eight indicator items and the item coefficients ranged from .48 (They may be frightened by unusual behavior) to .80 (They may not receive enough attention from teacher). The correlation between the Perceived Benefits and Perceived Risks subscales of the IITDC was $-.53$. According to model fit cri-

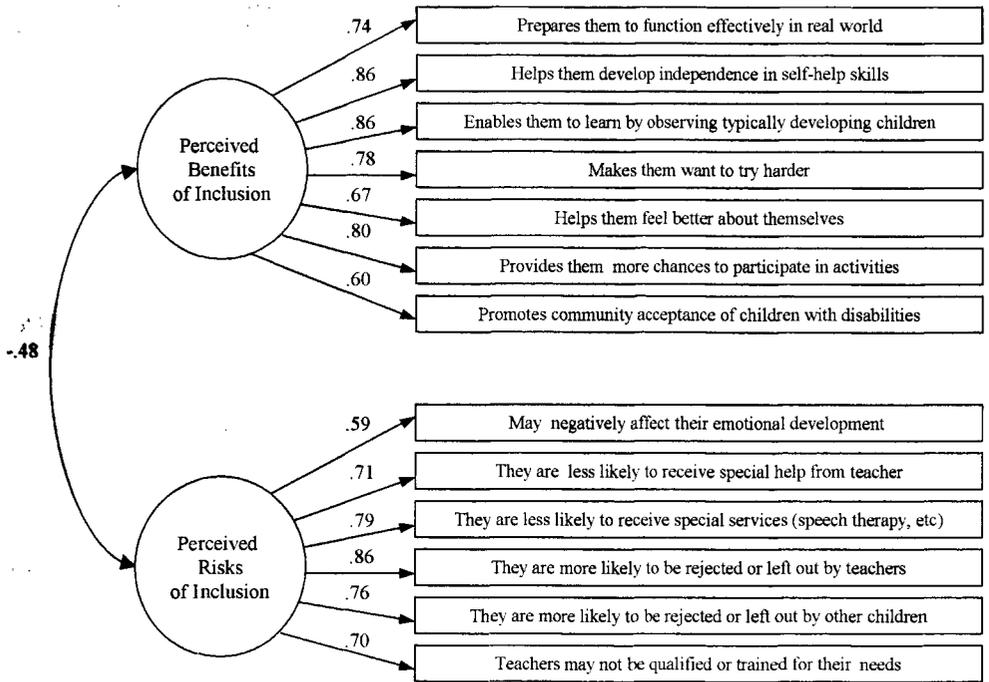


Figure 1.
Confirmatory Factor Analysis of Impact of Inclusion on Children With Disabilities Scale.

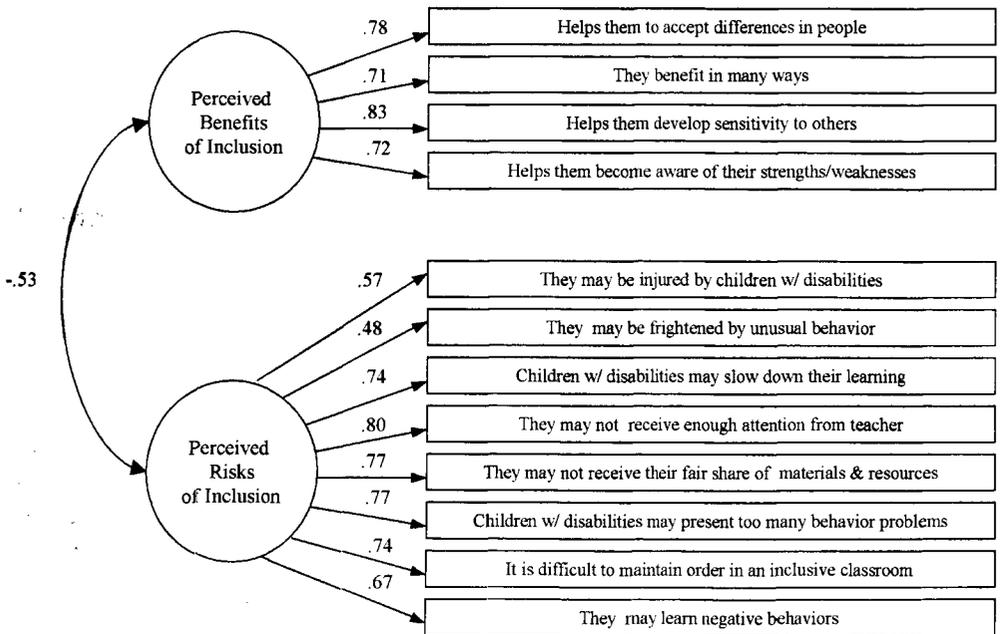


Figure 2.
Confirmatory Factor Analysis of Impact of Inclusion on Typically Developing Children Scale.

teria outlined above, the CFA model was a good fit, CFI = .95, $\chi^2/df = 2.1$, and SRMR = .05. Furthermore, factor coefficients for all latent constructs were high and in the expected direction, indicating that the measurement model was properly specified and that each factor was statistically reliable based on the hypothesized model.

