Paraeducator Entry-Level Training
for Supporting Students with Disabilities

Participant's Manual

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Overall Purpose of the Training Curriculum

The Individuals with Disabilities Education Act Amendments of 1997 [(IDEA), 20 U.S.C. 1400 et seq.] require that state education agencies “establish and maintain standards” to ensure that paraprofessionals “used to assist in the provision of special education and related services to children with disabilities are appropriately and adequately prepared, trained, and supervised in accordance with State law, regulations, or written policy” [20 U.S.C. 1412 § 612(15)]. In other words, IDEA requires states to ensure that “qualified personnel” are available to assist in educating students who have disabilities; this includes paraprofessional staff. IDEA also requires local educational agencies (LEAs) to ensure that all personnel working with students with disabilities are “appropriately and adequately prepared” [20 U.S.C. 1412 § 613 (a) (3)].

In an effort to address certain aspects of this requirement, this curriculum provides training content, formats, and a framework to ensure that paraprofessionals, hereafter referred to as paraeducators, have the basic knowledge and skills necessary to contribute to the education of students with disabilities in inclusive educational settings. In this context, the paraeducator is a team member who functions under the direction of qualified teachers or special educators.

The primary focus of this curriculum is to impart the initial, and most essential, knowledge and skills necessary for paraeducators to begin their work. This curriculum does not attempt to include every conceivable thing a paraeducator or supervisor might need to know in order to be effective. Any such training program should be considered as one part of a more comprehensive plan to recruit, hire, orient, train, and supervise paraeducators on an ongoing basis.

Philosophical Foundation

The philosophical foundation for this training is based on the recognition that creating inclusive classrooms for students with disabilities requires personnel, including paraeducators, to acquire different skills, attitudes, values and knowledge that explicitly pertain to the context of general education. Inclusive settings require personnel to take on a variety of new roles as well as engaging in collaboration and
communication among various professionals, including general educators. Paraeducators in inclusive settings need to know how to promote peer interaction and positive interdependence between students with and without disabilities. They need to develop competence in working with diverse groups of students who exhibit varied learning styles within general education settings and who are pursuing differing, individually appropriate, learning outcomes within the same classroom activities. They need to understand and respond to challenging behavior in effective, positive and proactive ways. Research and reviews of literature have indicated that many paraeducators feel ill-prepared to handle the content, social dynamics, and behavioral challenges which need to be addressed within general education classrooms. Similarly, many classroom teachers have received minimal, if any, training in how to mentor paraeducators.

This curriculum emphasizes the unique nature of the paraeducator “assisting” in implementing instruction designed by teachers, special educators and related service providers. We believe that assessment, curricular design and adaptation, and primary instruction are roles of certified educators, special educators, and related service personnel. Therefore, a second philosophical tenet is that we do not expect a paraeducator to be “the exclusive or primary teacher” for students with or without disability labels. Students with disabilities deserve to be educated by certified, qualified teachers in their neighborhood schools, just like students without disabilities. At the same time we recognize that paraeducators play a vital support role in many classrooms — their work should be recognized and appreciated. We believe it is important for roles to be clearly defined and for paraeducators to learn the skills most necessary to contribute to a positive, supportive inclusive educational experience for children and youth without usurping or substituting for the role of classroom teacher or special educator.

In addition, we have come to recognize the wide array of roles and responsibilities that paraeducators are being asked to fulfill and question whether they can continue to be expected to meet this ever expanding set of increasingly complex demands without adequate training, support, or compensation. At times paraeducators are unfairly expected to do the work of a teacher — in such cases we consider whether training is really the answer or whether other models of service delivery (e.g., hiring more qualified teachers; differentiated teacher roles) may be more appropriate. Third, we have been guided by the principles presented in the article, Developing a Shared Understanding: Paraeducator Supports for Students with Disabilities in General Education (Giangreco et al. 1999). This document (see Unit 1) lists a set of statements that reflect the shared understanding of the authors regarding paraeducator supports for students with disabilities in general education classes.
Intended Audience

This curriculum is intended for use by: (a) paraeducators working with students with disabilities in inclusive educational and community settings; (b) their cooperating teachers or mentors (e.g., classroom teachers, special educators); and (c) staff development personnel. It is meant to address the initial training needs of paraeducators and their cooperating teachers working with students across the age span and is generically applicable for those working with students who have various types of disabilities. The curriculum is primarily geared toward use in general education schools and classrooms, although the content is also applicable to community or employment settings where people with disabilities are included with people who do not have disabilities. The required readings and varied formats contribute to its potential use in urban, suburban, rural, and remote areas. But, like any training program, it should be tailored to meet local conditions. Because this program is designed for national dissemination, specific state or local regulations, policies, and procedures are not included. The instructor or sponsoring agency should try to supplement the program with any necessary information specific to local situations.

Types of Training

The design of this curriculum includes three types of training that allow individuals to obtain a fundamental awareness and knowledge of the most general and essential elements necessary for being a successful paraeducator and for mentoring paraeducators in inclusive schools.

