

DISABILITIES IN EARLY CHILDHOOD: HOW PREPARED ARE EDUCATORS?

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Colleen Spano

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Advisor: Michelle Bakerson, Ph.D.

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Disabilities in Early Childhood: How Prepared are Educators?

Colleen Spano

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Advisor: Michelle Bakerson, Ph.D.

ABSTRACT

In the state of Indiana, early childhood educators are not required to attain any pre-service education. Typically this means that the people working day to day with children have not been trained to do so, and if there is a child with a disability in the classroom the educators are especially unprepared. The purpose of this research was to discover where early childhood educators receive their information regarding including children with special needs, as well as explore what further educational opportunities are sought by these educators. Two hundred eighty three early childhood educators were surveyed in regards to their educational background on disability related topics as well as their confidence on the current implementation of inclusive practices at their facilities. Thirty seven surveys were completed and analyzed for data collection. The results indicated that while many of the professionals surveyed had background knowledge about disabilities few were confident in their abilities to make appropriate adaptations and modifications within their childcare environment. The results showed that the majority of respondents ($n=21$) believed they need more specific training on helping children with ADHD in

their classrooms, even though that same number of respondents have already received training on this topic. The results also indicated that respondents felt they need more specific training on helping children with autism ($n=20$), sensory processing disorders ($n=18$), Down Syndrome ($n=17$), and challenging behaviors ($n=14$) to be successful in the classroom. The reasons why educators are not properly prepared to educate all children as outlined in many federal mandates was investigated, and also the ways in which general educators are being assisted within their classrooms with the children with special needs placed in their care. (Contains 13 tables)

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Disabilities in Early Childhood: How Prepared are Educators?

Special education in the United States is a relatively new concept. In the history of education, addressing the needs of children with disabilities was not even on the radar of public education until the early 1970's. In 1972 an amendment to the Head Start Act was created to include children with disabilities, and by 1975 the Education of the Handicapped Act was created so that all children would receive a free and appropriate education.

In spite of this, the training of educators on disability related topics is minimal at best. Even more startling is the fact that to be able to work in the childcare field in Indiana there is no formal training required whatsoever, let alone experience in working with children with disabilities. The truth is that educators will have children with disabilities in their classrooms, but most often the educators are extremely unprepared to accommodate students with disabilities. There are an increasing number of children entering early childhood environments, and more and more of these children have disabilities. As outlined most recently in the Individuals with Disabilities Improvement Act of 2004, early childhood educators must include children with disabilities ages birth through preschool in their daily routines (Etscheidt, 2006). There is an assumption that educators are complying with this law and making the necessary modifications to allow all children to participate within their childcare environment, yet professionals remain confused about how to interpret and deliver natural environment practices (Chai, Zhang, & Bisberg, 2006). The purpose of this research was to discover what sources are guiding the inclusive decisions of early childhood professionals as well as learn what further educational opportunities are sought by the educators in order to feel more prepared to provide an inclusive environment.

Review of Literature

History and Laws

The shift in paradigm from segregated classrooms to the inclusion of children with disabilities ages birth through age six in childcare and preschool settings is a legal mandate and civil right outlined in the Individuals with Disabilities Education Improvement Act of 2004 (IDEIA). Inclusion is defined as allowing a child with a disability an education, to the maximum extent appropriate to the needs of said child, with children who are not disabled, and that special classes, separate schools or other removal of children with disabilities from regular educational environments occurs only when the nature and severity of the disability of a child is such that education in regular classes with the use of supportive aids and services cannot be achieved satisfactorily (Department of Education, 2004). Allowing access to an education in a natural and least restrictive environment in which their same age peers spend time and benefit educationally (DeVoe and Russell, 2007) is what all educators must legally strive for in their classrooms.

IDEIA seeks to ensure that general educators understand how to work effectively with students with disabilities by establishing the principal of “least restrictive environment,” so that “to the maximum extent appropriate children with disabilities, including children in public and private institutions or other care facilities are educated with children who are nondisabled.” Additionally, the No Child Left Behind (NCLB) Act of 2001 mandates that all students be taught by “highly qualified” teachers, including students receiving special education services. These federal policies have contributed to the need to better train general education teachers to work with students with disabilities; in actuality the training of educators on disability related topics is negligible in the best of circumstances.