Global attitudes toward inclusion. To assess global attitudes, we presented parents with 13 situations and asked them to indicate the extent to which they disagreed or agreed that children with disabilities should be involved (e.g., ride the same bus that typically developing children ride). Most of the items ($n = 12$) were selected from the Attitudes about Integration Opportunities for Children with Special Needs (Miller et al., 1992), designed to assess teachers' attitudes toward integration opportunities for students with severe disabilities. This is a modification of the Severely Handicapped Integration Attitude Survey (Stainback & Stainback, 1983). An additional question from the Parental Attitudes Toward Mainstreaming Scale (Green & Stoneman, 1989) asked parents how important it is for them that their preschool child participates in an inclusion program. Little information is available on the validity or reliability of this scale. Miller and colleagues (1992) did not present reliability data. Stainback and Stainback (1983) reported that 27 professionals in special education unanimously established the content validity of their survey, and that a split-half reliability using the responses of 92 regular education teachers yielded a reliability coefficient of .89. In the present study, internal consistency was high ($\alpha = .94$).

Program satisfaction and involvement. Two scales assessing program satisfaction and involvement were developed based on items used by Cone, Delawyer, and Wolfe (1985), and Miller and colleagues (1992). We also developed additional items. To assess satisfaction with the preschool program, we asked parents to indicate how satisfied they were with five areas of their child's preschool program: quality of instruction, availability of instructional services, contact with teacher, pro-

gram quality, and teacher training ($\alpha = .92$). Parents of children with disabilities were asked to complete three additional items assessing their satisfaction with the development of their child's Individualized Education Program, adequacy of speech-language services, and adequacy of physical therapy or occupational therapy services ($\alpha = .86$). Parents were also asked to indicate whether or not they would place their child in an inclusion program again.

A 5-item scale assessed parents' level of involvement with their child's program ($\alpha = .81$). Areas of involvement included the transition into the preschool program, contact with teacher, observations at school, educational activities at home, school activities, and overall. Three of these items were adapted from items Cone and colleagues (1985) used in their study of family involvement in special education programs for school-age children. One question was adapted from Miller and colleagues (1992): "To what extent have you been involved in your son's/daughter's educational program during the current year?" One remaining item pertaining to the transition into the preschool program was developed for this study. Parents of preschoolers with disabilities were asked to complete an additional two-item scale assessing their involvement with the assessment or evaluation process, and the placement decision ($\alpha = .75$). Finally, parents were given a list of eight items and asked whether or not they limited their involvement in their child's program. The items included time of day meetings are held, job or work schedule, no babysitter, transportation problems, lack of interest, feel unwelcome by staff, and language barriers.

Moderating factors. To examine whether or not parents' attitudes toward inclusion were associated with the severity of their own child's disability, parents of preschoolers with disabilities were asked to report on the severity of their own child's disability (mild, moderate, severe). In addition, all parents were asked to respond to two exploratory single items pertaining to their attitudes toward inclusion according to (a) type of disability (speech impairment, orthopedic impairment,

visual impairment, hearing impairment, learning disability, deaf, other health impairment, autism, cognitive impairment, emotional problems) and (b) severity of disability (mild, moderate, severe). These questions were created for this study, based on the literature discussed above. Parents were asked, "Some children may benefit more from inclusion than others. Please indicate how much you disagree or agree with inclusion for children in each of the following categories."

For each question adapted from existing measures, semantic changes were required. For example, existing items assessed attitudes toward mainstreaming and thus required a change in terminology from mainstreaming to inclusion. Other changes included replacing the term "handicapped" with "disabled" and "normally developing" with "typically developing" to reflect changes in terminology. The response format was also changed. For each of the attitude scales, parents reported the extent to which they agreed or disagreed with each item (1 = *Strongly Disagree* to 5 = *Strongly Agree*). Response choices for the program satisfaction questions ranged from *Not at All* (1) to *Extremely Satisfied* (5). The corresponding response choices for the program involvement questions ranged from *Not at All* (0) to *Very Much* (3).