- **Entry-level training** is designed for beginning paraeducators or those who have not had access to introductory training.
- **Content training** which builds on entry-level training, is available for more experienced paraeducators who have demonstrated the competencies acquired at the entry level. Content training includes units on a variety of vital topics (e.g., supporting students with challenging behaviors; instructional strategies).
- **Teacher leadership training** is available for teachers and special educators to learn about effective utilization of paraeducator services to support students with disabilities in general education classrooms. It covers topics such as welcoming and acknowledging paraeducators, providing feedback, clarifying roles and responsibilities, and planning for paraeducators.
- **Practicum activities** are included in all three types of training. They are designed to provide participants with initial opportunities to apply what they have learned and begin practicing their skills. Paraeducators enrolled in the entry-level training are required to make arrangements to complete 12 hours of
practicum and corresponding activities under the direction of a cooperating teacher who is willing to accept responsibility for their practicum (e.g., observe them in their classroom; allow them to complete practicum assignments; complete a checklist verifying practicum participation and competencies displayed).

Formats of Training

The needs of school districts to train paraeducators vary. Therefore, training formats must be flexible. The content in this curriculum is designed to be offered in different formats to meet differing needs. Each format includes a mechanism for evaluation and a practicum component. Each can also be adapted to be offered for continuing education or university credit. A blueprint has been developed that gives specific suggestions for using each of the formats.

Course Format

The traditional course format provides required readings and materials for a trainer, face-to-face sessions with participants, written materials and traditional methods of interaction (e.g., group discussions, presentations, group and individual activities). This format can be provided in various ways. It can be delivered regionally or within a single district or school. It can be delivered in an intensive (e.g., full-week) format or spread over a number of weeks. The program is not dependent on outside trainers and is appropriate for use by qualified school personnel (e.g., special educators; staff development specialists). Though we have designed all our courses to be completed with 12 to 18 hours of instruction and 10-12 hours of practicum, you may decide to extend these times to offer additional depth to the experience. This may provide additional time to involve guest instructors in your class, such as parents who have children with disabilities, self-advocates, or professionals who have special expertise related to the unit of study. This option can be offered to groups ranging from 5 to 25 participants by local school personnel. Depending on the delivery format selected, local trainers may be asked to do this training within the context of their existing job responsibilities or may be compensated for additional time spent beyond their contracted duties.

Formats Relying on Technology

Project staff are exploring the use of technology (e.g. interactive video, internet courses, and CD-ROM) as an option for offering courses to paraeducators, teachers and special educators who lack access to traditional courses because of issues such as scheduling conflicts or transportation barriers. As information becomes available about these options it will be posted on our web site. Our web site is:
http://www.uvm.edu/~cdci/paraprep/
Basis for the Course

A number of foundational sources of information informed the development of this curriculum. They include:

- a review and summary of existing paraeducator curricula;
- a review of published paraeducator literature from 1990 to 1999 (both data based and non-data based);
- a review of paraeducator/paraprofessional Dissertation Abstracts from 1992 to 1999;
- a national survey of perceived training needs and priorities for paraeducators and their mentors completed by a variety of stakeholder groups (e.g., parents, paraeducators, special educators, classroom teachers, related services providers, state education staff, school administrators);
- input from a National Curriculum Design Team (made up of special education faculty, supervisors, national experts, family members, parents and consumers);
- input from a National Advisory Council made up of paraeducators, principals, students, parents, and state education personnel; and
- in-depth data (e.g., questionnaires, interviews, document reviews, observations) generated from a model demonstration project that examined paraeducators issues in inclusive settings in Vermont.

Structure of the Manual(s)

An Instructor’s Manual and a Participant’s Manual have been developed for each level of training. Each manual begins with an introduction and a section entitled “How to Use This Manual” which guides the reader through the entire training process.

The Instructor’s Manual also includes:

1. Overviews for each unit
   - course objectives
   - instructor preparation
   - course materials
   - information about practicum requirements
   - suggested supplementary resources

2. Agendas for each unit
3. Lesson plans (e.g., overheads, activities, instructions, discussion questions)
4. Knowledge Review for each unit and Keys
5. Overhead masters
6. Forms (e.g., registration, practicum requirements)
The Participant's Manual also includes:

1. Overviews for each unit
   - course objectives
   - participant preparation
   - course materials
   - information on practicum requirements
   - suggested supplementary resources
2. Required Readings
3. Activity Sheets
4. Knowledge Review for each unit
5. Cooperative Teacher Practicum Summaries for each unit
6. Practicum Requirements
7. Unit evaluation Form

Course Content and Organization

Entry-Level Training for Paraeducators
(18 hours of instruction and 12 hours of practicum)
Unit 1  Collaborative Teamwork
Unit 2  Inclusive Education
Unit 3  Families and Cultural Sensitivity
Unit 4  Characteristics of Children and Youth with Various Disabilities
Unit 5  Roles and Responsibilities of Paraeducators and Other Team Members
Unit 6  Paraeducators Implementing Teacher-Planned Instruction

Content Training for Paraeducators: Mini-courses are being developed, each of which are 12 hours of instruction and 10 hours of practicum. Successful completion of the entry-level training is a prerequisite for taking these mini-courses.
Mini-Course 1  Supporting Students with Challenging Behaviors
Mini-Course 2  Supporting Students with Low Incidence Disabilities
Mini-Course 3  Implementing and Monitoring Teacher-Planned Instruction

Check our website (www.uvm.edu/~cdci/paraprep/) for links to courses offered on-line by other organizations or for other important topics such as assistive technology and literacy.