Teacher Preparation

Provider reluctance to include children with disabilities often stems from insufficient training, as research has found that elementary teachers who had received at least three disability-specific trainings had significantly more positive attitudes toward inclusion (Baker-Ericzen et al., 2009). The relationship between the educational experience of staff and the quality of care in inclusive settings is significant and improves as the trainings become more specific to the adjustments and adaptations teachers can institute within their classroom environments. Along with inadequate training and discontented attitudes, the lack of resources, motivations, and philosophies of early childhood staff has also created barriers to inclusion (Grace et al, 2008). These attitudes are certainly not conducive to inclusion and it is thought that pre-service teacher education should focus more directly on addressing the specifics of implementing inclusion rather than simply defining disabilities (Forelin et al., 2009).

Making Adaptations

Making adaptations and modifications in the classroom environment is crucial to successful inclusion of children with special needs. Instead of providing self-contained services in school-based classrooms as was common in the past, early childhood special educators and therapists must collaborate with families, traditional early childhood educators, and caregivers to identify the best options for inclusive services in community-based settings (DeVoe & Russell, 2007). It is widely recognized in the special education field that if a setting is developmentally appropriate for a typical child it will also be appropriate for a child with a disability, and therefore the accommodations that will need to be made will be to the manner in which information is presented rather than the environment in which it is presented (Child Care Plus+, 1995).

Unfortunately that philosophy is not often shared with the general education teachers, and children are being put at a disadvantage.

Naturalistic Approach

One of the specific adaptations that have been addressed in literature includes using naturalistic instruction and activity-based intervention (Chai et al., 2006) by designing child focused instructional strategies embedded in daily routines and activities to teach functional skills as well as teaching specific social and organizational skills (DeVore & Russell, 2007). Naturalistic learning opportunities are provided in daily routines and activities because those natural learning environments lend themselves to situations in which learning itself is functional, socially meaningful and adaptive (Chai et al., 2006). An example provided by DeVore and Russell (2007) demonstrates how a special educator brought in therapeutic putty and tied in the classroom theme of “life in the jungle” by asking the children to create animals using the putty. Such naturalistic approaches embed children’s Individualized Family Service Program (IFSP) or Individualized Education Program (IEP) goals and objectives into daily routines, which enable professionals to effectively teach and practice skills daily.

Itinerant Approach

A second approach discussed in literature considered the effectiveness of developing a consultative itinerant approach to service delivery for young children with disabilities as the primary service delivery option (Dinnebeil et al., 2009). This model would look similar to the home-visit delivery model common to early intervention, where therapists create a weekly schedule to serve the child in his/her least restrictive environment. The itinerant model mentioned by Dinnebeil and colleagues (2009) used the school setting as the least restrictive environment rather than the home setting. The services were still based on the IFSP or IEP goals

and objectives, but were delivered by staff employed by an outside agency rather than the school system or child care facility. Also included was a consultative piece where the itinerant staff members coached the early childhood teachers, helping them refine or enhance their daily intervention skills. By taking this approach the itinerant staff was able to better support high-quality inclusive education for young children with disabilities (Dinnebeil et al., 2009).

Proactive Approach

Another method to consider not only includes the daily early childhood staff but also school psychologists as part of a proactive approach to early identification, evaluation, and intervention with children who are experiencing challenges (VanDerHeyden & Snyder, 2006). This was an alternative to traditional diagnostic, deficit-based approaches and instead focused on scientifically valid prevention and intervention services. It was anticipated that larger numbers of children will have access to high-quality instruction by structuring assistance to an entire group of children who presently do not receive specialized intervention services. The implementation method considered is called Response to Intervention (RTI) and is created based on educational benchmarks as determined by individual states and school districts. Children who are not meeting established benchmarks are identified and offered intervention services within the general education environment. The children are continuously monitored so decisions may be made about ongoing need for services, as well as being able to recognize if a child may need more intensive services. For preschool children at-risk, providing an experience of early success has substantial benefits to the child, including but not limited to prevention of school failure (VanDerHeyden & Snyder, 2006).

Teaming with Families

The final type of intervention involved specific training for staff addressing how to adjust the physical environment, make curriculum adaptations, and handle various types of behaviors (Baker-Ericzen et al., 2009) while teaming with families to purposefully facilitate children's learning (Keilty & Galvin, 2006). Adaptations that are attuned to the unique characteristics of the child facilitate participation, exploration, and discovery which can be supported by collaborating with families to identify appropriate social and physical adaptations necessary for learning (Keilty & Galvin, 2006). Family and early childhood staff can meet to establish a clear outline of what the family is already doing to support their child's learning, and engage in conversation concerning why they do what they do and how the caregiver can provide similarly beneficial support.

