INTRODUCTION TO SPECIAL EDUCATION: Making a Difference, 6/e

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ISBN 0-205-47469-1

SAMPLE CHAPTER 1
Disabilities and Special Education: Making a Difference

The pages of this Sample Chapter may have slight variations in final published form.
Christy Brown was born in Ireland in 1932, one of 13 children. His talents were many, as were the challenges his disabilities presented. Robert Collis, the man who taught him how to write commercially successful literature, said that Brown showed us all the “amazing power of the spirit of man to overcome the impossible and, perhaps most of all, the utmost need of the human soul to escape from every sort of prison” (Brown, 1954, pp. 9–10). Christy Brown had cerebral palsy, which left him unable to speak and limited his functional use of most of his body. Although many at first thought he was a “hopeless case,” he learned to read, write, paint, and use his toe of his left foot to type out his powerful novel of life in a Dublin slum, *Down All the Days*, and his raw and witty autobiography, which was made into the award-winning film *My Left Foot*. Perhaps more important than his triumphs as a novelist and painter, Christy Brown has become a symbol to those in the disability community of near-limitless possibilities. As Paul Longmore points out, “discrimination is a bigger obstacle than disability. . . . Christy Brown is a hero of our struggle” (Longmore, 2003, p. 130).
During this academic term you will study students who don’t always learn in typical ways. You will find that students with disabilities require a unique response to their education. You will examine educational systems and services that respond to learners’ with very special needs and will see how teachers and education professionals can and do make real differences in the educational outcomes of students with disabilities. Most important, you will come to understand that even those who face the most difficult challenges can and do overcome, compensate, and achieve remarkable outcomes. These results occur when the education they are provided is responsive to the learning situations they bring to the educational system. Before thinking about appropriate educational responses to disabilities—special education—let’s consider what disabilities are and the challenges they create.

“So you’re saying there is definitely prejudice against [people with disabilities], no doubt about it.”
—Larry King

“I think it’s an old habit we haven’t gotten over yet. I think we will, though, and we need to get that message out, that [people with disabilities] can do much more than [people] think, if we ever give them a chance.”
—Christopher Reeve

Chapter Objectives

After studying this chapter, you will be able to:

1. Explain the concepts of “disability” and “handicapped.”
2. Describe how the lives of people with disabilities have improved across time.
3. Discuss barriers and challenges that are experienced today by people with disabilities and need to be overcome, and explain how all of us can make a difference.
4. Explain why the federal government provides unique protections for students with disabilities and their families.
5. Explain the key features or fundamental tenets of special education.

Where We’ve Been . . .

What’s on the Horizon?

The stories of people with disabilities begin with the earliest record of human history. Throughout time, and even today, these stories are filled with inconsistencies about treatment, acceptance, and success. Although the ancient Greek philosopher Aristotle supported a law that allowed no “deformed” child to live, evidence from ancient Egypt shows that many individuals with disabilities were respected and even given privileged status (Safford & Safford, 1996). Sometimes people with disabilities (particularly individuals with significant visual and hearing problems) were merely considered “odd” or “eccentric” or were accepted as being “just a bit different” (Bragg, 1997). But, both across time and across societies, most people with disabilities were treated terribly. It is important for everyone to know about those awful past events to ensure that such personal tragedies will never happen again. We must all understand how vulnerable people with disabilities are to the harshness of public opinion and the cruelty of others’
actions. Accordingly, in this book, a brief section in every chapter on specific disabilities tells some stories about the discrimination, bias, and challenges faced by those with individual differences. Let’s take a few moments to come to a better understanding of the inconsistency of treatment and respect experienced by people with disabilities. Then, you should have a better appreciation of how each of us can make a difference in the lives of people who face many challenges in their lives.

**Historical Context: Disabilities**

Although across the history of the world many examples of humane treatment and positive inclusion of people with disabilities can be found, it is too easy to find many stories of horrific treatment (Bragg, 1997). Here are a few examples. During ancient Roman times, Balbus Balaesus the Stutterer was caged and displayed along the Appian Way to amuse travelers who thought his speech was “funny.” In the Middle Ages and the Renaissance, it was common practice to leave defective babies in the woods or to throw them into rivers to die. Sometimes individuals with disabilities were “protected,” even though many of us might consider the circumstances to be unfair. For example, from the 12th to the 18th century, some people with disabilities served as court jesters in palaces and royal courts. Although they lived better than most common people of their times, they were kept for the amusement of royalty and had few freedoms. They were the lucky ones. Most people with disabilities were locked away in asylums or monasteries, and some were thought to be possessed by demons, while others were tried as witches (Bragg, 1997).

Do not be fooled into thinking that such stories are confined to the past, a part of history centuries old. Despite improvements, modern history offers tragic stories as well. For example, around the middle of the last century, Nazi Germany sent millions of Jews, people with disabilities, and members of other targeted groups to their deaths in concentration camps. But that was over 50 years ago; certainly, you might think, such inhumane acts no longer occur. Well, many documented cases of abuse and neglect of children with disabilities do occur today. Exposé after exposé, particularly in Third World and developing countries (including members of the former Soviet union) reveals horrible conditions in orphanages and institutions where imperfect children are kept until they die (Bennett, 1997; Powell & Dlugy, 1998). Inhumane treatment of people with disabilities, however, is not a problem that arises just in other countries. Think about adults in the United States with mental illness who are left to wander streets, have few supports to assist them, and remain in jail (not a treatment center) for nuisance crimes.

Sometimes abuses are less obvious, particularly to those who do not experience these challenges directly. Certainly, more and more people with disabilities are included in today’s mainstream society, but it is still not easy for them to travel from place to place, find suitable accommodations when they travel, get jobs they are prepared for, or find suitable housing. Although there is considerable room for more progress, more and more people with disabilities can and do assume active roles in today’s society.

**Challenges That Disabilities Present**

Despite the passage of the ADA law in 1990 and the progress people with disabilities have made over the past several decades, much progress remains to be made. Adults with disabilities are chronically underemployed, even when they have the education, training, and desire to hold better jobs (Stapleton & Burkhauser, 2003). Only 29 to 34 percent, a rate that has been consistent for 15 years, are employed. In 2000, only 56 percent of those who say they are able and ready to
work found employment. And for those who are employed, their income is far less. In 2000, men with disabilities earned an average salary of $20,572, while their counterparts without disabilities made $39,401. Women with disabilities earned $20,762, while their counterparts without disabilities earned $36,774. And, even more disappointing, among people with disabilities only 30 percent of high school graduates and 45 percent with some college education are employed (Van Kuren, 2004). Thus many adults with disabilities remain on the rolls of Social Security Disability Insurance (SSDI) not because they do not want to find employment but because either they cannot find jobs or the jobs they can find do not pay enough.

Employers often think of individuals with disabilities as unqualified for their position vacancies. Although in many cases this is an unfounded assumption, this belief is accurate for many, given the high rate of students with disabilities who drop out of school and never earn a high school diploma. Whereas almost 80 percent of America’s high school students graduate with a diploma, only 56 percent of students with disabilities graduate from high school with a standard diploma (National Center for Educational Statistics [NCES], 2004; U.S. Department of Education, 2002). As adults, students who drop out earn lower wages and experience higher unemployment (Lehr, 2004). Dropout rates are also disproportional: 29 percent as compared to 4 percent (Young, 2004). This situation is improving, however. Across a 10-year period, the number of those with disabilities who do graduate from high school and then attend college has doubled (U.S. Department of Education, 2002). Unfortunately, college completion rates are dismal, with only a quarter finishing.

All students with disabilities are at great risk of dropping out of school, and some are at even greater risk than others. Let’s look at some of the details. For example, those with visual disabilities graduate from high school at the highest rate (73 percent), but only 40 percent of those students identified as having emotional or behavioral disorders, and 62 percent of those with learning disabilities, complete high school (U.S. Department of Education, 2002). Through intervention, these data can be altered (Lehr, 2004). Students with disabilities are more likely to dropout when they do not think that school is meaningful or is preparing them for their future (Dunn, Chambers, & Rabren, 2004). When they do not see classes as relevant, cannot get into classes they want, or find their teachers impersonal, they tend not to stay in school. Certainly, the educational system can find ways to change these situations and thereby encourage more students to complete high school. Job training, which is at least part of their school experience, also makes a difference; one year after school completion, special education graduates are more likely than dropouts to hold a job, and they have higher wages (Kohler & Field, 2003). High school graduation is not the only challenge to achieving community and workplace presence.

People with disabilities want to assume their places in modern society (Longmore, 2003). Just as all of us do, they want to make decisions about their lives, chose their friends, hold jobs, and experience life to its fullest. They want to be able to vacation, travel for work, and participate in the benefits that America has to offer. Like Michael Hingson (see In the Spotlight for his story), they want these opportunities—even if risks come along with increased participation. What measures can be taken so that more people with disabilities can share in everyday life? In many instances, it takes only simple accommodations or making certain that people know what is available to them. Considerable work remains to ensure that no one with disabilities faces barriers to participation and life satisfaction. The opportunities to make a difference and have a real impact on lives abound.
Making a Difference

The Open Doors Organization

Business is always looking for new opportunities, and just like all customers, people with disabilities want to be sought after and have their needs catered to. However, if business executives do not understand the possible profitability of catering to a specialized market, they will not spend their company's money to develop new products or services. And, if potential consumers do not know about a service available for them or how to be discriminating buyers, many will shy away from spending their money even if they desire particular goods or services. Such are the basic economic principles of supply and demand.

Eric Lipp, himself a person with a physical disability, has considerable business experience and understands basic economics very well. Eric sees business opportunities, along with chances to meet the needs of people with disabilities, almost everywhere. In 2000 he founded the Open Doors Organization to achieve two objectives: (1) to enable all persons with disabilities to have the same consumer opportunities as individuals without disabilities and (2) to help businesses succeed in this “niche market.”

One of the Open Doors Organization’s first major efforts has been to demonstrate to the travel industry that people with disabilities represent a lucrative and relatively untapped consumer group. Partnering with the Harris Poll Group and the Travel Industry Association of America, Open Doors conducted a survey. Here are some of the results that have emerged: Some 54 million people with disabilities in the United States have the financial and physical ability to travel and take vacations. However, only about 11 million (or 20 percent) of these Americans travel annually, and they spend around $13.5 billion on airfare, cruises, hotels, and special-vehicle rentals. The upside potential of tailoring services to challenged travelers is great: an increase of $27 billion dollars annually. The travel industry is responding and expanding travel horizons for people with disabilities. To increase demand, the Open Doors Organization offers these “new” consumers freely available informational resources (e.g., tips for travelers with disabilities). Open Doors is also advocating for more accessible travel and recreation destinations. To learn more about the travel survey and to follow this organization’s success, track their activities through the Open Doors Organization’s Web site, www.opendoorsnfp.org.