Data Analysis

The t-test for independent groups was used to compare the total mean score of parents of children with and without disabilities on each attitude measure and the measures of program satisfaction and involvement. In addition, the percentage of parents who agreed with each item was computed and Chi-Square tests were used to compare their responses with the percentage of parents who either did not agree or neither agreed or disagreed. The attitudes of parents of children with disabilities were further examined according to the severity of their own child's disability (mild, moderate, severe) using Analysis of Variance (ANOVA) techniques. Chi-Square tests were also used to compare parents' attitudes for hypothetical children with various types of disabilities (e.g., speech impairment, emotional problems,

autism) and severity of disability (mild, moderate, severe). Finally, the strength of the relationships between program satisfaction and involvement on parents' attitudes toward inclusion were assessed using the Pearson product-moment correlation coefficient.

RESULTS

Perceived Benefits and Risks for Children With Disabilities

Benefits. On average, parents agreed (mean item score = 4.0) that inclusion would have a positive impact on children with disabilities. As shown in Table 1, there was no statistically significant difference between parents of typically developing children and parents of children with disabilities. Agreement was generally high for each of the potential benefits examined. Most parents agreed that inclusion promotes the acceptance of children with disabilities in the community, helps them to develop independence in self-help skills, provides them with more chances to participate in a variety of activities, helps them to become prepared to function effectively in the real world, and helps them to learn more because they have a chance to see typically developing children (see Table 2). Parents were less likely to report that inclusion could make children with disabilities want to try harder or to make them feel better about themselves. Parent groups differed on only one item: Parents of children with disabilities were statistically significantly less likely than parents of typically developing children to agree that inclusion would make children with disabilities want to try harder.

Risks. On average, parents disagreed (mean item score = 2.7) that inclusion would have a negative impact on children with disabilities. As shown in Table 1, there was no statistically significant difference between parents of typically developing children and parents of children with disabilities. A substantial minority of parents, however, expressed concerns about inclusion. The major risks pertained to factors associated with the child's program, including, unqualified teachers, inadequate special help and individualized

Table 1.*Parent's Attitudes Toward Inclusion for Children With Disabilities and Typically Developing Children*

Group	Parents of All Children			Parents of Typically Developing Children			Parents of Children With Disabilities			Comparisons ^f
	<i>N</i>	<i>M</i>	<i>SD</i>	<i>N</i>	<i>M</i>	<i>SD</i>	<i>N</i>	<i>M</i>	<i>SD</i>	
Children with disabilities										
Potential benefits ^a	237	28.03	4.44	76	28.17	4.21	161	27.93	4.55	$t = .40, df = 235,$ $p = .69, d = .05$
Potential risks ^b	232	16.21	5.13	76	16.03	5.00	156	16.27	5.21	$t = -.34, df = 230,$ $p = .74, d = .05$
Typically developing children										
Potential benefits ^c	235	16.37	2.55	75	16.44	2.31	160	16.32	2.66	$t = .32, df = 233$ $p = .75, d = .05$
Potential risks ^d	224	22.24	6.05	69	23.84	6.46	155	21.52	5.75	$t = 2.68, df = 222,$ $p = .008^{**}, d = .38$
Global attitudes ^e	233	52.91	8.64	77	52.90	9.20	156	52.91	8.41	$t = -.01, df = 231,$ $p = .99, d = .001$

Note. *N* varies because of missing data.

^aRange = 7–35, ^bRange = 6–30, ^cRange = 4–20, ^dRange = 8–40, ^eRange = 13–65, ^fComparison of attitudes of parents of typically developing children and children with disabilities.

**($p < .01$).

attention from teachers, inadequate special services, and rejection by teachers (see Table 2). Other concerns were child related and included rejection by other children and the possibility of a negative impact on emotional development. Parent groups differed on only one item: Parents of children with disabilities were statistically significantly less likely than parents of typically developing children to agree that inclusion would have a negative impact on the emotional development of children with disabilities.

Perceived Benefits and Risks for Typically Developing Children

Benefits. On average, parents agreed (mean item score = 4.1) that inclusion would have a positive impact on typically developing children. As shown in Table 1, there was no statistically significant difference between parents of typically developing children and parents of children with disabilities. Agreement was generally high for each of the potential benefits examined. Most parents agreed that inclusion helps typically developing children develop sensitivity to others, understand differences in people, become more aware of

their own strengths and weaknesses, and benefit in general (see Table 3). Parent groups differed on only one item. Parents of typically developing children were statistically significantly more likely than parents of children with disabilities to agree that inclusion helps typically developing children become aware of their own strengths and weaknesses.