Methods

The purpose of this research was to discover what sources are guiding the inclusive decisions of early childhood professionals. The investigation included a survey of early childhood educators asking what type of special education courses they had taken, what guides their decisions about the modifications they make, and how confident they are in their abilities to meet the needs of children with disabilities.

Participants

The convenience sample consisted of all licensed early childhood educators in Elkhart, Fulton, Kosciusko, Marshall, St. Joseph, and Starke counties in Indiana with working email. That number is currently 283, but the actual number of participants was determined by the number of responses to the survey that were received by the investigator. These are the counties currently

served by the local child care resource and referral agency, and as an employee were easily accessible by the researcher.

Data Collection

The instrument used for collection of data was a researcher-created survey (see Appendix B) that included questions regarding prior special education knowledge, if educators felt they need more preparation in teaching specific disabilities, as well as inquiring about their confidence in their abilities to care for children with special needs. The survey contained 25 questions so the time invested by the providers should not have exceeded 20 minutes.

Procedures

IRB approval was gained before the study began. The research began with a provider search in a national database created by the National Association of Child Care Resource and Referral Agencies (NACCRRA). In the database, called NACCRRAware, a search was created for all licensed child care providers in Elkhart, Fulton, Kosciusko, Marshall, St. Joseph, and Starke counties in Indiana with a known email address. The list of child care providers gathered from the NACCRRAware search then received an email (see Appendix A) with a link to the survey on Survey Monkey (see Appendix B), which ensured confidentiality and also stressed the fact that participation was completely voluntary. Those providers who did not have email were not invited to participate. Data collected through Survey Monkey was kept confidential as the researcher was the only person with access to the account. Within two weeks of completing the project the Survey Monkey account information will be deleted and closed.

Data Analysis

Analysis of data for the first ten questions of the survey consisted of entering answers to the demographic information such as gender, age, and educational level into tables. Question 11

was scored based on a Likert scale with “strongly disagree,” “disagree,” “agree,” and “strongly agree,” as the choices for 14 statements. Question 12 asked respondents to mark any resources they currently use, and will be analyzed based on frequency of use.

Results

Of the total number of surveys sent ($N=283$) the response rate was 13.1% ($n=37$). Of those 37 respondents, 35 were female (94.6%), one male (2.7%), and one person (2.7%) gave no answer. See Table 1.

Table 1

Gender of Participants

Gender	Frequency	Percent
Female	35	94.6
Male	1	2.7
Did not answer	1	2.7
Total	37	100.0

The second question asked the age of participants. One respondent (2.7%) was between the ages of 18 - 24, two respondents (5.4%) were between the ages of 25 - 30, ten respondents (27.1%) were between the ages of 31 - 40, 12 respondents (32.4%) were between the ages of 41 - 50, and 11 respondents (29.7%) were more than 50. One person (2.7%) did not answer. See Table 2.

Table 2

Participants' Age

Age	Frequency	Percent
18 – 24	1	2.7
25 – 30	2	5.4
31 – 40	10	27.1
41 – 50	12	32.4
More than 50	11	29.7
Did not answer	1	2.7
Total	37	100.0

Question three asked the participants how many years they have been teaching. Three participants (8.1%) responded that they have been teaching for zero to four years. Six respondents (16.2%) stated that they have been teaching five to ten years. Nine respondents (24.3%) stated that they have been teaching 11-15 years. Five participants (13.5%) responded that they have been teaching for 16-20 years, and five other participants (13.5%) responded that they have been teaching for 21-25 years. Seven respondents (18.9%) stated that they have been teaching for more than 25 years. Two participants (5.4%) skipped this question. See Table 3.

Table 3

Participants' Years Teaching

Years Teaching	Frequency	Percent
0 – 4	3	8.1
5 – 10	6	16.2
11 – 15	9	24.3
16 – 20	5	13.5
21 – 25	5	13.5
More than 25	7	19.0
Did not answer	2	5.4
Total	37	100.0

The fourth question asked participants to specify what age group they teach. Eight respondents (21.6%) stated that they teach in the infants' room. Eight respondents (21.6%) stated that they teach in the toddlers' room. There were nine participants (24.3%) who teach in the 2's room, and 16 participants (43.2%) who answered that they teach in the 3's room. 15 respondents (40.5%) stated that they teach in the 4's room, and six respondents (16.2%) answered that they teach in the 5's room. One participant (2.7%) skipped this question. See Table 4. There was an option to choose "other," which 20 (54.1%) participants did mark. This data exceeds the 37 participants and is clarified in Table 5 with sample responses to the open-ended section where providers were asked to specify what other group they taught.