Disabilities Defined

Think about the question “What is a disability?” Did you think of the concept of disability (a condition or impairment) as an absolute—something an individual has or doesn’t have? Actually, what at first appears to be a simple question is very complex because there are many different perspectives about what “disability” is and what it is not. The concept of “disability” can mean many different things to each individual and each family involved. You might have included in your answer that the intensity of a disability is the result of different conditions or experiences and that the most effective response to a disability depends on the individual’s unique needs. Such answers reflect the idea that individualized accommodations and assistance can reduce the impact of a challenge presented by a disability. A few of you might have answered the question with a comprehensive answer that incorporates all the concepts just mentioned.

Why is understanding how disability is conceptualized important? First, as we have noted, the concept of disability is not as simple as it initially appears. Second, the way people think about what it means to have a disability affects how they interact with indi-
Michael Hingson and Roselle in the Spotlight

September 11, 2001, changed the lives of most Americans. And the events of that terrible day certainly altered the lives of Michael Hingson and his guide dog, Roselle. On 9/11, Mr. Hingson was working on the 78th floor of North Tower of the World Trade Center in his job as a sales manager for a computer data storage company, and on that day he and Roselle—like so many others—became heroes.

On that morning, Mr. Hingson was hosting a meeting, and Roselle was sleeping under the table at her master’s feet. At the sound of a deafening boom, Roselle took her duty station right by Mr. Hingson’s feet. David Frank, a coworker of Hingson’s, saw debris, burning paper, fire, and smoke out of the office window. They knew they needed to evacuate the building. Roselle and Mr. Hingson guided everyone down the dark and smoky stairways to safety, and once on the ground, they continued to guide people a safe distance from the collapsing buildings. When he was out of harm’s way, he called his wife on his cell phone and broke down in tears, “He sobbed tears that seemed connected to hell and yet also to heaven. He hugged Roselle, who was perfectly calm. He hugged and hugged her, unable to find words. Finally, he said, ‘Good dog. Good dog.’ ” (Laskas, 2003, p. 46). He also often recalls that trip down the stairway and “thinks about those firefighters who stopped to pet her on the way up the burning tower. He thinks about how Roselle answered them with dog kisses. He thinks those just may have been the last moments of unconditional love those brave people felt. “Good dog,” he says. “Good dog.” (Laskas, 2003, p. 48). Ironically, not too many years before 2001, most people with disabilities had not yet taken their places alongside coworkers without disabilities. The normalization movement put Mr. Hingson at risk, but it also placed him in a position to save many lives. Mr. Hingson now works for the California-based Guide Dogs for the Blind.

Differing Perspectives

Different disciplines, cultures, and individuals do not agree about what “disabilities” are and how to explain them (Harry, 2002; Lynch & Hanson, 2004; Utley & Obiakor 2001). All education professionals should understand that one’s orientation, or way of thinking about “differences,” results in distinct responses to disabilities. Three ways of considering disabilities typically guide people’s thinking:

- Deficit perspective
- Cultural perspective
- Sociological perspective

Individually with disabilities. In turn, those interactions become events that influence individuals’ outcomes (Branson & Miller, 2002; Groce, 1985). For example, different perspectives and beliefs of educators result in various responses to disabilities; some—such as low or unreasonably high expectations—can have terrible long-term results (Artiles, 1998, 2003). And finally, understanding what the educational system and its professionals mean when they speak of different disabilities is important for clear communications, is central to the process of identifying those who will benefit from special education, and can impact the selection of appropriate educational interventions. So, let’s think together about various ways to conceptualize “disability,” consider how attitudes can influence students’ lives, and then briefly look at the terms special education uses to describe and classify students with disabilities.
The deficit perspective reflects the idea that human behavior and characteristics shared by people are distributed along a continuum. Many psychologists, education professionals, and medical professionals describe children and youth by various characteristics, such as intelligence, visual acuity, academic achievement, or behavior. Actually, scores or measurements received by people tend to create a distribution where the majority of people fall in the middle of the distribution, and that’s why they are called “average.” The scores from most human characteristics create patterns or form what is called a normal curve, like the one shown in Figure 1.1. Because of the way the distribution tends to fall, with the highest number of scores in the middle and proportionally fewer as the distance from the average score increases, the distribution is also referred to as the bell-shaped curve.

The expectation, according to this idea, is for the academic achievement of all third graders also to create such a distribution. The number of students obtaining each score would be plotted on the graph. A few students would obtain low scores on the achievement test, and their scores would be plotted at the left-hand side of the graph. The number of students receiving higher scores increases until the average, or mean, score is reached. Somewhere in the middle of the distribution are typical learners, those whose behaviors and characteristics represent the average or majority of students. Then, progressively fewer students obtain higher and higher scores on the test, completing the right-hand side of the distribution or curve. The number of characteristics that could be counted in this way is infinite, and each individual student probably falls at a different point on each dimension measured. A tall student may have slightly below average visual acuity but have average scores on the distance he or she can kick a ball. Think about it: The hypothetical average student, or typical learner, probably does not actually exist, or exists very rarely because the possible combinations of human characteristics are almost endless.

Regardless, in mainstream America quantifying human performance is the most common method used to describe individuals. Unfortunately, this way of thinking about people puts half of everyone “below average” and forces individuals to be considered in terms of how different they are from the average. For students with disabilities, this approach contributes to the tendency to think about them as deficient, or somehow less than their classmates without disabilities.

A second way to think about disabilities and the people who might be affected does not use a quantitative approach; rather, it reflects a cultural perspective. Alfredo Artiles of Arizona State University aptly points out that America today includes many different cultures and that some have values and hold to concepts that differ greatly from mainstream ideas. Nonmajority cultures often hold different perspectives about the concept of disabilities, and many do not think about disabilities in terms of deficits or quantitative judgments about individuals (Artiles, 1998). We believe that this is a very important point for teachers to understand. First, education professionals and the families with whom they work might not share the same understanding of disability. Second, they might not hold a common belief about what causes disabilities.

Knowing that not all cultures share the same concept of disability helps us understand why some families approach education professionals differently when told that their child has a disability. Because disability does not have a single fixed definition, it is not thought about uniformly or universally (Lynch & Hanson, 2004). Families with whom teachers work are likely to have varying understandings about their child from those of school professionals. Also, not all cultures respond the same way to individuals identified as having a disability. In other words, the same individual might be considered “different” or as having a disability in one culture but not in another (Utley & Obiakor, 2001; Jim Green, 2003 October, personal communication). Or the degree of difference might not be considered uniformly.
Thus disabilities must be viewed within a cultural context. In addition, people from different cultures sometimes view the causes of disabilities in children in various ways. In general, people from the dominant American culture believe in a direct scientific cause-and-effect relationship between a biological problem and the developing baby. Those from other cultures may consider fate, bad luck, sins of a parent, the food the mother ate, or evil spirits to be potential causes of disabilities (Cheng, 1995; Lynch & Hanson, 2004). These alternative views affect the way a child with a disability is viewed within the culture and the types of intervention services that a family may be willing to pursue to address the child’s disabilities or special needs. As educators work with families, they should address these issues and reflect sensitivity to the various perspectives family members bring to conversations about individual students.

The sociological perspective or orientation presents yet another way to think about individuals with disabilities. Instead of focusing on people’s strengths or deficits, it construes differences across people’s skills and traits as socially constructed (Danforth & Rhodes, 1997; Longmore, 2002). In this perspective, how a society treats individuals is what makes people different from each other, not a condition or set of traits that are part of the individual’s characteristics. The idea is that if people’s attitudes and the way society treats groups of individuals change, then the result and impact of being a member of a group changes. In other words, according to this perspective, what makes a disability is how we treat individuals we think of as different. Some scholars and advocates hold a radical view, suggesting that disabilities are a necessity of American society, its structure, and values. Some scholars, such as Herb Grossman, believe that when societies are stratified, variables such as disability, race, and ethnicity become economic and political imperatives (Grossman, 1998). They are necessary to the maintenance of class structure. Classifications result in restricted opportunities that then force some groups of people to fall to the bottom (Erevelles, 1996; Grossman, 1998).

Clearly, debate about this rationale or explanation for disabilities is controversial, but let’s see how the sociological perspective might apply to at least one disability. According to this perspective, mental retardation exists because society and people treat these individuals poorly. The logic continues that all people have strengths and weaknesses, so if supporting services were available to help every individual when problems occur, then people with mental retardation would not be negatively treated and would be successful. In other words, if individuals with significant differences are just treated like everyone else, problems associated with mental retardation will disappear.

Serious issues have been raised regarding sociological perspectives on disabilities. Jim Kauffman, a scholar at the University of Virginia, voices many concerns about this orientation and maintains that disabilities are real, not just sociologically constructed. Despite how people are treated, disabilities significantly affect the people involved (Kauffman, 1997). To him, this perspective arises from a need for “sameness,” where everyone is truly alike. This position, Kauffman contends, is dangerous because it (1) minimizes people’s disabilities, (2) leads to the conclusion that individuals with disabilities do not need special services, and (3) encourages the attitude that needed services can be discontinued or reduced. All three of these scenarios leave individuals with disabilities vulnerable to diminished outcomes. They also leave students with disabilities at risk of losing their rights to an appropriate education tailored to meet their unique learning needs (Kauffman & Hallahan, 2005). Whether or not you believe that the sociological perspective can be used to explain disabilities, it does explain why many people with disabilities feel they experience bias and discrimination and believe that they belong to a true minority group.

Disability as a Minority Group

Many individuals with disabilities believe that the terms disability and handicap have very different meanings and interpretations. They are convinced that it is because of their disabilities (e.g., conditions and impairments) that society handicaps them (e.g.,
Although regional and personal preferences about specific terms used to refer to ethnic and racial groups vary, these terms are the ones used by the federal government. Throughout this text, we use a variety of terms in an attempt to achieve balance.

Paul Longmore, a founder of the disabilities studies movement (he is director of the Disability Studies Department at San Francisco State and is himself a person with disabilities), maintains that people with disabilities come together to form a minority group just like other minority groups, whose negative treatment is due to discrimination (Longmore, 2002). Thus the ways in which people are treated by society and by other individuals are what present the real barriers that influence people’s outcomes. Difficult situations occur not because of a condition or disability but, rather, because people with disabilities are denied full participation in society as a consequence of their minority status. In fact, federal laws (you will learn more about them later in this chapter) that guarantee adults with disabilities participation in society (the Americans with Disabilities Act [ADA]) and students with disabilities a right to a public education (the Individuals with Disabilities Education Act [IDEA]) are often referred to as civil rights laws. This puts them in the same category as the Voting Rights Act of 1965, which put an end to discriminatory practices that prevented some Americans from exercising their right to vote in state and national elections.

Despite important changes in the ways people with disabilities are protected and included in society, stigma and bias are a long way from being eliminated. Many people with disabilities and observers of societies across the world agree with Rob Kitchin of Queens University of Ireland, who said, “Disabled people are marginalized and excluded from ‘mainstream’ society. . . . Disabled people represent one of the poorest groups in Western society” (1998, p. 343). We all need to understand that personal attitudes about what a disability is, along with beliefs about the impact of a disability, influence how individuals approach life.