Teacher Leadership: Working with Paraeducators
One course which consists of 12 hours of instruction and 10 hours of practicum. This course is designed for teachers and special educators.
Unit 1  Welcoming, Acknowledging, and Orienting Paraeducators
Unit 2  Roles and Responsibilities of Paraprofessionals and Teachers
Unit 3  Planning for Paraeducators
Unit 4  Communication and Providing Feedback
Limitations of This Training Series

Our experience tells us that when people hear about a new training program for paraeducators, they become very interested because the need is obvious and extensive. While this and other training programs can certainly assist schools in developing a more qualified work force, they are not like magic wands that once passed over them will transform untrained assistants into highly competent teachers. In fact, this curriculum intentionally is not designed to prepare paraeducators to become teachers, nor is it geared to teach paraeducators how to engage in planning that is the responsibility of certified educators. Likewise, it is not intended to substitute for an individual district's ongoing orientation, on-the-job training, and supervision of paraeducators. It is merely one piece of the paraeducator puzzle.

No training program will solve all the problems related to service delivery, instruction, classroom management, and other important issues affecting student learning. This training program, like many programs, is brief and therefore focuses on the most essential learning outcomes needed by paraeducators. However, it does not replace the need for local training in specific skills required in specific settings (e.g., in a specific reading or mathematics program; information that is uniquely associated with individual students). In addition, it does not substitute for the daily and ongoing on-the-job support and mentoring that can only be provided by the local school personnel.

Additional Training Resources

If you want to go further into depth, supplemental resources are listed at the end of each unit. These include references for books and articles, videos, and web addresses of interest. Other training resources and updated course activities are also listed at this project's web site at:

- \texttt{http://www.uvm.edu/~cdci/paraprep/}
- Or, you may visit our companion web site at:
- \texttt{http://www.uvm.edu/~cdci/parasupport/}

References


How to Use this Manual

This manual includes all of the information the participant needs to take the Paraeducator Entry-Level Course. The first step recommended to the participant is to read the manual in order to become familiar with it. This section is designed to facilitate this process.

The course is divided into six units, and each unit contains:
- an overview
- Required Readings
- Activity Sheets
- Knowledge Review Questions
- Cooperating Teacher Practicum Summary
- Unit Evaluation Form

Practicum requirements for each unit of the course are located in the last section of the manual.

How to use the overviews

Use overviews to prepare for a specific class. Each overview contains:
- a brief description of the unit
- the number of hours of instruction
- the unit objectives, identified as knowledge (K) or skill (S) objectives
- participant preparation needed (e.g., read the required readings)
- practicum requirement overview
- evaluation of participant learning
- suggested supplemental resources (The suggested supplemental resources extend beyond the scope of the unit. They are provided for participants who wish to have more information than what is provided in the required readings.)

How to use the required readings

- Each unit of the curriculum contains required readings that include information about the unit topic.
- Bring your copy of this manual to each class. Certain class activities will require you to refer to required readings in this manual.
- Required readings must be completed prior to the class for that unit. Class activities and Knowledge Review questions are based on information in the required readings.
• Prepare at least two questions based on the required readings for each unit and bring those questions to class.

How to use the activity sheets

• This manual contains activity sheets for each unit, that correspond to the lesson activities in the Instructor’s Manual.
• You do not need to review the activity sheets before class, since the activities will be completed in class.
• Bring this manual to class in order to complete the activity sheets during class.

Information about the Knowledge Review

• The Knowledge Review for each unit contains ten questions that are based on information in the required readings of that unit.
• You are encouraged to use the questions as a study guide as you prepare for the class (e.g., review questions as you read the required readings).
• The instructor will provide accommodations for participants that may affect their participation in the Knowledge Review as needed. It is your responsibility to notify the instructor if you need special accommodations (e.g., extra time to complete Knowledge Review, a seat in the front of class, etc.).
• The instructor will distribute the Knowledge Review to all participants at the end of each class.
• After all participants have completed the Knowledge Review, the class will review the questions and their answers. At that time, you are responsible for asking about any questions that you did not answer correctly.
• The Knowledge Review will be used as part of your evaluation for the Paraeducator Entry-Level Course.

How to use the practicum requirement checklists

• Review the practicum requirements for each unit before its class.
• Ask any questions about the practicum requirements during the practicum review time at the end of its class.
• Near the end of each unit you will find a Cooperating Teacher Practicum Summary. This provides a brief summary of the unit and its practicum requirements. Give this to your cooperating teacher to assist in completing your practicum requirement.
• It is important that you understand the practicum requirements and have a plan for implementing them with your cooperating teacher, especially if you will not begin the practicum requirements until completion of the entire course (e.g., if you are taking the course as part of a summer institute).

• If you feel that certain practicum requirements are not appropriate for your school site, you may negotiate a more suitable requirement with your cooperating teacher.

• For any substituted practicum requirement, you must receive written approval from the class instructor, which may be accomplished by submitting the newly negotiated requirement in writing to your instructor.

• To ensure that you are working with your cooperating teacher, your practicum requirements checklist must include your cooperating teacher’s signature for each skill that has been “checked” as completed.

• You are responsible for completing the practicum requirements and turning in your practicum checklist to the course instructor in a time frame established by the instructor.