Table 4

Age Group Taught

Age Group	Frequency	Percent
Infants	8	21.6
Toddlers	8	21.6
2's	9	24.3
3's	16	43.2
4's	15	40.5
5's	6	16.2
Other	21	56.8
Did not answer	1	2.7
Total	63	226.9

Table 5

Sample Responses to “Other” On Question 4

Responses	
“ I have taught all of these ages and now for the last 7 years direct a preschool with these ages.”	“I am a program director now.”
“...3.5 to 5.”	“...direct a licensed, accredited early education center.”
“School age children in the summer.”	“...education coordinator currently.”
“...all age groups.”	“I am a director so all of the above mentioned children would fall into my category.”

Question five asked the participants about their ethnicity. The responses of the participants included three African Americans (8.1%), 31 Caucasians/Whites (83.8%), one Hispanic/Latino (2.7%), and two Other (5.4%) responses. See Table 6.

Table 6

Participants' race/ethnicity

Race/Ethnicity	Frequency	Percent
African American/ Black	3	8.1
Asian	0	0
Caucasian/ White	31	83.8
Hispanic/ Latino	1	2.7
Pacific Islander	0	0
Other	2	5.4
Total	37	100.0

Question seven asked the participants if they had ever attended an Introduction to Inclusion training. There were 21 “yes” responses (56.8%) and 15 “no” responses (40.5%). One participant (2.7%) skipped this question. Question eight asked the participants if they had ever attended an Introduction to Special Education or an equivalent course at the college level. There were 18 “yes” responses (48.6%) and 15 “no” responses (40.5%). One participant (2.7%)

skipped this question. See Table 7. If the answer was “yes,” participants were asked to indicate the title of the course. See Table 8 for sample responses.

Table 7

Participants’ Special Education Training

Response	Introduction To Inclusion	Percent	Introduction to Special Education	Percent
Yes	21	56.8	18	48.6
No	15	40.5	18	48.6
Did not answer	1	2.7	1	2.7
Total	37	100.0	37	100.0

Table 8

Participants’ Sample Responses Indicating of College Courses

Responses	
“I don’t remember the name of the course. I completed both undergraduate and graduate courses relevant to Special Education/Exceptionalities/Inclusion.”	“...licensed in Mild and Intense intervention.” “I have a bachelor’s degree in Mild/ Severe Interventions.”
“Intro to Exceptional Children for Grad Students.”	“12 hours toward my master’s in this area.”
“Children with Disabilities at Ball State.”	“I have a BA and MA in Special Education, so I had multiple courses in special education.”

Question nine asked respondents how many training hours they had completed in the past three years that addressed caring for children with special needs. Seventeen participants (45.9%) answered that they had one to four hours of inclusion related training. Two participants (5.4%) stated that they attended five to eight hours of inclusion related training. Five participants (13.5%) stated that they had attended nine to 12 hours of inclusion related training. Two participants (5.4%) answered that they had attended 13 to 16 hours of inclusion related training.

Four participants (10.8%) answered that they had attended 17 to 20 hours of inclusion related training. Five participants (13.5%) answered that they had attended more than 20 hours of inclusion related training. Two participants (5.4%) skipped this question. See Table 9.

Table 9

Participants' Training Hours

Hours	Frequency	Percent
1 - 4	17	46.0
5 - 8	2	5.4
9 - 12	5	13.5
13 - 16	2	5.4
17 - 20	4	10.8
More than 20	5	13.5
Did not answer	2	5.4
Total	37	100.0

Question ten asked respondents if any of the trainings inquired about in question nine were devoted to information specific to making adaptations and modifications in the classroom. Twenty six participants (70.3%) answered “yes” while ten participants (27.0%) answered “no.” One participant (2.7%) skipped this question. See Table 10.