**Attitudes Matter**

Of this there should no longer be doubt: People are treated as a reflection of how they are perceived. Possibly there is no better illustration of this fact in U.S. history than the fascinating story of the settlers of Martha’s Vineyard. The 17th Century settlers of Martha’s Vineyard came from Kent, England. Apparently, they carried with them both a recessive gene for deafness and the ability to use sign language. The hearing people living on the island were bilingual, developing their oral and sign language skills simultaneously, early in life. Generation after generation, the prevalence of deafness on the island was exceptionally high, being 1:4 in one small community and 1:25 in several others. Probably because deafness occurred at such a high rate and in almost everyone’s family, people who could not hear were treated differently from deaf people who lived on the mainland. They were integrated into society and were included in all of the community’s work and play situations.

What were the results of such integration and of society’s adapting to the needs of people with this disability, rather than requiring them to adapt to the ways of those without it? These individuals were free to marry whomever they wished. Of those

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1Although regional and personal preferences about specific terms used to refer to ethnic and racial groups vary, these terms are the ones used by the federal government. Throughout this text, we use a variety of terms in an attempt to achieve balance.
born before 1817, 73 percent of the Vineyard Deaf\footnote{A capital D is used here because the Deaf people on Martha’s Vineyard represent an important historical group. See Chapter 10 for more information about Deaf culture.} married, whereas only 45 percent of deaf Americans married. Only 35 percent of the Vineyard Deaf married other Deaf people, compared to 79 percent of deaf mainlanders. According to tax records, they generally earned average or above-average incomes, and some Deaf people became quite wealthy. Also, these individuals were active in all aspects of church affairs. Deaf individuals had some advantages over their hearing neighbors and family members. They were better educated than the general population because they received tuition assistance to attend the school for the deaf in Connecticut. According to the reports of their descendants, these people were able to read and write, and there are numerous accounts about hearing people asking their Deaf neighbors to read something to them or write a letter for them.

The story of the English settlers on Martha’s Vineyard shows how deafness, a disability historically considered to be extremely serious, did not affect the way of life or achievement of those who lived on the island. For more than two hundred years, life in this relatively restricted and confined environment was much the same for those who had this disability and those who did not. Groce (1985) provides an explanation:

The most striking fact about these deaf men and women is that they were not handicapped, because no one perceived their deafness as a handicap. As one woman said to me, “You know we didn’t think anything special about them. They were just like anyone else. When you think about it, the Island was an awfully nice place to live.” Indeed it was. (p. 110)

**Disabilities and Students**

The federal government, through the Individuals with Disabilities Education Act (IDEA ’04)—the national special education law—defines disabilities and reserves special education services for only those students who are eligible. Why would the federal government restrict who is entitled to special education? One reason is that special education is expensive, costing twice as much as the general education offered to typical learners (U.S. Department of Education, 2002). Thus these services need to be delivered judiciously. Nationally, some 11 percent of students between the ages of 6 and 17 are identified as having disabilities and are provided special education services.

Through IDEA ’04 and its regulations that are developed by the U.S. Department of Education, the federal government describes 13 disability categories that can be used to qualify infants, toddlers, preschoolers, and students eligible to receive special education services. Within these categories are many conditions, such as stuttering, included as a speech impairment; or attention deficit hyperactivity disorder (ADHD), included under the other health impairment category; and Tourettes syndrome, in the government’s emotional disturbance category. Also, in an attempt to avoid either incorrectly labeling young children as having a disability when they do not or identifying them with the “wrong” disability, the federal government provides the option of using a general category (non-disability-specific group) for children under the age of eight (Müller & Markowitz, 2004; U.S. Department of Education, 2005a). Here are the 14 special education categories called out by the federal government:

- Autism spectrum disorders
- Deaf-blindness
- Deafness
- Developmental delay
- Emotional disturbance
- Hearing impairment
- Mental retardation
- Multiple disabilities
- Orthopedic impairment
- Other health impairment
- Specific learning disability
- Speech or language impairment
- Traumatic brain injury
- Visual impairment including blindness

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\footnote{A capital D is used here because the Deaf people on Martha’s Vineyard represent an important historical group. See Chapter 10 for more information about Deaf culture.}
People view in different ways these special education categories or disabilities that require an educational response. First, the names for each of these disability categories differ slightly from state to state and are not necessarily the preferred terminology of parent and professional groups. Second, some categories, such as deafness and hearing impairment, often are combined. Finally, the categories are often ordered and divided by prevalence or the size of the category: high incidence disabilities (disabilities that occur in greater numbers) and low incidence disabilities (disabilities that occur less often). More information about these disabilities and the conditions they include is provided in Chapters 4 through 14 of this text. For now, Table 1.1 offers an overview of the disabilities and the different ways they are referred to in school settings. This table lists the 13 disability-

<table>
<thead>
<tr>
<th>Federal Term</th>
<th>Other Terms</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High Incidence Disabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specific learning disabilities</td>
<td>learning disabilities (LD)</td>
<td>Includes reading disabilities, mathematics disabilities</td>
</tr>
<tr>
<td>Speech or language impairments</td>
<td>speech disorders or language disorders; communication disorders</td>
<td>Speech impairments include problems with articulation, fluency problems, and voice problems</td>
</tr>
<tr>
<td>Mental retardation</td>
<td>cognitive disabilities; intellectual disabilities</td>
<td>Ranges from mild to severe, but often overlaps with low incidence disabilities</td>
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<tr>
<td>Emotional disturbance</td>
<td>emotional or behavioral disorders (EBD)</td>
<td>Does not include conduct disorders</td>
</tr>
<tr>
<td><strong>Low Incidence Disabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multiple disabilities</td>
<td>multiple-severe disabilities; developmental disabilities</td>
<td>Does not include all students with more than one disability, varies by states' criteria</td>
</tr>
<tr>
<td>Deafness; hearing impairments</td>
<td>hard of hearing and deaf</td>
<td>Includes full range of hearing losses; Deaf is used to signify those who consider themselves part of the Deaf community</td>
</tr>
<tr>
<td>Orthopedic impairments</td>
<td>physical impairments (PI); physical disabilities</td>
<td>Category often combined with health impairments because of many overlapping conditions</td>
</tr>
<tr>
<td>Other health impairments</td>
<td>health impairments; special health care needs</td>
<td>IDEA '04 includes attention deficit hyperactivity disorder (ADHD) here</td>
</tr>
<tr>
<td>Visual impairments</td>
<td>visual disabilities; low vision and blind</td>
<td>Includes full range of visual loss</td>
</tr>
<tr>
<td>Autism</td>
<td>autism spectrum disorders (ASD)</td>
<td>ASD is more inclusive; autism is considered as one of five ASD conditions</td>
</tr>
<tr>
<td>Deaf-blindness</td>
<td>deafblind</td>
<td>Does not necessarily mean being both deaf and blind</td>
</tr>
<tr>
<td>Traumatic brain injury (TBI)</td>
<td></td>
<td>Must be acquired after birth</td>
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<tr>
<td>Developmental delay</td>
<td></td>
<td>Allows for noncategorical identification between the ages of 3 and 9</td>
</tr>
</tbody>
</table>

**Table 1.1 • Special Education’s Disability Categories Ordered by Prevalence**

**special education categories** System used in IDEA ’04 to classify disabilities among students

**prevalence** Total number of cases at a given time
specific terms, provides commonly used names for these same disabilities, and indicates whether the government considers them high or low incidence disabilities. In this last regard, Figure 1.2 helps us visualize the prevalence of each disability and clearly shows how students with learning disabilities, for example, far out number those students with other types of problems. Some people tend to think that incidence is related to severity or significance of the disability. In other words, they assume that high incidence disabilities are less severe than low incidence disabilities. Drawing this conclusion is a terrible mistake. All disabilities are serious, and mild to severe cases occur within each type of disability.

Let’s shift our attention now to a more general discussion about all individuals with disabilities, not just those who are of school age. One important marker indicating the success of people with disabilities is their presence in communities as independent adults who assume their places alongside people without disabilities. As we have noted, this accomplishment is not yet fully achieved, but progress has certainly been made. Let’s think about what markers or goals we need to measure the successful outcomes of everyone’s efforts to ensure that every person with a disability has life satisfaction.

One measure of every community is how it treats and includes each of its members. Here are a few things to consider when thinking about human rights and the treatment of people with disabilities:

- If you do not see children with disabilities, a human rights problem is being hidden.
• If you see children or adults with disabilities homeless or begging on the streets, a human rights problem is not being addressed.
• If children and adults with disabilities are served only in separate facilities, programs, or schools, their segregation signals discrimination, lack of inclusion in society, stereotyping, and bias.

We all have opportunities to influence the lives of many and to shape communities. Surprisingly, it is too easy to overlook society’s most vulnerable: individuals with disabilities. Taking on the challenge of making a difference for them enriches us all.

**Normalization**

An essential dimension of special education and a guiding concept for adults with disabilities is the principle of normalization. In 1959, Bank-Mikkelsen of Denmark suggested the concept, but it was Bengt Nirje of Sweden who coined the word *normalization* in 1969 (Biklen, 1985). A few years later, Wolf Wolfensberger brought the idea to the United States, and he encouraged policymakers to incorporate the principle into services for people with disabilities (Wolfensberger, 1972, 1995). According to Nirje (1985), *normalization* means “making available to all persons with disabilities or other handicaps, patterns of life and conditions of everyday living which are as close as possible to or indeed the same as the regular circumstances and ways of life of society” (p. 67; emphasis in original). The principle of normalization applies to every aspect of a student’s life. Nirje referred to a set of normal life patterns: the normal rhythm of the day, the normal rhythm of the week, the normal rhythm of the year, and the normal development of the life cycle. Until the 1970s, residents with mild and moderate disabilities did much of the day-to-day work in institutions, such as caring for individuals with severe disabilities or performing farm or laundry work. Because of the widely held belief that individuals with disabilities would contaminate the “normal” population, many people spent their entire lives in these institutions, isolated from mainstream society (see Chapter 8 for more information about the reasons why people with mental retardation were institutionalized). Institutional living conflicts with the principle of normalization, and advocacy efforts have resulted in most people, even those with severe disabilities, living in community settings and having a voice in how and where they live (Johnson, 1998). As you think about what the American response to children and adults with disabilities should be, remember the normalization principle. One way to guide us as we think about justice or what is right is to think about normalization. If what we see is not “normal,” then perhaps a wrong needs to be righted or someone needs to speak up. These clearly are ways in which we each can make a positive difference in each other’s lives.

**Advocacy**

Today, parents and family members of people with disabilities, special education professionals, and individuals with disabilities commonly insist that the rights of people with disabilities be protected and that needed services be offered. In the early 20th Century, the job of raising America’s consciousness about the problems facing people with disabilities rested primarily with professional organizations, and later in the century, parents added their voice to the fight for justice. (Contact information for more such organizations and agencies is provided at the end of this chapter.) It wasn’t until the latter part of the century that people with disabilities began to speak on their own behalf. Let’s look at a bit of this history to understand an important aspect of the disability advocacy movement in America.