• The instructor will issue a Certificate of Completion to all participants who have completed all of the course requirements. This means attending all classes, participating in class activities, completing Knowledge Reviews for each unit, and completing the practicum requirements.
Unit 1:

Collaborative Teamwork

Eileen CichoskiKelly
Participant's Overview

Unit 1: Collaborative Teamwork

Brief Description of Unit

The purpose of this unit is to provide an overview of the characteristics of effective teams, a rationale for collaborative teamwork, and a selection of communication skills and activities that foster effective team functioning for implementing educational programs for students with disabilities in general education settings.

Hours of Instruction (In class format)

3 hours

Unit Objectives

Key: K = Knowledge, S = Skill (Knowledge objectives are addressed through readings and class activities; skill objectives are addressed through practicum activities.)

1. Paraeducators will know the characteristics of a collaborative team. (K)
2. Paraeducators will know why collaborative teams are important for quality education for students with disabilities. (K)
3. Paraeducators will know characteristics of effective collaborative team members. (K)
4. Paraeducators will demonstrate collaborative teamwork skills. (S)

Preparing for the Unit

Required Readings:
Participant Preparation for Unit 1:
- Read the required readings **prior to class**.
- Based on the required readings write two questions that are relevant to you or your situation for discussion in class.
- Bring writing materials to class for note-taking and activities.
- Bring your participant’s manual to class.
- Review the practicum requirements for Unit 1.

**Practicum Requirements**

This unit has three required practicum activities, which are designed to be completed at the end of the course in a time frame established by the instructor. The paraeducator and his or her cooperating teacher will collaborate to complete those activities. Practicum checklist of the activities to be completed and skills to be observed can be found at the end of the manual. In the event that a practicum requirement is not appropriate for a paraeducator’s specific situation, alternate activities may be substituted based on negotiation with the cooperating teacher. The negotiated requirement must be approved by the course instructor.

**Evaluation of Participant Learning**

Participants are evaluated in three ways: (1) **Knowledge Review** quiz, (2) attendance and participation in class activities, and (3) completion of practicum requirements. In order to facilitate learning of the information in the unit required readings, Participants will take the **Knowledge Review** quiz at the end of each class session and will receive immediate feedback in class. Participants are encouraged to review questions before class so they can be aware of them during class. This can improve a participant’s success on the quizzes.

**Suggested Supplemental Resources**

**Books and Articles**


Unit 1 Required Readings

Collaborative Teamwork

The required readings for this unit begin with a brief summary about collaborative teamwork. (Cichoski Kelly, 2000). The second article, (Schaffner, Buswell, Thousand, & Villa, 1999), provides an overview of collaborative teams in schools and the benefits of using the team approach. It has been provided to give the paraeducator the background knowledge to participate as a member of a collaborative team. For paraeducators who do not participate as team members, the reading is provided to give an overview of the collaborative process by which decisions are made for students with disabilities.

The article by Giangreco et. al. (1999) provides an example of a “shared understanding” about paraeducator supports. This article provides a philosophical foundation for this course. In addition, it is used as the basis for an in-class activity in which the paraeducator has a chance to give feedback about each of the major principles of working with paraeducators.
Characteristics of collaborative teams:
1. A collaborative team is a group of individuals (two or more) who base their work on a shared set of common beliefs and work toward common goals.
2. Collaborative teams are made up of people (e.g., parents, students when age appropriate, classroom teachers, special educators, paraeducators, related services providers) who have varying areas of skill and expertise and share group tasks, responsibilities, and leadership.
3. Collaborative teams continue to change and grow as challenges are addressed and solved.
4. Collaborative teams establish procedures and mechanisms for interactions and decision making (e.g., team meeting expectations, establishing group norms and procedures for interacting outside of meetings).
5. Collaborative team members share and allocate resources to assist students to attain their goals.
6. Collaborative team members use procedures and mechanisms designed to maintain a balance between completing tasks and maintaining constructive working relationships.
7. Collaborative teams collectively evaluate their group function.

Five basic elements of collaborative team interactions (Johnson, Johnson, & Holbec, 1994):

1. Positive Interdependence: All members of a group feeling connected to each other in the accomplishment of a common goal. All individuals must succeed for the group to succeed.
2. Individual Accountability: Holding every member of the group responsible for demonstrating accomplishment of the learning.
3. Face-to-Face Interaction: Group members who are close in proximity to each other dialoguing with each other in ways that promote continued progress.
4. Social Skills: Human interaction skills that enable groups to function effectively. Such skills enhance communication, trust, leadership, decision making, and conflict management.
5. Processing: Group members assessing their collaborative efforts and targeting improvements.
Collaborative team strategies for success:
- regularly scheduled meeting times
- time limits for meetings
- written agendas
- keeping meeting minutes
- sharing established roles (e.g., facilitator, recorder, time keeper)
- assigning tasks to be completed prior to next meeting
- encouraging face-to-face contact (e.g., sitting in a circle)
- celebrating each meeting
- HAVING FUN FUN FUN !!!

Collaborative teams are important because they:
- facilitate communication among members
- utilize the various skills of members
- help members solve challenges presented by students
- encourage members to pull in the same direction
- promote group ownership of student goals
- contribute to a sense of individual and group accomplishment
- promote positive outcomes for children and youth and their families
- reduce errors in individual judgment
- maximize the use of scarce resources

Effective team members:
- accept, respect, and appreciate differences in others
- are flexible, especially when faced with internal or environmental stresses
- obtain gratification from a wide variety of sources (e.g., people, ideas, tasks, values)
- have realistic self-concepts; they neither undervalue or overvalue their abilities
- are active, participatory, and productive
- are willing learners
- are competent in their own field
- are willing to share work, responsibilities, accolades, failures, etc.