Table 10

Participants' Training Specific to Adaptations and Modifications

Response	Frequency	Percent
Yes	26	70.3
No	10	27.0
Did not answer	1	2.7
Total	37	100.0

Question 11 asked the participants to indicate the extent to which they agreed with a list of 14 statements using a Likert scale of “strongly disagree,” “disagree,” “agree,” and “strongly agree.” The first statement showed that the majority ($n=13$; 35.1%) of the respondents believe they have received ample inclusion training. The second statement had the majority ($n=21$; 56.8%) of respondents stating that they have received training on teaching children with Attention Deficit Hyperactivity Disorder (ADHD). In the third statement the majority ($n=17$; 45.9%) of respondents stated that they have received training on teaching children on the autism spectrum. The fourth statement the majority ($n=14$; 37.8%) of respondents stated that the autism training they received included ways on how to make adaptations in the classroom. The fifth statement had the majority ($n=20$; 54.1%) of respondents stating that they feel they need more specific training on helping children with autism in their classrooms. The seventh statement asked participants if they felt they need more specific training on helping children with ADHD in their classrooms, of which the majority ($n=21$; 56.8%) agreed that they do. The eighth statement showed that the majority ($n=18$; 48.6%) of respondents felt they need more specific training on helping children with sensory processing disorders in their classrooms. The ninth statement showed the majority ($n=17$; 45.9%) of respondents wanting more specific training on helping children with Down syndrome in their classrooms. In the tenth statement the majority ($n=14$; 37.8%) of respondents stated that they felt they need more specific training on helping children with challenging behaviors in their classrooms. See Table 11.

Table 11

Statements Regarding Educating Children with Special Needs

Statement	<u>SD</u> %	<u>D</u> %	<u>A</u> %	<u>SA</u> %	<u>Total</u> Total %
I have received ample inclusion training.	<u>5</u> 13.5	<u>11</u> 29.7	<u>13</u> 35.1	<u>6</u> 16.2	<u>35</u> 94.6
I have had training on teaching children with ADHD.	<u>5</u> 13.5	<u>7</u> 18.9	<u>21</u> 56.8	<u>2</u> 5.4	<u>35</u> 94.6
I have had training on teaching children on the autism spectrum.	<u>5</u> 13.5	<u>7</u> 18.9	<u>17</u> 45.9	<u>6</u> 16.2	<u>35</u> 94.6
The autism training I received included ways on how to make adaptations in my classroom.	<u>7</u> 18.9	<u>9</u> 24.3	<u>14</u> 37.8	<u>5</u> 13.5	<u>35</u> 94.6
I need more specific training on helping children with autism in my classroom.	<u>1</u> 2.7	<u>9</u> 24.3	<u>20</u> 54.1	<u>5</u> 13.5	<u>35</u> 94.6
I need more specific training on helping children with ADHD in my classroom.	<u>2</u> 5.4	<u>6</u> 16.2	<u>21</u> 56.8	<u>6</u> 16.2	<u>35</u> 94.6
I need more specific training on helping children with SPD in my classroom.	<u>4</u> 10.8	<u>5</u> 13.5	<u>18</u> 48.6	<u>7</u> 18.9	<u>34</u> 91.9
I need more specific training on helping children with Down Syndrome in my classroom.	<u>3</u> 8.1	<u>8</u> 21.6	<u>17</u> 45.9	<u>7</u> 18.9	<u>35</u> 94.9
I need more specific training on helping children with challenging behaviors in my classroom.	<u>1</u> 2.7	<u>7</u> 18.9	<u>14</u> 37.8	<u>13</u> 35.1	<u>35</u> 94.9

SD = strongly disagree, D = disagree, A = agree, SA = strongly agree

In the sixth statement the majority ($n=26$; 70.2%) of respondents stated that they believe they provide an inclusive environment. The 11th statement showed the majority ($n=11$; 29.7%) of respondents are part of the Special Education team for the children with disabilities in their care, while an equal number ($n=11$; 29.7%) of respondents claim they are not part of the Special Education team for the children with disabilities in their care. In the 12th statement the majority ($n=12$; 32.4%) of respondents agree and strongly agree that their role on the Special Education team is imperative to a child's quality of education. The 13th statement showed that the majority ($n=21$; 56.8%) of the respondents are confident in their abilities to care for children with disabilities. The 14th statement showed the majority ($n=18$; 48.6%) of respondents are confident in their abilities to educate children with disabilities. For each statement the response rate was less than 37, but percentages were based on the total number of participants for the survey rather than each statement individually. See Table 12.