In 1922 the International Council for the Education of Exceptional Children (CEC), the largest special education organization representing all disabilities as
well as gifted students, was founded (Aiello, 1976). CEC’s initial members were taking a summer special education class conducted at Teachers College, Columbia University, and they decided to meet annually to continue sharing exciting ideas about special education. Professional organizations such as CEC and the American Speech-Language-Hearing Association (ASHA) have been instrumental in advocating for high-quality special education teachers and other services for every student with disabilities. Many volunteer and parent organizations began to organize after World War II to fight for the provision of educational services in the public schools for students with disabilities (Kirk, 1978). For example, the first parent group, The Arc (formerly the Association for Retarded Citizens of the United States), was founded in 1950 as the National Association of Parents and Friends of Mentally Retarded Children. This group first worked to bring students home from institutions and to have special education services provided to them through the public education system. The power and importance of parent advocacy groups must be recognized and applauded. The strength of the parent movement continues to improve federal laws. Parents argue successfully for funding at the state and national levels, and they serve as “watchdogs” over local educational programs to ensure that each student with a disability has access to a free appropriate public education.

People with disabilities have also formed their own advocacy groups, becoming effectively organized during the late 1980s and 1990s. The first phase was a quest for civil rights; the second phase is focusing on the development of a disability culture (Longmore, 1995; Treanor, 1993). Ed Roberts, founder of the World Institute on Disability and himself a person with disabilities, was a catalyst in organizing people with disabilities to demand access to mainstream U.S. society and the fulfillment of basic civil rights. Justin Dart organized people with disabilities across the nation and used his connections in the business community to ensure the ultimate passage of the civil rights law for people with disabilities, the Americans with Disabilities Act (ADA). Because of all these efforts, the National Council on Disability (NCD), which directly reports to the U.S. president and to Congress, was formed to ensure that the rights of people with disabilities are safeguarded. Today, parents, professionals, and people with disabilities have formed powerful lobbying groups and political action organizations that work to improve the opportunities available to all individuals with disabilities.

Speaking up for the rights of families and children, particularly those with disabilities, is critical to correcting current injustices and ensuring that future generations do not confront insurmountable challenges. Individuals with disabilities, themselves, often are not powerful enough to advocate alone for resolutions to injustices they face. All of us must help. Advocacy doesn’t require the actions of a group or organization; each and every one of us can make a difference by speaking up to correct even the smallest injustice. Advocacy has and can make a real difference in the lives of fellow Americans.

**Progress in Participation**

Perhaps stimulated by national policies, society now reflects a more sensitive and understanding way of regarding and talking about the minority group that includes children, youth, and adults with disabilities. People with disabilities are visible members of communities, a situation very different from that prevailing some 60 years ago when great efforts were made to hide President Franklin D. Roosevelt’s use of crutches and a wheelchair (Gallagher, 1994). (You will learn more about FDR’s story in Chapter 9.) The statue of FDR commissioned by the National Organization on Disability was added to his memorial in Washington, DC in 2000. It shows him in a wheelchair much like the one he actually used and is a demonstration of changes in attitudes about disabilities and the people who have them.

Another way to measure and evaluate how any group of people is perceived by a society is to analyze how that group is portrayed in literature and on the screen in...
both film and television (Longmore, 2003; Prater, 2003). Films tend to mirror reality, reflecting the beliefs and attitudes prevalent in a society at the time they were made. They can perpetuate stereotypes, but they also have the potential to influence the way people think and interact with others (Safran, 1998, 2000). Films produced at the beginning of the last century rarely depicted people with disabilities in a positive light. Most such characters were villainous or evil and were often punished by God, through their disabilities, for some sin of theirs or of a family member. Many of those characters were bitter and self-pitying. Thus we have an opportunity to see how beliefs, bias, actions, and stereotypes about people with disabilities have changed across time by analyzing how people with disabilities have portrayed in cinema. For one such example, see On the Screen, which uses the original and remakes of the movie The Hunchback of Notre Dame to illustrate how perceptions have changed over time.

Certainly, not all portrayals of people with disabilities have been negative or unfair (e.g., Shine, 1996; Ray, 2004). Many films made worthy efforts—consider My Left Foot (1989), which tells the story of Christy Brown, the artist featured at the opening of this chapter—to represent accurately what life is like for many people with disabilities. More commonly, however, characters with disabilities were developed along these common themes: monsters who have grotesque physical appearances portrayed shallowly to scare and horrify, “crippled” criminals, pitiful war veterans, and amusing cartoon characters that stutter (e.g., Porky Pig), have speech impairments (e.g., Elmer Fudd), have visual disabilities (e.g., Mr. Magoo), or have cognitive problems (e.g., Dopey). Sometimes characters with disabilities were included to elicit pity, as in the tragic victim with mental retardation, Lenny, in Steinbeck’s Of Mice and Men. Paul Longmore, a disability scholar, insists that disabilities—particularly physical disabilities—are used as a melodramatic device to signal evil or to separate and isolate the key character (Longmore, 2003). He makes his case by highlighting such characters as Captain Ahab, the peg-leg tyrant in Moby Dick; Captain Hook in Peter Pan; and Darth Vader from the classic trilogy about good and evil, Star Wars. According to Longmore, another message frequently embedded in stories that have included characters with disabilities is that social integration is impossible and the “final and only possible solution is often death. In most cases, it is fitting and just punishment. For sympathetic ‘monsters,’ death is the tragic but inevitable, necessary, and merciful
outcome” (Longmore, 2003, p. 135). As shown in *On the Screen*, movies can reflect attitudes of the time in which the films were made and how such representations change across time.

**People First**

People with disabilities express some strong feelings about the words and phrases used to describe them. This issue is very important to people with disabilities, because words send a message to others about our respect for them. Language evolves to reflect changing concepts and beliefs, and some things that people say may have been socially acceptable at one point in history but offensive at another. For example, at the beginning of the 20th Century, such terms as *imbecile, moron,* and *mental retardate* were commonly used, and at the time they were not offensive. Other references, which we think of today as cruel, came and went. In most cases, they were not originally thought of as harmful, but they took on negative connotations. As a result of grassroots advocacy, people with disabilities and their families have influenced the language we use to refer to members of this minority group.

The language preferred by people with disabilities can be confusing because different groups and individuals have very different preferences. Although there are some exceptions (especially for the Deaf), there are two basic rules to follow:

1. Put people first.
2. Do not make the person equal the disability.

Figure 1.3 illustrates the concept of “people first” language. Here is how it is applied: Refer to students with mental retardation, *not* to retarded students; refer to individuals who have learning disabilities, *not* to the learning disabled; refer to children with ADHD, *not* to ADHD kids; and refer to adults with speech impairments, *not* to stutterers.

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Victor Hugo’s classic 1831 novel, *Notre Dame of Paris,* has been translated often into films typically titled *The Hunchback of Notre Dame.* These movies reveal societal attitudes about people with disabilities at the time each film was made. For example, in the 1923 silent film rendition, Lon Chaney creates Quasimodo, who lives in the bell tower of the Paris cathedral of Notre Dame, as frightening and grotesque. His moving and tragic hero saves the beautiful gypsy, Esmaralda, from the evil judge, but he is brutally killed at the end. In the 1939 version, Charles Laughton’s portrayal is the centerpiece of a shocking horror film. Although in this version Quasimodo and Esmaralda survive, at the end Quasimodo speaks to a stone gargoyle on the church and asks, “Why was I not made of stone?” Much more recently, the story was both animated and made into a musical by Disney. In this version, although a cruel crowd rejects and torments Quasimodo, he battles heroically to save the people and city he loves. The film makes the point that people should be seen for who they are, not for how they appear.

—By Steven Smith
Of course, as with almost everything in life, exceptions to these basic rules about the language of disabilities exist. The exceptions surround two groups of individuals with disabilities, those with substantial visual and hearing problems. They tend to prefer a different descriptive approach. Specifically, for those individuals who use American Sign Language and participate in the heritage and culture of the Deaf (learn more about Deaf culture in Chapter 10), the word Deaf is used to signal cultural affiliation. It is capitalized and recognized first, as in this example: “The Deaf girl goes to a boarding school.” And it is preferable that the reference to the disability precede the person when an individual associates with the Deaf culture. Otherwise, the “d” is lower case, as in this example: “The boy who is deaf goes to his neighborhood school.” A similar preference is commonly held among those with severe visual problems. Thus, even though most people with disabilities would be offended if referred to in other than “people first” language, for many blind and deaf people the “people first” rule does not apply. Remember, however, that not all members of any group agree unanimously on every issue; some people with disabilities might not agree with the rules of language described here. And the rules will certainly change over time. Remember that it is everyone’s responsibility to remain sensitive to these issues.

The climate of advocacy, the atmosphere of sensitivity, and the acknowledgement that as a minority group, people with disabilities have had to fight for their places in American society should now be clear. But to achieve the level of participation that people with disabilities deserve and desire requires preparation for these responsibilities, which begins at school with an education. So now let’s return to what actually is the focus of this text: the special educational opportunities available to students with disabilities.

Special Education: A Response to Disabilities

Special education is one important way to ensure that the next generation of individuals with disabilities can achieve their dreams of normalization, positive outcomes, independence, and a real community presence. Advances in technology, special education services, educational approaches, and validated practices all should come together to turn the promise of a better future for individuals with disabilities into individual realities. Before we can wisely assess what improvements still need to be made, however, it is important to understand how the education of students with disabilities began and how it has evolved. Let’s first turn our attention to the origins of special education.

Origins of Special Education

Although many people believe that special education began in the United States in 1975 with passage of the national law we now call IDEA, special education actually began over 200 years ago. The legend of special education’s beginnings is not only famous, it’s true! In 1799, farmers in southern France found a young boy in the woods, and they brought that “wild child” to a doctor in Paris. The child was named Victor. Jean-Marc-Gaspard Itard, the doctor who now is recognized as the “father of special education,” used many of the principles and procedures of explicit instruction that are implemented today to teach the boy, who probably had mental retardation.

In the early 1800s, Edouard Seguin, one of Itard’s students, came to the United States and began efforts in this country to educate students with disabilities. In fact, these early efforts were taking root across Europe as well. For example, in Italy, Maria Montessori worked first with children with cognitive disabilities.
and showed that children could learn at young ages through concrete experiences offered in environments rich in manipulative materials. Meanwhile, here in the United States, Thomas Hopkins Gallaudet began to develop deaf education, and Samuel Gridley Howe founded the New England Asylum for the Blind (later the Perkins Institute). Elizabeth Farrell initiated public school classes for students with disabilities in 1898.

**Inconsistent Opportunities**

Although positive attitudes about the benefits of educating students with disabilities emerged centuries ago, the delivery of programs remained inconsistent for almost 200 years. In 1948 only 12 percent of all children with disabilities received special education (Ballard, Ramirez, & Weintraub, 1982). As late as 1962, only 16 states had laws that included students with even mild mental retardation under mandatory school attendance requirements (Roos, 1970). In most states, even those children with the mildest levels of disabilities were not allowed to attend school. Children with more severe disabilities were routinely excluded.