Risks. On average, parents disagreed (mean item score = 2.8) that inclusion may have a negative impact on typically developing children. As shown in Table 1, parents of typically developing children were more concerned than were parents of preschoolers with disabilities. An analysis of the eight items comprising the scale indicated that a substantial percentage of parents agreed that some typically developing children might be frightened by the strange behavior of some children with disabilities, that children with disabilities might injure them, or that they might learn negative behaviors (see Table 3). Some parents agreed that children with disabilities present a number of behavior problems and that children with disabilities make it difficult to maintain order in the classroom. Program-related concerns were also prevalent among a

Table 2.

Percentage of Parents Who "Agreed" With Potential Benefits and Risks for Children with Disabilities

Items	All Parents (<i>N</i> = 244)	Parents of Typically Developing Children (<i>N</i> = 78)	Parents of Children With Disabilities (<i>N</i> = 166)	Chi-Square ^a (<i>df</i> = 1)
Potential benefits (7 items)				
Promotes acceptance of children with disabilities by community	86	90	84	1.2
Helps them develop independence in self-help skills	85	88	85	0.0
Provides them with more chances to participate in activities	82	84	81	0.4
Prepared them to function effectively in real world	82	89	79	3.2
Enables them to learn by observing typically developing children	80	83	79	0.5
Makes them want to try harder	67	78	62	6.1* ^b
Helps them to feel better about themselves	62	66	59	1.0
Potential risks (6 items)				
Teachers may not be qualified or trained for their needs	36	35	37	0.6
They are less likely to receive enough special help/individualized instruction from teacher	36	36	35	0.3
They are less likely to receive special services, such as physical and speech therapy	26	29	24	0.6
They are more likely to be rejected/left out by other children	25	21	27	1.0
Likely to have a negative effect on their emotional development	17	23	13	3.8* ^c
They are more likely to be rejected or left out by teachers	15	13	16	0.3

^aComparison of attitudes of parents of children with and without disabilities.

*^b*p* = .013, Cramer's *V* = .16; *^c*p* = .05, Cramer's *V* = .13.

minority of both parent groups. Some parents were concerned that typically developing children might not receive enough teacher attention, might have their learning slowed down, and might not get their fair share of resources. For seven of the eight risks assessed, parents of typically developing children were statistically significantly more likely to agree than were parents of children with disabilities (see Table 3).

Global Attitudes Toward Inclusion

As shown in Table 1, both groups of parents strongly favored inclusion (mean item score

= 4.1). There was no statistically significant difference between the attitude of parents of typically developing children and parents of children with disabilities. An analysis of the 13 individual items comprising the scale indicated that agreement was generally high for each situation examined (see Table 4). The percentage of parents agreeing with each item ranged from 63% (ride the same school bus) to 91% (pictures interspersed throughout school publications). In addition, 76% reported it was important for them to have their preschool child participate in an inclusion program.

Table 3.

Percentage of Parents who "Agreed" With Potential Benefits and Risks for Typically Developing Children

Items	All Parents (N = 244)	Parents of Typically Developing Children (N = 78)	Parents of Children With Dis- abilities (N = 166)	Chi-Square ^a (df = 1)
Potential benefits (4 items)				
Helps them to develop sensitivity to others	91	95	89	2.2
Helps them to accept differences in people	87	92	85	2.1
Helps them to become aware of their strengths/ weaknesses	73	82	70	3.8 ^{**a}
They benefit in many ways	71	67	73	1.0
Potential risks (8 items)				
They may be frightened by unusual behavior	59	68	55	4.1 ^{*a}
They may be injured by children with disabili- ties	29	40	24	6.1 ^{**b}
They may learn negative behaviors	28	38	23	6.1 ^{**b}
Children with disabilities may present behavior problems	24	32	20	3.9 ^{*a}
They will not receive enough attention from teacher	23	35	18	8.4 ^{**c}
Children with disabilities may slow down their learning	21	30	16	6.1 ^{**b}
They will not get their fair share of materials and resources	13	22	9	8.4 ^{**c}
It is difficult to maintain order in inclusive class- rooms	15	17	14	0.3

^aCramer's $V = .13$, ^bCramer's $V = .16$, ^cCramer's $V = .19$.
*($p < .05$); **($p < .01$).