Table 12

Additional Statements Regarding Educating Children with Special Needs

Statement	<u>SD</u> %	<u>D</u> %	<u>A</u> %	<u>SA</u> %	<u>Total</u> Total %
I believe I provide an inclusive environment.	<u>1</u> 2.7	<u>2</u> 5.4	<u>26</u> 70.2	<u>5</u> 13.5	<u>34</u> 91.9
I am part of the Special Education Team for the children with disabilities in my care.	<u>3</u> 8.1	<u>11</u> 29.7	<u>11</u> 29.7	<u>9</u> 24.3	<u>34</u> 91.9
I believe my role on the Special Education team is imperative to a child's quality of education.	<u>2</u> 5.4	<u>8</u> 21.6	<u>12</u> 32.4	<u>12</u> 32.4	<u>34</u> 91.9
I am confident in my abilities to care for children with disabilities.	<u>2</u> 5.4	<u>6</u> 16.2	<u>21</u> 56.8	<u>6</u> 16.2	<u>35</u> 94.9
I am confident in my abilities to educate children with disabilities.	<u>2</u> 5.4	<u>9</u> 24.3	<u>18</u> 48.6	<u>5</u> 13.5	<u>34</u> 91.9

SD = strongly disagree, D = disagree, A = agree, SA = strongly agree

The final question asked the participants to mark any of the current resources from a list of 14 that they use for including children with special needs. Of the choices, 29 (78.4%) stated that they utilize books or the library, 24 (64.9%) marked that they utilize their local child care resource and referral agency, 24 (64.9%) marked that they get information from attending conferences, and 22 (59.5%) stated that they use children's educational plans as a resource. Another source of information is collaborating with families, as marked by 25 (67.6%) of the respondents, and 13 (35.1%) others marked that they utilize journals. The remaining resources indicated by the participants as those they utilize include 17 (45.9%) local special education

agencies, 8 (21.6%) state education agencies, 9 (24.3%) national education agencies, 12 (32.4%) magazines, 25 (67.6%) online or internet resources, 22 (59.5%) other teachers, 23 (62.2%) attended professional development events, 20 (54.1%) spoke with children’s therapists, and four respondents (10.8%) skipped this question. See Table 13.

Table 13

Current Resources Used By Early Childhood Educators

Resource	Frequency	Percent
Books/libraray	29	74.8
CCR&R	24	64.9
Conferences	24	64.9
Educational plans	22	59.5
Families	25	67.6
Journals	13	35.1
Local Special Education Agencies	17	45.9
Magazines	12	32.4
National Education Agencies	9	24.3
Online/internet	25	67.6
Other teachers	22	59.5
Professional trainings	23	62.2
State Educational Agencies	8	21.6
Therapists	20	54.1

Discussion

As outlined previously, there are several mandates regarding the education of young children with disabilities. These mandates are intended to allow all children the right to an appropriate education in the least restrictive environment, but they did not take into consideration the background training and abilities of the teachers who would be receiving the children in their classrooms. The survey data indicated that over half of the respondents had attended an Introduction to Special Education or equivalent course while in college. This left them feeling confident that they had ample inclusion training which allowed them to provide an inclusive environment and educate children with disabilities.

They did not, however, feel they had enough training in specifically helping children with challenging behaviors, Down Syndrome, Sensory Processing Disorders, ADHD, or autism. Teacher feelings pertaining to caring for children with disabilities in their classrooms did not corroborate their statement of feeling confident of their inclusive abilities. This was much like the study by Forlin et al. (2009), where educators reported that they do not feel they possess what they deem to be the essential training competencies to solve the challenges they are confronted with in the classroom. It is the limited special education training received by early childhood professionals that is setting them and our children up for failure.

In order to properly train educators and staff there is a need to offer professional development opportunities on disability related topics. Participants surveyed indicated that the majority had attended only one to four hours of inclusion related training in the past three years, which would lead me to believe that they are not “highly qualified” as mandated in NCLB. More appropriate training could improve their attitudes about inclusion, as Baker-Ericzen et al. (2009) noted that receiving at least three disability specific trainings had significant positive effects for elementary teachers.

Their actual ability to make the necessary modifications and adaptations crucial to successful inclusion is where our educators are falling short. Twenty six respondents stated that they had attended training specific to making adaptations and modifications, but between 14 and 21 participants answered that they need more specific training on helping children with particular diagnosis such as ADHD and autism. This is certainly not conducive to inclusion and it is thought that teacher education should focus more directly on addressing the specifics of inclusion rather than simply informing educators about disabilities in general (Forelin et. al, 2009).