In the early 1970s, Congress studied the problem, and here’s what it found (20 U.S.C. section 1400 [b]):

- One million of the children with disabilities in the United States were excluded entirely from the public school system.
- More than half of the eight million children with disabilities in the United States were not receiving appropriate educational services.
- The special educational needs of these children were not being fully met because they were not receiving necessary related services.
- Services within the public school system were inadequate and forced families to find services outside the public school system, often at great distance from their residence and at their own expense.
- If given appropriate funding, state and local educational agencies could provide effective special education and related services to meet the needs of children with disabilities.

Clearly, Congress, when first considering passage of a national special education law, recognized the importance of special education for children with disabilities. It was also concerned about widespread discrimination. It pointed out that many students with disabilities were excluded from education and that frequently those who did attend school failed to benefit because their disabilities went undetected or ignored. Congress realized that special education, with proper financial assistance and educational support, could make a positive difference in the lives of these children and their families.

**The Backdrop for National Legislation**

The end of World War II saw a time of increased opportunities for all Americans, eventually leading to the civil rights movement of the 1960s and to advocacy for people with disabilities during the 1970s. Before then, the courts had been dealing with issues of discrimination and people’s civil rights, and concerns about unfair treatment of children and youth with disabilities and their access to education were being brought to the courts and legislatures state by state (Martin, Martin, & Terman, 1996). Table 1.2 summarizes early landmark court cases that paved the way for national special education to be consistently offered to all students with disabilities. After years and years of exclusion, segregation, and denial of basic educational opportunities to students with disabilities and their families, consensus was growing that a national civil rights law guaranteeing them access to the educational system was an imperative.
Table 1.2 • Court Cases That Set the Stage for IDEA

<table>
<thead>
<tr>
<th>Case</th>
<th>Date</th>
<th>Ruling</th>
<th>Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown v. Board of Education</td>
<td>1954</td>
<td>Ended White “separate but equal” schools</td>
<td>Basis for future rulings that children with disabilities cannot be excluded from school</td>
</tr>
<tr>
<td>Pennsylvania Association for RetardedChildren (PARC) v. Commonwealth of Pennsylvania</td>
<td>1972</td>
<td>Guaranteed special education to children with mental retardation</td>
<td>Court case that signaled a new era for special education</td>
</tr>
<tr>
<td>Mills v. Board of Education of the District of Columbia</td>
<td>1972</td>
<td>Extended the right to special education to all children with disabilities</td>
<td>Reinforced the right of all children with disabilities to a free public education</td>
</tr>
</tbody>
</table>

Legal Protections: Civil and Education Rights

The nation’s policymakers reacted to injustices revealed in court case after court case by passing laws to protect the civil rights of individuals with disabilities. Because of inconsistencies in the quality of services for students with disabilities, and because of unequal outcomes or results for these individuals, the federal government has taken on an important role in the education and the lives of individuals with disabilities (Hardman & Mulder, 2003; Kirk, 1978). The federal role in these aspects of the lives of people with disabilities has been important historically, and it continues today. Some laws only address children’s rights to an education, some focus on individuals’ civil rights and access to American society, and some apply to both schools and society. Table 1.3 lists some of the important laws passed by Congress that affect individuals with disabilities. As you study these laws, you should see how some set the stage for others.

Section 504

In 1973 Congress passed Section 504 of the Rehabilitation Act. This law requires federal, state, and local governments to improve the access of people with disabilities to society by making accommodations to buildings and other aspects of our physical environment. Accommodations are adjustments or alternatives that make it easier to access typical environments. Accommodations to the physical environment include alternatives to stairs (ramps and elevators) and barrier-free sidewalks (via curb-cuts that allow wheelchairs to roll from sidewalk to street to sidewalk without having to make a step up or down). Section 504 guarantees all individuals with disabilities, both adults and children, their civil rights (e.g., the right to vote) and some accommodations to increase their access to society. This provision requires that schools make accommodations for students whose disabilities or conditions require some special attention. For example, students who have restricted access to print (those with limited vision) must be given extended time to complete tests. However, Section 504 proved not to be sufficient. Many adults with disabilities still were being excluded from the community and the workplace. And children and youth with disabilities were being excluded from public schools. Thus, although Section 504 brought to the attention of the public and policymakers that injustices needed to be corrected, it only set the stage for the passage of two other laws: IDEA and the Americans with Disabilities Act. Let’s see how these laws guarantee adults a community presence and students an appropriate education.
### Table 1.3 • Landmark Laws (Legislation) Affecting People with Disabilities

<table>
<thead>
<tr>
<th>Date</th>
<th>Number of Law or Section</th>
<th>Name (and any Abbreviation)</th>
<th>Key Provisions</th>
</tr>
</thead>
</table>
| 1973       | Section 504              | Section 504 of the Rehabilitation Act                           | • Set the stage for IDEA and ADA  
• Guaranteed basic civil rights to people with disabilities  
• Required accommodations in schools and in society               |
| 1975       | PL 94-142                | Education for All Handicapped Children Act (EHA)                | • Guaranteed a free appropriate education in the least restrictive environment |
| 1986       | PL 99-457                | EHA (reauthorized)                                             | • Added infants and toddlers  
• Provided IFSPs                                                    |
| 1990       | PL 101-476               | Individuals with Disabilities Education Act (IDEA)              | • Changed name to IDEA  
• Added transition plans (ITPs)  
• Added autism as a special education category  
• Added traumatic brain injury as a category                      |
| 1990       | PL 101-336               | Americans with Disabilities Act (ADA)                          | • Barred discrimination in employment, transportation, public accommodations, and telecommunications  
• Implemented the concept of normalization across American life |
| 1997       | PL 105-17                | IDEA '97 (reauthorized)                                        | • Added ADHD to the “other health impairments” category  
• Added functional behavioral assessments and behavioral intervention plans  
• Changed ITPs to become a component of the IEP                   |
| 2001       | PL 107-110               | Elementary and Secondary Education Act of 2001 (ESEA)           | • Required that all schoolchildren participate in state and district testing  
• Called for the 100% proficiency of all students in reading and math by 2012 |
| 2004       | PL 108-364               | Assistive Technology Act of 2004 (ATA) (reauthorized)          | • Provided support for school-to-work transition projects  
• Continued a national Web site on assistive technology (AT)  
• Assisted states in creating and supporting: device loan programs, financial loans to individuals with disabilities to purchase AT devices, equipment demonstrations |
| 2004       | PL 108-446               | IDEA '04 (reauthorized)                                        | • Required special education teachers to be highly qualified  
• Mandated that all students with disabilities participate annually in either state and district testing with accommodations or in alternate assessments  
• Eliminated IEP short-term objectives and benchmarks, except for those who use alternate assessments  
• Changed identification procedures for learning disabilities  
• Allowed any student to be placed in an interim alternative educational setting for involvement in weapons, drugs, or violence |
Americans with Disabilities Act (ADA)

After almost 20 years of implementing Section 504 of the Rehabilitation Act of 1973, it became apparent to advocates, many of whom were themselves adults with disabilities, and to Congress that this law was not sufficient and did not end discrimination against adults with disabilities. Stronger measures were called for. On July 26, 1990, the first President Bush signed the Americans with Disabilities Act (ADA), which bars discrimination in employment, transportation, public accommodations, and telecommunications. He said, “Let the shameful walls of exclusion finally come tumbling down.” Senator Tom Harkin (D-IA), the chief sponsor of the act, spoke of this law as the “emancipation proclamation” for people with disabilities (West, 1994). Both Section 504 and the ADA are considered civil rights and antidiscrimination laws (de Bettencourt, 2002). The ADA supports and extends Section 504 and provides adults with disabilities greater access to employment and participation in everyday activities that adults without disabilities enjoy. ADA guarantees people with disabilities access to all aspects of life through concepts of universal design—where the physical environment is adjusted so that everyone has an easier time navigating it (Center for Universal Design, 2003). ADA also implements the concept of normalization across all aspects of American life. This law requires employers not to discriminate against qualified applicants or employees with disabilities. It requires new public transportation (buses, trains, subways) and new or remodeled public accommodations (hotels, stores, restaurants, banks, theaters) to be accessible to persons with disabilities. It also requires telephone companies to provide relay services so that individuals who are deaf and people with speech impairments can use ordinary telephones. Since passage of the ADA law, great strides have been made. However, injustices remain. Here’s an example: People want to participate in the freedoms that life in the United States offers (Longmore, 2003). Many want to vote in local and national elections. The ADA law is supposed to guarantee individuals with disabilities such rights; however, as you will see by reading Disability in the News we can’t assume that even what appear to be the simplest of barriers to civil participation have been eliminated. Regardless of the work still to be done, this and the next generation of people with disabilities will benefit from improvements that have been made in access and opportunities for participation.

Section 504 and the ADA also affect the educational system, but there are some important differences between them and the education law that guarantees students with disabilities the right to a free appropriate public education. Section 504 and ADA have a broader definition of disabilities. They guarantee the right to accommodations to students who do not need special education services attending public schools and to all those attending postsecondary schools who meet this broader definition. For example, it is under the authority of ADA that college students with special needs are entitled to special testing situations (untimed tests, someone to read the questions to the test taker, braille versions) and that schoolchildren with attention deficit hyperactivity disorder (ADHD) who do not qualify for special education receive needed accommodations.

Individuals with Disabilities Education Acts

As you have just learned, in the 1970s when Congress investigated how students with disabilities and their families were welcomed into the educational system, they found widespread patterns of exclusion, denial of services, and discrimination. Consequently, it decided that a universal, national law guaranteeing the rights of students with disabilities to a free appropriate public education was necessary. The first version of the special education law was passed in 1975 and was called Public Law (PL) 94-142, Education for All Handicapped Children Act (EHA). (The first set of numbers refers to the session of Congress in which the law was passed, the second set to the number of the law. Thus EHA was the 142nd law
Legal Protections: Civil and Education Rights

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passed in the 94th session of Congress.) Congress gave the states two years to get ready to implement this new special education law, so it actually went into effect in 1977. That law was to be in effect for 10 years, and for it to continue, a reauthorization process was required. After the first 10-year period, the law would have to be reauthorized every three years, although it sometimes takes up to five years to actually get the job done. As you read this section, follow along in Table 1.3 on page 21. Notice that each time this education law was reauthorized, more protections and services were added.

EHA was reauthorized the first time in 1986. Congress added services to infants, toddlers, and their families in this version of the special education law. In its next reauthorization (PL 101-476), Congress (retroactively) changed the name of the law to the **Individuals with Disabilities Education Act (IDEA)**. Besides changing the name, Congress called out two conditions (autism and traumatic brain injury) as special education disability categories and strengthened services to help students’ transition from high school to postsecondary experiences. IDEA was once again reauthorized in 1997, and issues such as access to the general education curriculum, participation in state- and district-wide testing, and discipline assumed prominence in this version of the law. Two other important laws were passed before the next reauthorization of IDEA in 2004: reauthorization of the Elementary and Secondary Education Act or No Child Left Behind Act of 2001 (NCLB) and the Assistive Technology Act of 2004 (ATA). IDEA ’04 took many of its elements (e.g., requirements for all teachers to be highly qualified and for all students to participate in states’ and districts’ accountability systems) from NCLB—the education law about the education of general students. ATA improves the access of people with disabilities to the community and schools through assistive technology. Let’s take a brief look at these laws before returning to a discussion of the IDEA law and the court cases that explain and further define it.