Association Between Attitudes Toward Inclusion and Severity of Disability

Analysis of Variance techniques were used to compare the attitudes of parents of preschoolers with disabilities on each of the five attitude dimensions discussed above according to self-reports of their own child's severity of disability (one item). Parents were asked if their child had a mild ($n = 85$), moderate ($n = 57$), or severe disability ($n = 14$). There was no relationship between severity of the child's disability and any attitude dimension: Benefits for Children With Disabilities, $F(2, 149) = 2.20$, $p = .114$, $\eta^2 = .029$; Risks for Children With Disabilities, $F(2, 144) = 2.97$, $p = .055$, $\eta^2 = .040$; Benefits for Typically Developing Children, $F(2, 148) = 1.62$, $p = .202$, $\eta^2 = .021$; Risks for Typically Developing Chil-

dren, $F(2, 144) = 1.84$, $p = .162$, $\eta^2 = .025$; and global attitudes, $F(2, 144) = .81$, $p = .448$, $\eta^2 = .011$.

Impact of Type of Disability and Severity of Disability on Parents' Attitudes

As shown in Table 5, parents were most likely to support inclusion if it involved children with a speech impairment or children with an orthopedic impairment. They were least likely to support inclusion if it involved children who had emotional problems, a cognitive impairment, or autism. Severity of disability was also identified as a key factor influencing parents' attitudes. Both parent groups were very supportive of inclusion involving children with mild disabilities, although parents of

Table 4.**Global Attitudes Toward Inclusion: Percentages Agree and Mean Ratings (SD)**

Items	% Agree	M (SD) ^a
<i>Should Children With Disabilities. . .</i>		
Have their school pictures interspersed with their typically developing peers in school publications (yearbook, newsletters or displays)?	91	4.32 (0.72)
Share special events such as holiday parties with typically developing children?	90	4.26 (0.71)
Eat lunch in the school cafeteria during the same time as the typically developing children?	85	4.10 (0.83)
Go on school field trips with typically developing children?	85	4.08 (0.84)
Use the same bathroom as typically developing children?	84	4.12 (0.82)
Have their classrooms located throughout a regular school building with regular classrooms for typically developing children?	83	4.07 (0.88)
Share one or more classes such as art, music or PE with typically developing children?	83	4.12 (0.88)
Share the same school jobs and responsibilities as typically developing children?	83	4.12 (0.80)
Share recess with typically developing children?	81	4.02 (0.92)
Use the school hallways at the same time as typically developing children?	78	3.96 (0.96)
Eat lunch at the same tables in the school cafeteria with typically developing children?	76	3.90 (0.94)
It is important to me that my preschool child participates in an inclusion program.	76	4.12 (0.94)
Ride the same school bus as typically developing children?	63	3.67 (1.14)

Note: No statistically significant differences were found on overall attitude rating or on any individual items.

^a 1 = Strongly Disagree; 2 = Disagree; 3 = Undecided; 4 = Agree; 5 = Strongly Agree.

Table 5.**Attitudes Toward Inclusion by Type and Severity of Disability**

Variable	N	% Agree	Parents of Typically Developing Children	Parents of Children With Disabilities
<i>Type of Disability</i>				
Speech Impairment	239	87	4.14 (0.77)	4.24 (0.73)
Orthopedic Impairment	240	79	4.10 (0.83)	4.07 (0.93)
Visual Impairment	240	78	4.03 (0.82)	3.96 (1.06)
Hearing Impairment	241	78	3.95 (0.92)	4.02 (0.98)
Learning Disability	238	76	3.83 (0.99)	3.99 (0.91)
Other Health Impairment	234	66	3.81 (0.87)	3.83 (0.94)
Deaf	240	72	3.84 (0.97)	3.80 (1.20)
Autism	235	41	2.93 (1.25)	3.18 (1.21)
Cognitive Impairment	236	35	3.04 (1.19)	2.99 (1.20)
Emotional Problems	237	26	2.62 (1.25)	2.67 (1.18)
<i>Severity of Disability</i>				
Mild	241	89	4.10 (0.85)	4.34 (0.77)*
Moderate	239	69	3.69 (0.99)	3.82 (1.01)
Severe	239	22	2.53 (1.15)	2.62 (1.19)

* $p < .05$, $d = .46$.

children with disabilities were slightly more supportive than were parents of typically developing children, $t(238) = 2.17, p = .031$, Cohen's $d = .46$. Both groups were less supportive of inclusion if it involved children with severe disabilities.