With that in mind, it might behoove us to look outside of trainings in a lecture-type format and rather at instituting approaches to training educators that is meaningful to them as well as easily accessible. One way to address implementing adaptations and modifications necessary for inclusion looks at naturalistic instruction and activity –based intervention (Chai et al., 2006). This type of approach embeds a child’s special education goals into the daily routines, enabling professionals to effectively teach and practice skills daily. It is not clear in Chai et al.’s study who would provide the training for the teachers; conversely, in the itinerant approach Dinnebeil et al. (2009) do clearly outline how early childhood teachers were coached by itinerant staff. Similar to the home-visit delivery model common in early intervention, therapists created a weekly schedule based on the IEP or IFSP goals and included a consultative piece that helped teachers refine their daily intervention and implementation skills.

The survey data showed that the top three resources currently used by early childhood educators for including children with disabilities are books/libraries ($n=29$), online/internet ($n=25$), and families ($n=25$). Based on that information the researcher would like to consider specific training for staff addressing modifications and adaptations while teaming with families to purposefully facilitate children’s learning, as noted by Keilty and Galvin (2006). Adaptations that are attuned to the unique characteristics of a particular child based on information shared by their families can provide results that are beneficial across the child’s daily routine.

One of the limitations of this study includes a small sample size. With only 13.1% of the surveys completed the researcher believes the data gathered is not representative of the early childhood educator population attempted to be reached. Another limitation is the position held by the respondents within their childcare facilities. The researcher had intended to survey classroom teachers in the early childhood field, but instead found that most respondents were on an

administrative level. Because the participants are not in a classroom full-time their ability to appropriately reflect on their inclusive abilities may be blemished. The survey instrument was flawed due to improperly wording of a question. One of the questions on the survey asked participants to select their highest level of education achieved, but the responses totaled 44 whereas only 37 people participated in the research. Due to this error this question was omitted and not counted in the data collection. Given more time further research could be done by distributing the surveys to early childhood centers' staff, facilities that do not have a known working email addresses, and other general educators who work with children birth through age 8. In this manner the researcher would be able to gather data from professionals who work hands-on with children on a daily basis and are the ones required to implement an inclusive environment, rather than mainly gathering responses from administrators.

Conclusions

The purpose of this study was to discover what sources are guiding the inclusive decisions of early childhood professionals, as well as learn what further educational opportunities are sought by the educators in order to feel more prepared to provide an inclusive environment. Participants used in this study were licensed early childhood educators in Elkhart, Fulton, Kosciusko, Marshall, St. Joseph, and Starke counties in Indiana with working email. Frequencies and percentages were used to analyze the quantitative data submitted by participants, and the researcher collected qualitative data using open-ended questions from the survey used in this research. It was important to note the percentages and open-ended questions regarding training previously received by participants as well as disabilities about which they would like more information. The researcher concludes that while many of the participants have been educated about the types of disabilities they may encounter in a classroom, they are not

consistently successful at adapting their environments when specific children attend their facilities. Participants indicated that they utilized many resources when gathering information about teaching children with disabilities, and the researcher believes that when planning future professional development opportunities these resources should be included in the process to ensure that our children are being educated by highly qualified teachers in their least restrictive environment.

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Appendix A

Email Letter to Participants

Dear Early Childhood Educator,

My name is Colleen Spano and I am the Inclusion Specialist at Community Coordinated Child Care, Inc, the 4C's. I am in the process of completing my master's degree which requires that I conduct a final research project. I am sending this note today to ask for your participation in a survey that will allow me to complete my degree while improving the services I am able to offer you as Inclusion Specialist.

The purpose of the survey is to obtain information on your knowledge of working with children with special needs. The results of the survey will be used to plan further educational opportunities for teaching staff. Only general trends and numerical results will be seen by anyone other than me. If you do not wish to take part in this survey simply ignore this email.

Thank you in advance for your time and cooperation. I look forward to assisting you in the future.

Please click on this link to participate:

<http://www.surveymonkey.com/s/disabilitiesinearlychildhood>

Sincerely,
Colleen Spano

Appendix B
Survey Monkey Survey

Study Information Sheet

#10105

DISABILITIES IN EARLY CHILDHOOD CLASSROOMS: HOW PREPARED ARE EDUCATORS

I am requesting your participation in a research project. The purpose of the research is to examine the inclusive knowledge base of early childhood educators to better plan and prepare continuing education opportunities for them. This research is being conducted as a requirement of my Master's Degree in Elementary Education/Early Childhood Education.