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**Barriers Restrict Voting by People with Disabilities**

**Date: 10/19/2004**

WASHINGTON, DC—Twenty-one percent of U.S. adults with disabilities—representing more than eight million potential voters—say they have been unable to vote in presidential or congressional elections due to barriers faced either at, or in getting to, the polls. . . . N.O.D.’s poll, conducted by Harris Interactive®, found that of the roughly one-fifth of U.S. adults with disabilities who said they had wanted to vote, but were not able to:

- 29 percent said they could not get accessible transportation;
- 22 percent said their eligibility had been challenged;
- 21 percent reported the polling place was not accessible;
- 21 percent reported their mental or physical abilities were questioned;
- 19 percent said they could not understand the voting machine;
- 18 percent said they were made to feel embarrassed or uncomfortable;
- 12 percent reported that needed alternative voting formats (large print ballots, computer assisted voting booths, paper ballots, etc.) were not available;
- 12 percent said needed assistance (e.g., a sign language interpreter) was not available; and
- 8 percent said they were not allowed to have someone help them with the voting machine.

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**Individuals with Disabilities Education Act (IDEA)** The 1990 reauthorization of PL 94-142
The academic achievement of America’s schoolchildren is a national concern (Tollestrup, 2003). Here are a few reasons why this is so:

- Federal discretionary spending on education has more than doubled since 1996.
- Fewer than one-third of fourth graders read proficiently.
- Reading performance has not improved in over 15 years.
- Fewer than 20 percent of high school seniors are proficient in math.

The federal government decided to take action, and the last reauthorization of the Elementary and Secondary Education Act, which is known as the No Child Left Behind Act of 2001 (NCLB), mandates higher standards for teachers, greater expectations for students, and stringent accountability procedures (e.g., high-stakes testing) to improve America’s students’ standing in world achievement rankings. Unlike previous versions of this law, NCLB did not ignore students with disabilities, even though these students have a separate federal law that guides their education. NCLB requires that 95 percent of all schoolchildren be full participants in state and district testing. It mandates that students with disabilities participate in states’ accountability systems and that school districts report their results to state officials (Kyle, Papdopoulou, & McLaughlin, 2004). The main purpose of these requirements is to ensure that all students, including those with disabilities, achieve to higher standards and that educators be held responsible. NCLB also includes as a goal that all students demonstrate proficiency in reading and mathematics by 2012 (Ziegler, 2002). One major goal of NCLB is to raise academic achievement for all students, while closing the achievement gap between poor, inner-city schools and middle-class suburban schools. Here are a few of the main features of NCLB as they are related to students with disabilities (National Center for Learning Disabilities, 2004):

- Use of scientifically based programs and interventions
- Access to the general education curriculum
- Insistence on highly qualified teachers
- Evaluation of students’ performance with appropriate accommodations
Assistive Technology Act of 2004 (ATA)

On October 25 of 2004, President George W. Bush signed PL 108-364, the Assistive Technology Act of 2004 (ATA), into law. This law is of growing importance to people with disabilities because they are convinced that increased accessibility in their future rests, in part, with technology. Like Section 504, ATA addresses both the educational system and community access. Assistive technology (AT) is critical to the participation of people with disabilities in the workplace, in the community, and at school; it removes barriers that restrict people’s lives. For example, AT enables people with hearing problems to go to their neighborhood theaters and hear the movie’s dialog through assistive listening devices or read it via captions. It allows people with physical disabilities to join friends at a local coffee house by using a variety of mobility options. AT is also spelled out in the law that guides the development of special education for each student with a disability. AT is what provides text-to-audio translations to those who can’t access printed passages because they cannot see and immediate audio-to-text translations to those who cannot hear lectures, and so on (Hitchcock & Stahl, 2003). The potential of AT is limited only by our lack of creativity and innovation. However, AT is expensive and far outside of many people’s budgets, particularly those who are under- or unemployed. For both students and adults, the ATA law offers, through the states, loan programs, training activities, demonstrations of new devices, and other direct services. This law allows students to test equipment and other AT devices both at school and at home before purchasing them.

Information technology is important and unfettering to all of us, and restrictions on access to it result in barriers with considerable consequences. Here’s how NCD advised the president of the United States about this issue:

For America’s 54 million people with disabilities, however, access to such information and technology developments is a double-edged sword that can release opportunities or sever essential connections. On the one hand, such developments can be revolutionary in their ability to empower people with seeing, hearing, manual, or cognitive impairments through alternative means of input to and interaction with the World Wide Web, information transaction machines, and kiosks. On the other hand, electronic information and technological developments can present serious and sometimes insurmountable obstacles when, for example, basic principles of accessibility or universal design are not practiced in their deployment. (NCD, 2001 p. 1)

IDEA ’04

On December 3, 2004, President George W. Bush signed into law the reauthorized version of the act protecting the educational rights of students with disabilities. Though still called IDEA, but now referred to as IDEA ’04, this law is formally titled the Individuals with Disabilities Education Improvement Act of 2004 (PL 108-466). When it went into effect in June of 2005, teachers, as well as students with disabilities and their families, saw many changes and refinements, such as required participation in states’ accountability systems (e.g., high stakes testing, alternate assessments), reduction in the paperwork burden caused by Individualized Education Programs (IEPs), increased options for communications between home and school, clarification about schools’ discipline options, requirements for special education teachers to be highly qualified, and delays in when lawyers can get involved in disputes. Throughout this text, you will find features that explain the requirements of IDEA ’04 (see the What IDEA ’04 Says About feature in each chapter).
Due process hearing
Noncourt proceeding before an impartial hearing officer, used when parents and school personnel disagree on a special education issue

"America’s schools educate over 6 million children with disabilities. In the past, those students were too often just shuffled through the system with little expectation that they could make significant progress or succeed like their fellow classmates. Children with disabilities deserve high hopes, high expectations, and extra help." President George W. Bush at the signing of the Individuals with Disabilities Education Improvement Act of 2004 (IDEA ’04), December 3, 2004.

Court Decisions Defining IDEA

It is the role of the courts to clarify laws passed by Congress and implemented by the administration (implementation of IDEA is the responsibility of the U.S. Department of Education). Although Congress thought it was clear in its intentions about the educational guarantees it believed were necessary for children with disabilities and their families, no legal language is perfect. Since 1975, when PL 94-142 (IDEA) became law, a very small percentage of all the children who have been served have been involved in formal disputes. Those disputes concern the identification of students with disabilities, evaluations, educational placements, and the provision of a free appropriate public education. Most disputes are resolved in noncourt proceedings or due process hearings. Some disputes, however, must be settled in courts of law—a few even in the U.S. Supreme Court. Through such litigation, many different questions about special education have been addressed and clarified. Table 1.4 highlights a few important U.S. Supreme Court decisions related to IDEA.

The issues and complaints the courts deal with are significant, and the ramifications of those decisions can be far-reaching. Here’s one example of a Supreme Court decision (Cedar Rapids School District v. Garret F.) about a student with a disability and whether his school district had the obligation to pay for continuous one-on-one nursing care while he attended school. Garret F. was paralyzed as the result of a motorcycle accident at the age of 4. He requires an electric ventilator (or someone manually pumping an air bag) to continue breathing and to stay alive. When Garret was in middle school, his mother requested that the school pick up the expenses of his physical care while he was in school. The district refused the request. Most school district administrators believed that providing “complex health services” to students was not a related service (and hence not the district’s responsibility) but rather a medical service (excluded under IDEA regulations). In other words, across the country, districts had interpreted the IDEA law and its regulations to mean that schools were not responsible for the cost of health services. The Supreme Court, however, disagreed. The justices decided that if a doctor is not necessary to provide the health service, and the service is necessary to keep a student in an educational program, then it is the school’s obligation to provide the “related service.” The implications of this decision are enormous (Katsiyannis & Yell, 2000): the costs for additional personnel (potentially between $20,000 and $40,000 per school year), but
**Table 1.4 • Landmark U.S. Supreme Court Cases Defining IDEA**

<table>
<thead>
<tr>
<th>Case</th>
<th>Date</th>
<th>Issue</th>
<th>Finding/Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Rowley v. Hendrick</em>&lt;br&gt;Hudson School District</td>
<td>1984</td>
<td>FAPE</td>
<td>School districts must provide those services that permit a student with disabilities to benefit from instruction.</td>
</tr>
<tr>
<td><em>Irving Independent School District v. Tatro</em></td>
<td>1984</td>
<td>Defining related services</td>
<td>Clean intermittent catheterization (CIC) is a related service when necessary to allow a student to stay in school.</td>
</tr>
<tr>
<td><em>Smith v. Robinson</em></td>
<td>1984</td>
<td>Attorney’s fees</td>
<td>Parents are reimbursed legal fees when they win a case resulting from special education litigation.</td>
</tr>
<tr>
<td><em>Burlington School Committee v. Department of Education</em></td>
<td>1984</td>
<td>Private school placement</td>
<td>In some cases, public schools may be required to pay for private school placements when the district does not provide an appropriate education.</td>
</tr>
<tr>
<td><em>Honig v. Doe</em></td>
<td>1988</td>
<td>Exclusion from school</td>
<td>Students whose misbehavior is related to their disability cannot be denied education.</td>
</tr>
<tr>
<td><em>Timothy W. v. Rochester New Hampshire School District</em></td>
<td>1989</td>
<td>FAPE</td>
<td>Regardless of the existence or severity of a student’s disability, a public education is the right of every child.</td>
</tr>
<tr>
<td><em>Zobrest v. Catalina Foothills School District</em></td>
<td>1993</td>
<td>Paid interpreter at parochial high school</td>
<td>Paying for a sign language interpreter in a nonpublic school setting does not violate the constitutional separation of church and state.</td>
</tr>
<tr>
<td><em>Carter v. Florence County School District 4</em></td>
<td>1993</td>
<td>Reimbursement for private school</td>
<td>A court may order reimbursement to parents who withdraw their children from a public school that provides inappropriate education, even though the private placement does not meet all IDEA requirements.</td>
</tr>
<tr>
<td><em>Doe v. Withers</em></td>
<td>1993</td>
<td>FAPE</td>
<td>Teachers are responsible for the implementation of accommodations specified in individual students’ IEPs.</td>
</tr>
<tr>
<td><em>Cedar Rapids School District v. Garret F.</em></td>
<td>1999</td>
<td>Related services</td>
<td>Health attendants are a related service and a district’s expense if the service is necessary to maintain the student in the educational programs.</td>
</tr>
</tbody>
</table>

increased liability for schools, additional considerations for individualized education program (IEP) teams, the administrative costs for increased staff, and the complications of yet another adult in a classroom. Now let’s consider more fully special education and the services it provides to students with disabilities and their families.