Communicating feedback to group members should include:
- thinking before you speak
- getting to the point
- speaking only for yourself
- considering others’ perspectives
Receiving feedback from others should include:

- active listening
- acknowledging others' feedback
- summarizing or restating points
- asking for clarification

Effective team members actively practice collaborative skills such as:

- criticizing an idea, not the person
- integrating several opinions into a single position
- probing for more information by asking questions such as "How might it work in this situation...?" or "What else do you believe...?"
- building on a teammate's idea or conclusion
- expressing an idea from another person's perspective

References

TEAMS: COLLABORATION CONNECTS STUDENTS

C. Beth Schaffner and Barbara E. Buswell
with Jacqueline S. Thousand and Richard A. Villa

Sally Norman was a third grade teacher at Oakwood School. She met with the school's principal, Marla Holmes, to discuss a new student, Jeffrey Wilson, who would be a member of her class next year. Jeffrey had attended a special education class across the district for the past three years. His IEP team and parents decided that he would now attend his neighborhood school and participate fully in a general education class with students his own age.

Ms. Norman is a good teacher who enjoys her job. She likes children and is committed to meeting their needs. She had some immediate concerns, however, about including Jeff with his special challenges in her class. She had not been trained to work with children who have special needs. She asked herself, "How will I know what to do? How can I be held responsible for his learning in addition to that of the other twenty-five children in my class? Where will I find the time to address everyone's needs?"

The principal reminded Ms. Norman about Julie Maestas, the special education resource teacher in the building, who would work with her to plan and assist with Jeff's inclusion.

When the principal spoke to Ms. Maestas about Jeff's attending Oakwood, she initially expressed some apprehension about being able to meet his needs, questioning just what her responsibilities would be. Since this was the first time that Oakwood Elementary had had a student with more intense needs, both teachers would have to re-evaluate their roles. Sally Norman's students' abilities typically had fallen within what is considered "normal" limits. In the past, Julie had provided special education services by working individually and in small groups with children on their areas of difficulty. Both teachers' roles and responsibilities would now change with Jeff coming to their school.

Since including a student with challenges such as Jeff's was a new experience, everyone had apprehensions and concerns. The principal insisted, however, that collaboration among all of them would make it possible to include Jeff.

WHY IS COLLABORATION AN IMPORTANT PRACTICE FOR SCHOOLS?

Collaboration has become a key concept in educational leaders' descriptions of what is needed to make successful, effective schools for all children. All students benefit when teachers share ideas, work cooperatively, and contribute to one another's learning.

Sergiovanni (1994) states, "The bonding together of people in special ways and the binding of them to shared values and ideas are the defining characteristics of schools as communities. Communities are defined by their centers of values, sentiments, and beliefs that provide..."
the needed conditions for creating a sense of "we" from "I" (p. 4). Collaboration has been linked with achieving outcomes for students with disabilities at preschool, elementary, middle, and high school levels (Villa, Thousand, Nevin, & Malgeri, 1996).

By collaborating, each individual is able to contribute what he or she knows best. Collaboration is the key to building and implementing support plans so that all students, including those who have disabilities, can participate and learn together successfully in school. The collaborative co-teaching arrangements described as "teaching teams" are being used in some model schools to educate all students, including students with severe disabilities, in general education classrooms in their neighborhood schools. A teaching team is defined as "an organizational and instructional arrangement of two or more members of the school and greater community who distribute among themselves planning, instructional, and evaluation responsibilities for the same students on a regular basis for an extended period of time" (Thousand & Villa, 1990a, p. 152). Teams can vary in size and in composition, involving any possible combination of the following key members:

- the student and the student's parents
- classroom teachers
- specialists (special educators, therapists, counselors, health professionals, etc.)
- the student's classmates
- school administrators
- instructional assistants
- student teachers

The inclusion of the student and the family on the team is important. Parents are the primary advocates for their children. Families' commitment to the child's success extends beyond concern for current schooling to the big picture of the child's life and future. This perspective is needed to determine goals for the child as well as to develop the support plans to achieve those goals. One parent conveys, "Parents should be thought of as scholars of experience. We are in it for the distance. ...We have our doctorate in perseverance. We and the system must be in concert or the vision shrinks" (Thousand & Villa, 1989, p. 100).

**HOW DO COLLABORATIVE TEAMS OPERATE IN SCHOOLS?**

The collaborative team offers a framework through which the unique skills of each member can be tapped. Some examples of team collaboration are:

- Collaborative consultation (a general educator, a special educator, and others meeting on a regular basis to develop strategies for supporting a particular student)
- Team teaching (a general education and a special education teacher planning and teaching lessons together)
- Peer coaching (teachers modeling and providing feedback about effective teaching techniques for each other)
- The special education teacher planning and teaching a lesson to the whole class on a regular basis - (e.g. a special education teacher facilitating affective learning lessons where students explore and practice how to accept and get along with each other)

A person not typically on a student's team but one with whom the child has a positive relationship helping with some part of a student's support (such as assisting a child to make new friends and participate with other students before and after school)
Planning together to make schools more responsive to students’ individual needs may take extra effort, time, and coordination of schedules. District-wide administrators can play a key role by promoting policies and practices that encourage collaboration. Principals can create opportunities and incentives for teachers to work together. Principals who support collaborative models in their schools have used some of the following strategies: developing a master school schedule that allows time for teams to meet, making resources available (such as substitute teachers to fill in when team members are planning), and expanding the use of in-service training time to enable instructional staff to learn together (Thousand & Villa, 1995).