INFORMATION

Approximately 500 total child care providers will be asked to participate in this research. If you agree to participate please click on the "next" button below. The survey will ask you some demographic questions and then for your feelings about your training on inclusive practices. The survey should not take more than 15 minutes to complete and you must be at least 18 years old to participate.

RISKS

I do not anticipate any risks associated with this research.

BENEFITS

While there are no direct benefits to you for participating in this research I hope to learn the areas of inclusion where early childhood educators need or want more information.

CONFIDENTIALITY

Data collected through Survey Monkey will be kept confidential as the researcher will be the only person with access to the account and no names are involved. If any identifying information is divulged in the open-ended questions throughout the survey the participants' responses will be discarded. The Survey Monkey account information will be deleted and closed within two weeks of the conclusion of the research.

CONTACT

If you have any questions at any time about the research or the procedures you may contact the researcher, Colleen Spano, by phone at 574.993.2196 or by email at jcspano@eol.com. You may also contact the faculty sponsor, Dr. Michelle Bakerson, by phone at 574.520.4391 or by email at mbakerso@iusb.edu.

If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact the Indiana University South Bend Institutional Review Board for the Protection of Human Research Subjects, 1700 Mishawaka Ave., A247, South Bend, IN 46634, 574-520-4181, by email at sbirb@iusb.edu.

PARTICIPATION

Your decision to complete the survey is completely voluntary. You may choose to ignore this correspondence without penalty. Once you have submitted the survey you may not withdraw from the research as there will not be any information with which to identify participants and therefore remove responses.

CONSENT

I have read this form and am at least 18 years of age.

.....

IRB Approved

Approval: 11/4/10

Expiration: 11/3/11

.....

Default Section

1. What is your gender?

Male Female

2. What age range do you fall into?

18-24 25-30 31-40 41-50 more than 50

3. How many years have you been teaching?

0-4 5-10 11-15 16-20 21-25 more than 25

4. What age group do you teach?

infants toddlers 2's 3's 4's 5's other

Other (please specify)

5. What is your ethnicity?

African American/Black Asian Caucasian/White Hispanic/Latino Pacific Islander other

6. What best describes the highest educational level you have attained?

some high school high school graduate CDA some college associates degree bachelors degree masters degree doctorate degree

7. Have you attended an Introduction to Inclusion training?

yes no

8. Have you attended an Introduction to Special Education or equivalent at the college level?

yes no

if yes, what was the title?(please specify)

9. How many training hours have you had in the past three years pertaining to teaching children with special needs?

1-4 5-8 9-12 13-16 17-20 more than 20

10. Were any of those training hours devoted to making adaptations or modifications for children with disabilities in your classroom?

yes

no

11. Please indicate the extent to which you agree with the following statements.

	strongly disagree	disagree	agree	strongly agree
I have received ample inclusion training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have had training on teaching children with Attention Deficit Hyperactivity Disorder (ADHD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have had training on teaching children on the autism spectrum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
the autism training I received included ways on how to make adaptations in my classroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I need more specific training on helping children with autism in my classroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe I provide an inclusive environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I need more specific training on helping children with ADHD in my classroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I need more specific training on helping children with sensory processing disorders in my classroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I need more specific training on helping children with Down Syndrome in my classroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I need more specific training on helping children with challenging behaviors in my classroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am part of the Special Education team for the children with disabilities in my care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe my role on the Special Education team is imperative to a child's quality of education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident in my abilities to care for children with disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I am confident in my abilities to educate children with disabilities

12. Please check any of the current resources you use for including children with special needs:

- | | | |
|--|---|---|
| <input type="checkbox"/> books/library | <input type="checkbox"/> journals | <input type="checkbox"/> other teachers |
| <input type="checkbox"/> child care resource and referral agency | <input type="checkbox"/> local special education agencies | <input type="checkbox"/> professional trainings |
| <input type="checkbox"/> conferences | <input type="checkbox"/> magazines | <input type="checkbox"/> state special education agencies |
| <input type="checkbox"/> educational plans | <input type="checkbox"/> national education agencies | <input type="checkbox"/> therapists |
| <input type="checkbox"/> families | <input type="checkbox"/> online/internet | |

Other (please specify)