Special education is meant for infants, preschoolers, elementary through high school students with disabilities, and (in some cases) individuals with disabilities up through the age of 21. **Special education** is specially designed instruction to meet these individuals’ unique learning needs. This instruction might be delivered in many different types of settings, such as hospitals, separate facilities, and homes; but most commonly it is delivered at the student’s local school in the general education class with neighborhood friends. Though nearly all students with disabilities
participate in the general education curriculum and attend class alongside their peers without disabilities, some students receive a different curriculum. Some of these unique instructional targets are braille for students who are blind, manual communication systems for students who are deaf, social skills training for students with emotional or behavioral disorders, and so on. Although general education and special education articulate, these two educational approaches are not the same. They differ along some very important dimensions. First and foremost, special education and general education are not designed for students with the same learning styles or needs. Second, some differences are based in law—what is stated in IDEA and its regulations—and result in key components of special education. Third, general education tends to focus on groups of learners, whereas the special education approach focuses on individuals.

One way to gain a better understanding of what special education is might be to study some of its key, or distinguishing, features. No single description of special education can be put forth because these services must be designed for each individual to meet his or her unique learning needs. The following fundamental tenets provide the foundation for the educational services delivered to students with disabilities:

- Free appropriate public education
- Least restrictive environment
- Systematic identification procedures
- Individualized education programs
- Family involvement
- Related services
- Access to the general education curriculum

We’ll consider each of these features briefly here and examine them in more detail in Chapter 2.

**Free Appropriate Public Education (FAPE)**

Remember that when Congress first passed the IDEA law in 1975, it was concerned that many students with disabilities were being denied a public education or were not receiving all the services they needed to profit from the instruction offered to them. (Review the “congressional findings” listed on page 19 that led Congress to write the original IDEA law.) Thus, from the very beginning of IDEA, Congress stipulated that educational services for students with disabilities are to be available to parents at no additional cost to them. These students—no matter what the complexity of their educational needs, the accommodations or additional services they require, or the cost to a school district—are entitled to a free appropriate public education (FAPE). Note that Congress included the word *appropriate* in its language about the public education that these students have a right to receive. FAPE must be individually determined because what is appropriate for one student with a disability might not be appropriate for another.

**Least Restrictive Environment (LRE)**

The second key feature of special education is that students with disabilities receive their education in the least restrictive environment (LRE). In other words, special education services are not automatically delivered in any particular place and should offer as much access as possible to the general education curriculum and the general education classroom. LRE and its relationship to FAPE can be confusing. To compare these two concepts, see *What IDEA Says About FAPE* and *What IDEA Says About LRE*. Today, LRE is often misinterpreted as being equal to general education class placements. However, IDEA ’04 does not mandate that students with disabilities receive all of their education in the general education
setting. In fact, the U.S. Department of Education, in its 2005 regulations implementing IDEA '04, explains LRE in this way:

... to the maximum extent appropriate, children with disabilities including children in public or private institutions or other care facilities, are educated with children who are nondisabled; and special classes, separate schooling or other removal of children with disabilities from regular educational environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. (U.S. Department of Education, 2005a, p. 356)

The federal government continues in its explanation of LRE to include a discussion of an array of placements, in addition to the general education classroom, that are appropriate for some students with disabilities. It does so by describing a continuum of alternative placements, including resource rooms, special classes, special schools, home instruction, and instruction in hospital settings. For some students, exclusive exposure to the general education curriculum is not appropriate. For example, a secondary student with significant cognitive disabilities might need to master functional or life skills—those abilities needed for independent living as an adult. That student might also need to receive concentrated instruction on skills associated with holding a job successfully. To acquire and become proficient in skills necessary to live in the community and to be employed often requires instruction outside of the general education curriculum, outside of the general education classroom, and beyond the actual school site. Community based instruction—a well-researched, effective special education approach—uses the community, actual job settings, and real situations when functional and life skills are the target of instruction (Dymond & Orelove, 2001). Clearly, there can be no single or uniform interpretation of LRE. A balance must be achieved between instruction and a curriculum that are appropriate and where that instruction can be delivered.

### Systematic Identification Procedures

To decide which students qualify for special education—those who actually have disabilities—and what that education should consist of requires systematic identification procedures. Educators must be careful not to identify students without disabilities incorrectly. Because current methods tend to overidentify culturally and linguistically diverse students as having disabilities and to underidentify them as being gifted and talented, many professionals conclude that the special education identification process is flawed and needs a major overhaul (MacMillan & Siperstein, 2002). Accordingly, new procedures are being developed to identify students with disabilities and to qualify them for special education. These procedures are discussed in greater detail throughout this book, but for now it is important to know that the roles of general and special education teachers in the identification process are evolving and expanding. Teachers have primary responsibility for what is called the pre-referral process. During this phase, general education teachers are responsible for gathering the documentation necessary to begin the special education referral process (Fuchs & Fuchs, 2001). The

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3Naomi Chowdhuri Tyler contributed all What IDEA '04 Says About features in this book.
first task is to ensure that difficulties are not attributable to a lack of appropriate academic instruction. The next task is to collect data about the target student’s performance, showing that typical classroom procedures do not bring about sufficient improvements in academic or social behavior. Then, for a student who does not make expected gains, further classroom evaluations are conducted (Gresham, 2002). The ensuing informal assessments include comparisons with classmates who are achieving as expected, descriptions of interventions tried, accommodations implemented, types of errors made, and levels of performance achieved (Gregg & Mather, 2002). Students who continue not to profit from instruction in their general education class are referred for formal evaluation and probable provision of special education services.

Individualized Education Programs

The next chapter of this book is devoted to the individualized education plans required by IDEA ’04 for all students with a disability who are receiving special education services. For now, it is important to know that at the heart of individualized programs are individualized education plans (IEPs) for schoolchildren ages 3 to 21 and individualized family service plans (IFSPs) for infants and toddlers (birth through age 2) with disabilities and their families. In some states, the guarantee of an individualized education is extended to gifted students as well, but because gifted students’ education is not addressed by federal law, this is not a requirement. IEPs and IFSPs are the cornerstone that guarantees an appropriate education to each student with a disability. An appropriate education is tailor-made, individually designed, and complete with supportive (related) services. The IEP is the communication tool, so every teacher working with a special education student should have access to the student’s IEP and should become very familiar with its contents because this document includes important information about the accommodations needed, the special services provided, and unique educational needs of the individual.

Many businesses are now helping individuals with disabilities find their places in the community and in employment settings. Restaurant work seems to be one of the most popular employment settings for individuals with disabilities.
Family Involvement

Expectations for parent and family involvement are greater for students with disabilities than for their peers without disabilities. The importance of family involvement must not be underestimated because the strength of families and their involvement in school can make a real difference in the lives of their children (Garcia, 2001). The parents of students with disabilities have important roles to play. For example, they are expected to participate in the development of their children’s IEPs. One idea behind the IEP is for parents to become partners with teachers and schools, so many parents and families participate actively in decision making about their child’s education. All parents of children with disabilities enjoy the right to due process, procedures to follow when they do not agree with schools about the education planned for or being delivered to their children. Also, they are entitled to services not usually offered to parents of typical learners. For example, for infants and toddlers with disabilities (ages birth to 2), parents and their children receive intensive instruction through special education.

Related Services

An important difference between special education and general education is the array of services offered to students and their families. Special education provides additional services to help students with disabilities profit from instruction. It includes direct services from special education teachers, as well as instruction and therapy from related services professionals—experts from a broad array of disciplines other than education. These multidisciplinary services, in many cases, are what makes inclusion possible for many students with disabilities, because they provide individualized assistance to these students for extended periods of the school day. Three commonly used related services are speech therapy, physical therapy, and assistive technology. Related services are discussed throughout this text, but note here that special education is a comprehensive set of services designed to support the education of students with disabilities. Therefore, special education consists of many different professions and specialty areas. When some or all of these related services are enlisted, the result is multidisciplinary teams, which are groups of professionals with different areas of expertise who work together to meet the educational needs of each student with a disability.
Access to the General Education Curriculum

Because too few students with disabilities leave school with a standard diploma, parents, policymakers, and advocates insist that these students should participate in the general education curriculum and be part of the accountability measures (e.g., state- and district-wide tests) that monitor all students’ progress (U.S. Department of Education, 2002). Increased participation in the general education is expected to lead to increased graduation rates. Therefore, beginning with IDEA ’97, extended through NCLB in 2001, and reinforced in IDEA ’04, IEPs must address students’ access and participation in the general education curriculum and justify any limitations (Wehmeyer, Lattin, Lapp-Rincker, & Agran, 2003). If a student is removed from the typical general education curriculum, the IEP must specifically explain why the student cannot participate at this particular time (U.S. Department of Education, 2005a).

**What IDEA ’04 Says About Access to the General Education Curriculum**

Access to the General Education Curriculum highlights these key points. It is important to remember, however, that the general education curriculum is not appropriate for all students with disabilities. Some require an alternative curriculum, intensive treatment, or supplemental instruction on topics not available or suitable for instruction in the general education classroom. Here are a few examples of such individualized programs that might require removal from the general education setting and reduced access to its curriculum: orientation and mobility training for students who are blind, learning job skills in community placements, learning how to use public transportation or receiving social skills training for a student with mental retardation, physical therapy for a student with cerebral palsy, speech therapy for a student with a stuttering problem, phonics instruction for a third grader with learning disabilities, and so on. Remember that placement issues, LRE, access to the general education curriculum, and alternative curricular options are not mutually exclusive. Each can be in effect for part of the school day, the school week, or the school year.

**Validated Practices**

With the passage of NCLB in 2001 and IDEA in 2004, emphasis has been placed on teachers applying validated practices, which are interventions or teaching tactics proven through systematic and rigorous research, with all students. Sometimes such practices are referred to by different terms, such as scientifically based practices or evidence-based practices.

Special education can be defined, in part, by its practices. In some ways, these practices distinguish special education from general education. When a student with disabilities needs intensive intervention on a particular topic or skill, that is the time to put a validated practice into action. Although any teacher (general educator, special educator, or paraprofessional) can successfully implement such interventions, many of these methods differ in various ways (such as focusing on the individual instead of the group or targeting mastery of skills rather than understanding process) from the methods generally used with typical learners. Special education methods are more intensive and supportive than those used for students without learning problems. What you will notice is that many of these proven interventions share six common features (Deshler, 2003; Torgeson, 1996). That is, effective special education can be thought of as

1. Validated (using practices proved effective through research)
2. Individually determined (matching teaching procedures to individuals)
Students with disabilities are no longer the responsibility of “someone else,” like the special education teacher, and they are no longer those students who receive their education “someplace else,” like at the special school. Students with disabilities are the shared responsibility of everyone. The developing consensus is that for most such students, inclusion in general education, with required modifications, accommodations, or assistive technology, is the most appropriate. However, for some, participation in separate programs for at least some period of time is more effective (Kauffman et al., 2005; Martin, Martin, & Reed, 2006). Regardless of where they receive their education, it must be effective: The practices and instruction provided

progress monitoring
Systematically and frequently assessing students’ improvement in the skills being taught

Frequent Monitoring of Progress

Even when teachers carefully select validated practices, there is no guarantee that the individual student will respond positively or sufficiently. For this reason, teachers use progress monitoring—a set of evaluation procedures that assess the effectiveness of instruction on skills while they are being taught. The four key features of this approach are that students’ educational progress is measured (1) directly on skills of concern, (2) systematically, (3) consistently, and (4) frequently.