CHANGING ROLES
The individual student’s needs define the actions and activities for which the team assumes responsibility. However, the role of the collaborative team is broader than that of the traditional planning team. In addition to planning, a collaborative team shares responsibility for instruction, necessary accommodations or modifications, and evaluation. The team also assumes responsibility for coherence and integration of priorities throughout the student’s day. For example, team members assure that goals are addressed including developing friendships, improving behavior, speaking clearly, or telling time. Schools that try collaborative teaming report that it requires reconceptualizing many long-held beliefs and habits which have become comfortable over time.

One of the most significant areas of reconceptualization is the way one views the student, assesses the student’s needs, and determines how these needs will be met. A traditional way of viewing students with disabilities involved a “fix-it” approach with various specialists working to remediate the child’s deficits in their particular specialty whether it be speech therapy, remedial reading, counseling, etc. This traditional approach often caused fragmentation of services and lack of continuity in the school experience of the child.

A different way of supporting students is to look at the individual as a whole being, an ecosystem in which each area of growth is dependent on how needs in all the other areas are being met. Taking the analogy a step further, the child’s team should constitute an ecosystem as well. Team members need to assure that all of a child’s needs are met rather than only assuming the roles for which they were trained. On a collaborative team, members may well play new roles based on their personal strengths and the immediate and long-term needs of the particular student. This benefits the student by distributing the creative insights and expertise of each person beyond the group of students for which he or she is traditionally responsible and beyond the limits of his or her discipline. As in any ecosystem, there must be balance.

Sally Norman, Julie Maestas, Marla Holmes, the Wilsons, and other members of Jeff’s team learned that they each have unique qualities and areas of expertise. As a result of including Jeff at Oakwood School, they all began to perceive their roles differently.

Julie saw that she could be a valuable resource to general educators because of her ability to analyze and break down material into meaningful, achievable components so that Jeff learned successfully. Sally Norman learned that in many ways Jeff’s goals and needs were not unlike those of other students’ and could be met in her classroom with the support of other team members. She also realized how important regular class membership and participation were to Jeff’s education, and how much she was able to contribute to his learning because of her expertise with third grade curriculum. With support and input from the principal, specialists, Jeff’s parents, and the rest of the team, Sally gained confidence and skills to meet more creatively and appropriately the needs of all her students.

Jeff’s parents were important team members whose expertise and long-range vision for his future were essential in determining how he was educated in school. The other team mem-
bers recognized the value of Mr. and Mrs. Wilson's participation. The Wilsons were good at creating ways to adapt curricula and meet Jeff's support needs at school because of their years of experience in meeting the challenges which Jeff's disabilities presented.

Marla Holmes, the principal, clearly saw the importance of being a key player in this process by setting the tone for the whole school. Her ongoing commitment to collaborate in order to better meet diverse needs provided a positive model for the staff and students and increased their skills in better educating all Oakwood students.

WHAT ARE OTHER BENEFITS OF USING THE TEAM APPROACH?
Teachers who participate on collaborative teams report that this orientation is a very useful practice. One teacher who experienced collaborative teaming states: "We discuss kids together. I'm having a problem with Bobby. Does anyone have any ideas?" And another teacher will say, 'Well, in my class, here's what worked..." So, you're not alone. You're in a whole support system" (Chion-Kenney, 1987, p. 20).

There are a number of benefits of collaborative teams. Collaboration allows teams to capitalize on the unique talents, skills, knowledge, experiences, and diversity of team members. It facilitates creative problem-solving and shared responsibility for addressing challenges. Team members receive positive emotional and moral support when they work together. Using specialists and teachers in a collaborative manner can better meet the needs of all students by creating a lower student-teacher ratio (Thousand & Villa, 1990b). Finally, members of effective teams grow individually and collectively, particularly when they take time to reflect upon how they are working together. This collaboration facilitates opening doors for students.

TO LEARN MORE ABOUT USING COLLABORATIVE TEAMING TO MEET STUDENTS' DIVERSE NEEDS, HELPFUL RESOURCES ARE:


Developing a Shared Understanding: Paraeducator Supports for Students with Disabilities in General Education

BY MICHAEL F. GIANGRECO, EILEEN CICHOSZIELKI, LINDA BACUS, SUSAN W. EDELAIN, PRISCILLA TUCKER, STEVE BROER, AND CHRISTOPHER CICHOSZIELKI; CENTER ON DISABILITY & COMMUNITY INCLUSION-UNIVERSITY OF VERMONT; AND PAM SPINNEY, FAMILY & EDUCATIONAL SUPPORT TEAM, VERMONT DEPARTMENT OF EDUCATION

Introduction

In order for groups of people to become effective teams it is vital that they develop a shared understanding of the underlying beliefs, values, and principles that will guide their work together. This shared understanding evolves over time as members learn about each other, spend time together, and engage in the work of their group.

Having a shared understanding provides a basic structure within which teams:
- develop common goals;
- determine actions that will lead toward the attainment of their goals;
- ensure that their actions are consistent with their beliefs; and
- judge whether their efforts have been successful.