Program Satisfaction and Involvement

Program satisfaction. There was a high level of program satisfaction among all parents ($M = 20.9, SD = 3.9$). There was no statistically significant difference between parents of typically developing children ($M = 20.2, SD = 4.3$) and parents of children with disabilities ($M = 21.2, SD = 3.7$), $t(228) = -1.93, p = .055$, Cohen's $d = .52$. The majority of parents was *very satisfied* with the overall program (85%), teacher qualifications (83%), amount of contact with teacher (83%), quality of instruction (77%), and availability of instructional materials (72%). Parents of children with disabilities ($n = 133$) were also asked about their satisfaction with three areas of special education. There was an overall high level of satisfaction with special education ($M = 12.6, SD = 2.4$). Most parents were *very satisfied* with the adequacy of speech or language services (84%), and physical therapy or occupational therapy services (81%). Fewer parents were satisfied with the development of their child's Individualized Education Program (67%). Parents were also asked to indicate if they would place their child into an inclusion program again, if afforded the opportunity; almost all (94%) indicated that they would, and there was no statistically significant difference between parents of children with disabilities (93%) and parents of typically developing children (94%), $\chi^2 = .01, df = 1, p = .92$, Cramer's $V = .006$.

Program involvement. Parents were very involved with their child's program ($M = 13.4, SD = 3.5$). There was no statistically significant difference between the involvement of parents of typically developing children ($M = 12.9, SD = 3.9$) and parents of children with disabilities ($M = 13.6, SD = 3.4$), $t(203) = -1.24, p = .22$, Cohen's $d = .19$. The majority of parents reported they had frequent contact with the teacher (89%) and

were *a lot* or *very much* involved in the transition into the preschool program (87%), in child's educational program overall (86%), and in educational activities at home (84%). Fewer parents were much involved with observations at school (69%) and school activities (52%). There was also a high percentage of high involvement in special education among parents of children with disabilities. For example, 90% indicated they were involved *a lot* or *very much* with both the assessment or evaluation process and the placement decision. Parents identified the following barriers to program involvement: job or work schedule (44%), time of meetings (38%), child care responsibilities (31%), and lack of transportation (15%).

Relationship Between Program Satisfaction, Involvement, and Attitudes Toward Inclusion

Relationships between program satisfaction and program involvement and attitudes toward inclusion were very weak: The association between program satisfaction and global attitudes toward inclusion was $r = .14$ ($n = 221$), the association between involvement with special education and global attitudes was $r = .22$ ($n = 151$), and the association between involvement with special education and perceived benefits for typically developing children was $r = .18$ ($n = 154$). These findings suggest that the positive attitudes toward inclusion found in this study were not related to the high level of satisfaction and involvement with the child's program.

DISCUSSION AND CONCLUSION

This study identified a strong level of support for inclusion among parents of children with and without disabilities attending a reverse inclusion program in New York State. This finding was consistent in terms of parents' global support for inclusion and also on measures of perceived benefits and risks for children with and without disabilities. Parents' attitudes were consistently strong, regardless of their level of program satisfaction or involvement. Ninety-four percent of the parents reported

they would place their child in an inclusion program again. There were no statistically significant differences between parents of children with and without disabilities with regard to benefits for children with disabilities or benefits for typically developing children. Almost all parents reported that inclusion promotes the acceptance of children with disabilities in the community, provides them with more opportunities to participate in a wide range of activities, prepares them to function in the real world, and helps them to learn more because they have a chance to see typically developing children. In addition, almost all parents reported that inclusion helps typically developing children develop sensitivity to others, understand differences in people, and become more aware of their own strengths and weaknesses.

The overall level of perceived risks associated with inclusion for both children with and without disabilities was also relatively low for both parent groups, although a substantial minority of parents identified potential risks. The major risks for children with disabilities focused on the ability of the program to adequately address their needs. Both parent groups were concerned that children with disabilities would not get enough special assistance or individualized instruction, that their teachers might not be adequately qualified to address their child's special needs, and that they may not receive the special related services that they might require. The overall level of perceived risk for typically developing children was comparable to the overall level identified for children with disabilities, although parents of typically developing children identified a slightly higher (although statistically significant) level of risk for typically developing children than parents of preschoolers with disabilities did. The major risks for typically developing children focused on possible negative behaviors of children with disabilities and inadequate teacher attention and resources.

Parents were less likely to support inclusion for children with severe disabilities than for those with mild or moderate disabilities. Level of support was substantially lower if the chil-

dren to be integrated have emotional problems, cognitive impairment, or autism than for those who have a physical, hearing, or language impairment. This finding is consistent with early studies of mainstreaming and integration (Green & Stonemen, 1989; Mlynek, Hannah, & Hamlin, 1982; Turnbull & Winton, 1983) as well as a more recent study of inclusion (Stoiber et al., 1998). Severity or type of disability has also emerged as a major factor in research involving child care providers. For example, early childhood practitioners have reported that the greatest amount of classroom adaptation is required for children with autism, neurological disorders, challenging behaviors, or emotional problems (Stoiber et al., 1998). These practitioners also reported that they are more prepared to serve children with mild disabilities (speech and language delays, learning disabilities, and mild cognitive disabilities) in early childhood inclusive settings than children with autism, neurological disorders, or with visual or hearing impairments. As expected, special educators reported feeling a greater sense of competence than regular education teachers in serving young children with disabilities (Stoiber et al., 1998).