The areas of most concern are measured directly to check progress made on the curricular tasks, skills, or behaviors where interventions are being directed. Thus, if reading comprehension is being targeted for improvement, then it is this skill that is assessed. If the acquisition of subtraction facts is the focus of instruction, then the number or percentage of those problems that are answered correctly is recorded. Instruction and assessment are linked (Fuchs & Fuchs, 2001). These assessments also occur often (daily or weekly). They are used to provide educators with useful feedback on the basis of which they can quickly modify their instructional approaches (McMasters et al., 2000). Because this approach tailors the special education a student receives (e.g., guiding the selection of practices and monitoring their effectiveness), it is an important element that must not be missed. For this reason, you will learn more about curriculum based measurement (CBM) in Chapter 5, and more about other methods of progress monitoring throughout this text.
must produce results (Heward, 2003). Where, then, do the 5.5 million students with disabilities who attend public schools receive their education? And what should that education comprise? Let’s conclude this introduction to special education with a few thoughts on these issues.

**Participation in General Education Classes**

Every year, increasing numbers of students with disabilities receive more of their education in general education classes, alongside their classmates without disabilities. It is inaccurate to picture the vast majority of children and youth with disabilities arriving at school in a little yellow bus with big letters marking the bus and its riders as belonging to special education. Most students with disabilities do not attend special education classes for most of the school day and participate with typical learners only during music, art, physical education classes, recess, and lunch period. Here are the facts: The federal government indicated that in the 2000–2001 school year, 96 percent of all students with disabilities received their education at neighborhood schools (U.S. Department of Education, 2002). These students are not just attending school on general education campuses; they are accessing the general education curriculum in general education classes to the greatest extent possible. Across the nation, 97 percent of elementary and middle school students with disabilities and 95 percent of high school students with disabilities participate in general education classes for at least 40 percent of their school day. Well over half of them participate in general education classes for well over 80 percent of every school day.

Participation rates, however, vary by disability (see each disability-specific chapter in this text for more information). Figure 1.4 shows the percentage of students

![Figure 1.4 • Inclusion of High and Low Incidence Disabilities](image)

with each specific type of disability who receive more than 80 percent of their education in the general education classroom. You might think that the rates of participation would be similar to the high and low prevalence patterns shown in Figure 1.2 on page 13, which in some respects also reflect the severity of each disability. Note, however, that the data shown in these two charts do not mirror each other. Why is this so? Well, some types of disability impact education differently than others. For example, students with visual disabilities are most likely to receive their education alongside peers without disabilities and to receive specialized instruction in independence, mobility, and braille from special resource personnel either during the summer or part-time during the school year. Students with severe cognitive disabilities or with substantial behavioral problems are more likely to receive their education outside the general education classroom.

**Purposes of Special Education**

The overarching purpose of special education is to make it possible for all individuals with disabilities to achieve to their fullest potential so that as adults, they can attain full community presence by holding meaningful jobs and living independently. Inclusive education—that is, participating exclusively in the general education classroom using the general education curriculum—is *not* a goal of special education (Kavale & Mostert, 2003). Of course, for most students with a disability, that is the means for them to meet the purposes of special education. For some, however, these purposes can be met only through a different curriculum or through intensive instruction that cannot be offered in the general education program. Regardless of the educational goals set for any individual student with a unique learning need, all students are entitled to a very special education. Imagine an educational system that meets these purposes for each and every individual. The promise of a remarkable future is truly beyond the imaginable!
Chapter 1 • Disabilities and Special Education: Making a Difference

**What do the concepts “disability” and “handicapped” mean?**
- The distinction emanates from the basic premise that society handicaps people because of disabilities
  - Disabilities: are conditions, impairments
  - Handicaps: present challenges, barriers
- Reflects the conviction that people with disabilities constitute a minority group deserving civil rights protections
  - Reduce bias and discrimination in society: the workplace, housing, and community
  - Resulting outcomes: fewer challenges and increased participation

**In what ways have the lives of people with disabilities improved across time?**
- Public opinion has become more enlightened, and society no longer tolerates injustices or cruel and inhumane treatment.
- Individuals with disabilities, both students and adults, have legal protections.
- It is less common for people with disabilities to be rejected, institutionalized, ridiculed, abused, or neglected.
- Adults with disabilities are taking their places in society, having a community presence, and living independently.
- Students with disabilities are guaranteed a free appropriate public education and are to be included in general education settings to the greatest extent possible.

**How might barriers and challenges experienced today by people with disabilities be overcome? How can all of us make a difference?**
- Reduce high school and postsecondary school dropout rates.
  - Raise expectations.
  - Provide greater supports.
  - Target goals: provide greater access to and participation in the general education curriculum and increase graduation rates.

**Why does the federal government provide unique protections for students with disabilities and their families?**
- Without protections, these students and their families were denied public education, had to pay for needed services, and experienced segregation and exclusion.
- A truly special education improves outcomes and results for students with disabilities.

**What are the key features (fundamental tenets) of special education? Explain each.**
- Free appropriate public education (FAPE): at no cost to the family, individually determined, designed to meet the unique needs of each student
- Least restrictive environment (LRE): supports FAPE, maximally inclusive, includes an array of placement options
- Systematic identification procedures: ideal procedure identifies those with disabilities, qualifies those whose disabilities have educational significance, neither over- nor underidentifies individuals in need of special education, includes pre-referral steps and a multistep process
- Individualized education programs: guaranteed through IFSPs and IEPs, might or might not include gifted and talented students (state-determined), tailor-made and complete with all necessary special education and related services
- Family involvement: has higher expectations for parent and family participation, includes more oppor-
opportunities for communication between home and school, seeks the development of home/school partnerships, provides requirements for due process.

- Related services: multidisciplinary teams of professionals; uniquely formed because of the needs of the infant, toddler, preschooler, or student; provided regardless of cost and at no expense to the family.
- Access to the general education curriculum: participation in the standard curriculum (or explanation provided when such participation is not appropriate), included in the state’s and district’s accountability system.
- Validated practices: instructional techniques and methods applied have been verified as effective through systematic research.
- Frequent monitoring of progress: students’ educational performance is assessed daily, weekly, and/or monthly to ensure continued and sufficient improvement.

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- Video cases from real classrooms
- Help with your research papers using Research Navigator
- Career Center with resources for:
  - Praxis exams and licensure preparation
  - Professional portfolio development
  - Job search and interview techniques
  - Lesson planning

**Supplementary Resources**

**Popular Novels and Books**


**Professional, Parent, and Advocacy Groups**

American Speech-Language-Hearing Association (ASHA) in Rockville, MD: www.asha.org

Council for Exceptional Children (CEC) in Arlington, Virginia: http://www.cec.sped.org

Epilepsy Foundation of America in Landover, MD: www.epilepsyfoundation.org

Learning Disabilities Association of America (LDA) in Pittsburgh: www.ldanatl.org

Office of Special Education Programs (OSEP) in Washington, DC: www.ed.gov/osers/osep

Open Doors Organization in Chicago: www.opendoorsnfp.org

The Arc in Dallas: www.thearc.org

United Cerebral Palsy (UCP) in Washington, DC: www.ucp.org
After reading this chapter, you should be able to link basic knowledge and skills described in the CEC Standards and INTASC Principles with information provided in this text. The table below shows some of the specific CEC Common Core Knowledge and Skill Standards and INTASC Special Education Principles that can be applied to each major section of the chapter. Other standards may also be applied to this chapter. Associated General Praxis II topic areas are identified in the right column.

<table>
<thead>
<tr>
<th>Major Chapter Headings</th>
<th>CEC Knowledge and Skill Core Standard and Associated Subcategories</th>
<th>INTASC Core Principle and Associated Special Education Subcategories</th>
<th>PRAXIS II Exam Topic</th>
</tr>
</thead>
</table>
| Where We’ve Been . . . What’s on the Horizon? | **1: Foundations**  
CC1K8 Historical points of view and contribution of culturally diverse groups | **1: Subject Matter**  
1.13 Special education teachers know major trends and issues that define the history of special education and understand how current legislation and recommended practice fit within the contact of this history. | 1: Understanding Exceptionality  
2: Legal and Social Issues |
| Disabilities Defined | **1: Foundations**  
CC1K5 Issues in definition and identification of individuals with exceptional learning needs, including those from culturally and linguistically diverse backgrounds | **1: Subject Matter**  
1.04 All teachers have knowledge of the major principles and parameters of federal disabilities legislation. | 1: Understanding Exceptionality  
2: Legal and Social Issues |
| Participation: Community Presence | **10: Collaboration**  
CC10S6 Collaborate with school personnel and community members in integrating individuals with exceptional learning needs into various settings | **10: Collaboration, Ethics, and Relationships**  
10.09 Special education teachers collaborate with families and with school and community personnel to include students with disabilities in a range of instructional environments in the school and community. | 1: Understanding Exceptionality |
| Special Education: A Response to Disabilities | **1: Foundations**  
CC1K1 Models, theories, and philosophies that form the basis for special education practice | **2: Student Learning**  
2.04 All teachers are knowledgeable about multiple theories of learning and research-based teaching practices that support learning. | 1: Understanding Exceptionality  
2: Legal and Social Issues |
| Legal Protections: Civil and Education Rights | **1: Foundations**<br>CC1K4 Rights and responsibilities of students, parents, teachers and other professionals, and schools related to exceptional learning needs | **1: Subject Matter**<br>1.11 Special education teachers have knowledge of the requirements and responsibilities involved in developing, implementing, and evaluation IEPs, IFSPs, and IAPs for students with disabilities. | 1: Understanding Exceptionality<br>2: Legal and Social Issues |
| Special Education Defined | **1: Foundations**<br>CC1K2 Laws, policies, and ethical principles regarding behavior management planning and implementation | **1: Subject Matter**<br>1.04 All teachers have knowledge of the major principles and parameters of federal disabilities legislation. | 1: Understanding Exceptionality<br>2: Legal and Social Issues<br>3: Delivery of Services to Students |
| Participation: Inclusive Special Education | **7: Instructional Planning**<br>CC7S1 Identify and prioritize areas of the general curriculum and accommodations for individuals with exceptional learning needs | **7: Planning Instruction**<br>7.02 All teachers plan ways to modify instruction, as needed, to facilitate positive learning results within the general curriculum for students with disabilities. | 3: Delivery of Services to Students |

**Note:** The following sources apply to all Professional Standards and Licensure Tests tables in this book.

**Sources:**
- Council for Exceptional Children (2005). *CEC knowledge and skill based for all beginning special education teachers: Common core cross-listed with INTASC special education (Common core-2001).* Received via email attachment from: S. Morris at CEC April 2005.