In essence, having a shared understanding helps team members develop their collective vision of the direction in which they would like to head. Therefore, a shared understanding is a statement of what is aspired to, rather than necessarily what currently is. In seeking to establish the what, prior to the how, developing a shared understanding is an initial step that must be followed by effective planning, implementation, and evaluation if the aspirations of the team are to be realized.

What constitutes an appropriate level of training to be an effective paraeducator is currently a topic of national debate. However, there does seem to be a widespread consensus that some level of orientation and training is required for individuals to be effective paraeducators. While some states have developed standards for paraeducators or enacted certification requirements, many have not. Under the provisions of IDEA, it is the responsibility of each state and local education agency to ensure that "qualified personnel" are working with students in their schools.

This article lists a set of statements that reflect the shared understanding of the authors regarding paraeducator supports for students with disabilities in general education classes. This shared understanding is based on our collective personal and professional experiences as parents, community members, advocates, paraeducators, teachers, special educators, related services providers, and administrators. We have combined those experiences with what we have learned from educational literature and research.

In presenting the following set of statements it is not our intention to suggest that these are the only, best, or correct components to be included. Rather we present them as our thoughts at this point in time, with the knowledge that they have changed since we first drafted them and we expect that they will continue to evolve. We hope that they will be helpful to other groups who are interested in paraeducator issues and foremost are interested in quality education for all students. In this context they can be used as a starting point in developing a shared understanding among the people in your own setting.

Ask yourself what you think about the items we have listed. How might you reword them to reflect your own collective thoughts and match your own situation? Are there any you would delete or add to those listed here? The set of statements included in one's shared understanding can also be used as a practical tool. It can help teams identify and prioritize their needs by collecting facts about the status of each component of the shared understanding using a self-assessment format. An action-planning

Continued on page 22

1 Throughout the remainder of this article you will notice that we have used the generic term "paraeducator" to refer to individuals who are trained to work with, and alongside, educators in classrooms and other educational settings to support the education of students with and without disabilities in a variety of capacities (e.g., physically, socially, instructionally). Paraeducators are school employees who, while not hired to work in the capacity of a professional position (e.g., teacher, special educator, related services provider), do provide important supportive services in schools under the direction and supervision of qualified school personnel. We recognize that the terms used to refer to these school personnel vary widely and are used interchangeably (e.g., teacher assistant, teacher aide, instructional assistant, program assistant, educational technician, job coach). Individuals with these various job titles are referred to in the Individuals with Disabilities Education Act (IDEA) as "paraprofessionals." We support the use of locally adopted job titles that are descriptive of the work done by these school personnel and which are designed to establish or increase respect for individuals who are providing these vital educational supports to students.
Developing a Shared Understanding

Continued from page 21

process that includes this application of a shared understanding is currently being developed and field-tested by staff at the Center on Disability and Community Inclusion in conjunction with the Vermont Department of Education and local schools.

Acknowledging Paraeducators

1. Paraeducators should be considered members of the educational teams for the students with whom they work. These teams typically consist of the student (when appropriate), the student’s parents, teachers, special educators, and others as needed on an ongoing or situational basis (e.g., related services providers, school nurse, bus driver, mentors with similar disabilities as the student).

2. Paraeducators provide important services that influence student learning, social/emotional development, and inclusion.

3. Paraeducators should be valued, appreciated, and recognized for their unique competencies, hard work, and contributions to the classroom, school, and community.

Orienting & Training Paraeducators

4. Paraeducators should receive orientation (e.g., information about the student, classroom, and school) and entry-level training prior to working directly with students (e.g., family-centered principles; multicultural and other diversity issues; teamwork; inclusive education; roles and responsibilities of team members; principles of learning, to name a few).

5. Paraeducators should receive ongoing, on-the-job, training to match their specific job responsibilities and assignments.

6. Paraeducators should have access to ongoing learning opportunities, in addition to their on-the-job experiences (e.g., workshops, courses, internet study), that promote their skill development in relevant areas (e.g., supporting students with challenging behaviors; approaches to literacy; use of technology; needs of students with low incidence disabilities) and have input into what training they need.

7. Paraeducator training experiences should be designed to allow individuals to gain continuing education or college/university credit.

Hiring & Assigning Paraeducators

8. Practices should be established to recruit, hire, and retain paraeducators.

9. Substitute paraeducators should be recruited and trained to ensure that a student’s access to education and participation in his/her educational program is not unduly disrupted when the regular paraeducator is unavailable due to occurrences such as illness, injury, personal leave, or professional development.

10. Each school should have an agreed upon team process and criteria for determining whether paraeducator support is needed for students with disabilities to receive an appropriate education.

11. When paraeducator support is determined to be necessary for a student, a written plan should explicitly clarify the nature and extent of the support and explain how it is referenced to the student’s educational program (e.g., IEP goals, general education curriculum).

12. In most circumstances it is advisable to assign paraeducators to classrooms or instructional programs rather than to an individual student. In the rare cases when a paraeducator is needed for an individual student, efforts should be made to ensure that paraeducators provide supportive, rather than primary or exclusive, services.

13. When administrators make work assignments and re-assignments to meet students’ educational needs, it is advisable to gain input directly from paraeducators and other team members (e.g., parents, teachers, special educators, related services providers) to understand factors that may influence job performance, job satisfaction, and reduce burn-out (e.g., variety of duties; interpersonal dynamics; individual skills and interests; longevity with a particular student).