Parents' overall concerns about inclusion, as well as their specific concerns about children with more severe or specific types of disabilities, however, cannot be discussed without recognizing their concerns about the quality of the preschool program and its ability to adequately meet the needs of all children. Related research has identified the adequacy of instruction, training and preparation of staff, planning time, special services, and service coordination and integration (Buysse, Wesley, & Keyes, 1998; Peck et al., 1989; Turnbull & Winton, 1983; Turnbull et al., 1983), classroom practices (Stoiber et al., 1998), adequacy of teacher qualifications (Bailey & Winton, 1987; Green & Stoneman, 1989; Reichart et al., 1989; Turnbull et al., 1983; Turnbull & Winton, 1983), the availability of appropriate instructional and related resources (Bailey & Winton, 1987; Cansler & Winton, 1983; Hanline & Halvorsen, 1989; McDonnell, 1987; Turnbull & Winton, 1983), class size (Buysse et al., 1998; Wesley, Buysse, & Tyndall,

1997), attitudes of school staff (Hanline & Halvorsen, 1989), community resources (Buisse et al., 1998), and the district's commitment to providing quality services (Hanline & Halvorsen, 1989). In addition, Bailey, McWilliam, Buisse, and Wesley (1998) proposed that concern about inclusion would be minimized if such programs were of high quality with provisions for individual learning experiences to meet the children's needs. Indeed, Hanson and colleagues (2001) reported that parents in their study were forced to choose between inclusion classes or getting specialized services and supports to address their children's disabilities. Finally, as noted by Stoneman (2001), "It is regrettable that during the 1990s, as inclusionary programs multiplied, that parent concerns about inadequate preparation continues to compromise their enthusiasm about preschool inclusion" (p. 108).

Whereas parents were *very satisfied* in this study with their child's program in terms of mean satisfaction score, as well as when specific areas were individually examined (e.g., program quality, teacher qualifications, availability of related services), a substantial minority of parents also agreed that there were risks associated with inclusion (e.g., unqualified teachers, inadequate teacher attention, insufficient special services and resources). Although these two scales were tapping into different aspects of inclusion, with program satisfaction questions focusing on the child's current preschool reverse inclusion program and the questions pertaining to perceived risks focusing on inclusion in general, no definitive conclusions can be made with regard to how parents' experiences with their child's current program shaped their attitudes toward inclusion. The finding that there was no relationship between level of potential risks associated with inclusion and the high level of program satisfaction among parents, however, suggests that the potential risks were not an issue for this sample of parents. This also suggests that concerns about inclusion might be minimized when the inclusion program is of high quality. As noted earlier, the severity of their child's disability (mild, moderate, se-

vere) was not associated with the attitudes toward inclusion among parents of preschoolers with disabilities. The level of support was consistently strong for parents at each level.

Unsolicited handwritten comments also suggested that parents' reservations about inclusion, as well as the level of perceived risk, are minimized when program quality is high. For example, one parent commented:

For inclusion to be a success adequate staff must be in place and proper assistance and support must be given to the teachers and the students. A lot depends on how the programs are set up. For inclusion to be a success, there has to be enough staff in the classroom that are properly trained to work with disabled and non-disabled children. If they have a good teacher, the classroom is staffed appropriately, and there is proper staff support and training, then there should be no problem.

Some parents also described how their attitudes toward inclusion had changed once their concerns about program quality were alleviated:

I was a little skeptical at first, but as the year progressed I thought it was a great idea. There were plenty of teachers in the classroom so everyone who needed help received it. She really benefited from having two highly qualified teachers in her room.

Other parents remarked that with adequate supports, severity of disability should not be a problem:

All children, regardless of the severity of their disability, should have the same opportunities as long as it is a positive learning experience for all children. As long as the children are getting the necessary assistance to help them succeed and the teacher is getting the necessary support.

Program quality is important for reasons other than to alleviate parents' concerns about inclusion. Related research has also linked desirable outcomes at the early childhood level with the quality of the program structure and process (Buisse, Wesley, Bryant, & Gartner, 1999; National Institute of Child Health and Human Development, 1999). In addition, program quality might help explain the inconsistent research findings on developmental outcomes for children with disabilities in inte-

grated settings. Cole, Mills, Dale, and Jenkins (1991) for example, found that preschoolers with severe disabilities made relatively greater gains in self-contained special education classrooms, whereas higher performing children made relatively greater gains in integrated classes. Mills, Cole, Jenkins, and Dale (1998) also found that relatively higher functioning children with disabilities benefited more from integrated special education placement, whereas relatively lower functioning children benefited more from self-contained special education classes and mainstream classes. In contrast, Hundert, Mahoney, Mundy, and Vernon (1998) found that preschoolers with severe disabilities in inclusion settings made statistically significantly greater developmental and social gains than their peers in segregated settings did. More recently, Holohan and Constenbader (2000) found that children with a higher level of social and emotional development progressed at a faster rate in inclusive classes than in segregated classes, whereas the gains made for children with a lower level of functioning were comparable across settings. Finally, whereas benefits of inclusion typically focus on developmental gains, there are additional outcomes that are often overlooked. They include membership (participation as full members of the class), relationships (as reflected by children's interaction with peers and adults), activities outside of the classroom, and greater preparation for life in the community (McWilliam, Wolery, & Odom, 2001).

Study Limitations

Although instructive, this study has its limitations. First, the sample of parents was not randomly selected and was restricted to those who voluntarily completed the survey. Thus, they might not be representative of all parents in the child's preschool program. Second, the sample of parents was drawn from one program, which is basically homogeneous in both ethnic composition (i.e., primarily Caucasian) and socioeconomic status (i.e., low-middle income). Thus, it would be difficult to generalize the findings to other areas, particularly those in urban or rural settings and those with

a more culturally diverse population. Third, the findings are descriptive of the mean responses of groups of parents with considerable variability in parents' responses. A more extensive analysis of the data, however, one that would describe the family and child characteristics of respondents in relation to their attitudes, was not possible because of school confidentiality mandates. Finally, the perceptions of inclusion among parents in this study were undoubtedly shaped in part by their experiences with their own child's program, a reverse inclusion program of high quality whereby the programmatic issues described as concerns in the literature were not an issue. Thus, the findings cannot be generalized to lower quality programs or to those with a different ratio of children with and without disabilities, a different ratio of children to adults, class size, teacher qualifications, or classroom practices.

Despite these limitations, this study makes a substantial contribution to the literature by focusing on inclusion rather than mainstreaming or integration, by using an attitude measure resulting in reliable and valid information, and including parents of children with and without disabilities. This study also identified several key factors associated with parents' attitudes toward inclusion that should be explored further. Future research might explore parents' experiences with inclusion and how their satisfaction with prior experiences impacts their current attitudes toward inclusion. There is also a need to study the opinions of parents in a longitudinal manner. Future studies could explore how parents' attitudes change as their children enter school-age programs and are required to adapt to more structured classrooms and more demanding curricula. In addition, the issues surrounding type or severity of disability warrant further investigation. In this study, parent comments identified two issues as barriers to their ability to respond effectively to the issues raised in the survey. The concerns one parent raised exemplify the typical concerns of other parents:

I feel unable to answer many of these questions. These decisions need to be made on an individual basis, which considers the child's disability, the severity of the disability, and the extent to which the school is equipped to do this.

Because the most negative attitudes were toward including children with severe disabilities and those who had emotional, behavioral, and cognitive delays, future research should establish a reference group for parents by specifying the severity and nature of the child's disabilities. It should also establish the quality of the inclusion program and its ability to address the needs of all children as a reference point for parents.

Implications for Practice

Preschool programs must understand the separate needs, concerns, and perspectives of parents of children with and without disabilities, and value their perceptions and input regarding the education of their children. Special attention must be paid to addressing the perceived risks associated with inclusion for typically developing peers, especially those related to the quality of the inclusion program. This study indicates that parents' concerns might be alleviated only if adequate resources are in place. Although inclusive preschool programs have received equal or quality ratings when compared with segregated preschool or early childhood programs (Buysse et al., 1999; LaParo, Sexton, & Snyder, 1998), the overall quality of child care environments needs improvement (Odom, 2000). At the same time, however, placement decisions should be governed by individual needs and should be reevaluated over time. The least restrictive environment is not a place; it refers to a continuum of services that requires placement in a normative environment appropriate for each individual child. Thus, a full continuum of service and placement options should be available, with determinations made according to each child's unique needs. Some children might not function adequately in an integrated setting; their emotional and learning characteristics might require self-contained classes with few students. Finally, for

inclusion to be successful program quality must be acceptable and appropriate support services must be provided; a lack of needed supports and services would deprive not only the child with special needs but also the rest of the class. A full system of supports would benefit every child either directly or indirectly; it would strengthen the classroom and should have the highest priority.

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