14. Paraeducators should have an accurate job description that outlines their roles and responsibilities. This job description should be commensurate with the paraeducator’s skill level as it pertains to students both with and without disabilities.

15. Paraeducators should be compensated in accordance with their level of education, training, experience, and skills.

Paraeducator Interactions with Students & Staff

16. Paraeducators are expected to demonstrate constructive interpersonal skills with students and other team members (e.g., use respectful communication when speaking with or about others; maintain confidentiality; ensure dignity when providing personal care).

17. Paraeducators should develop and demonstrate attitudes and work habits that encourage student independence; foster appropriate interdependence; promote inclusion and peer interactions; enhance each student’s self-image; and prevent the unintended negative effects often associated with the potential over-involvement and proximity of adults.

Roles & Responsibilities of Paraeducators

18. Within the classroom, on a day-to-day basis, the classroom teacher is the instructional leader and interacts directly on an ongoing basis with students who have disabilities. Paraeducators, under the direction of the teacher and special educators, function as vital support to students under the direction of the teacher and special educators.

19. Teachers, special educators, and related services providers (e.g., speech/language pathologists, physical therapists, occupational therapists, school psychologists) have the ultimate responsibility for ensuring the appropriate design, implementation, and evaluation.
Developing a Shared Understanding

Continued from page 22

tion of instruction carried out by paraeducators.

20. Paraeducators should be informed about the educational needs (e.g., IEP goals and objectives; components of the general education curriculum) and characteristics of the students with whom they work, as well as classroom and school practices and routines.

21. Paraeducators should have opportunities to contribute to the development of the educational program, instructional plans, and activities created by each student's educational team, but should not be given sole responsibility for these and related activities.

22. Some of the primary functions of paraeducators are to: support the implementation of instructional programs; facilitate learning activities; collect student data; and carry out other assigned duties (e.g., supervise students at lunch or recess; provide personal care supports to students; do clerical tasks) based on plans developed by the teachers and special educators.

23. Times and mechanisms should be established to allow opportunities for paraeducators to be oriented to teacher's plans, report on student progress, ask questions, and offer their perspectives.

Supervision & Evaluation of Paraeducator Services

24. Paraeducators should receive ongoing supervision and regular performance evaluations which are based on their job descriptions and apply clearly defined processes and procedures.

25. Supervisors of paraeducators (e.g., teachers; special educators) should be trained in effective supervisory practices through preservice, inservice, or graduate training.

26. Paraeducator services should be considered in school and district-level school improvement action-planning to ensure that appropriate services are available and effectively utilized.

27. When a student is receiving support from a paraeducator, an evaluation plan should be established to determine, if possible, how and when paraeducator services can be faded through increased student independence or replaced by more naturally occurring supports (e.g., classroom teacher, peers).

28. School districts should develop ways to evaluate the impact of paraeducator services on individual students, classrooms, and staff.

For additional information on the points highlighted in this article, visit the following websites:
http://www.uvm.edu/~upwv/parasupport/
http://www.uvm.edu/~upwv/paraspread/

References


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Unit 1 Activity Sheets

Collaborative Teamwork
Activity Sheet #1

Shared Understanding Activity Worksheet Directions

Participant Directions

1) Each group chooses one or more members to read their assigned statements aloud.

2) Each group member responds to two questions about each statement:
   a) What is your level of agreement regarding the importance of the statement?
   b) To what extent does the practice described in the statement occur at your school?

3) Each group selects a volunteer to record and tally the responses on the Shared Understanding Activity Worksheet.

4) Each group selects a volunteer to provide a brief (one-minute) summary, stating:
   • the statement the group was assigned;
   • the overall levels of agreement and disagreement within the group (e.g., Most people agreed on the majority of the statements in our area. A few people disagreed on a few items.); and
   • the overall extent to which the practices described in the statement are present in group members’ schools.
# Shared Understanding Activity Worksheet

Use the following scale to tally group members' responses to each of the statements:

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<th>Statement #</th>
<th>IMPORTANT?</th>
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Activity Sheet #2

Role Playing Script

Team members: Paraeducator, special educator, general educator, parent, administrator.
Setting: A team meeting regarding a student's behavior plan.

Special Educator: Thank you for coming to the meeting. Our task today is to talk about John's behavior plan, which we all know is not working.
Paraeducator: You are not really right. I have no problem with John one on one.
General Educator: Well, I think what the paraeducator means is that she does not see all of the problems. But I do.
Paraeducator: No... what I mean is...
Administrator: (interrupts paraeducator) I think we need to focus on the problem here. Let's see if we can define the problem.
Parent: I'll define the problem: You all don't know how to control John. Except for the paraeducator.
Paraeducator: That is because I listen to him. I know when he is going to blow and how to stop him.
Special Educator: Can we focus on the behavior plan? What we all want is to lay out some strategies that might keep him from blowing up in class.
Parent: I think you give in too easily.
General Educator: I think we should be able to send him to the planning room when he acts out.
Special Educator: So if we give John one warning to get it together like his plan says, the next step we all agree is to send him to the planning room.
General Educator: Right.
Parent: Wait...
Administrator: (interrupts parent) We need to be careful about the amount of time John may be away from the class.
Special Educator: The planning room teacher can work with the paraeducator to do John's work in the planning room.
Parent: But...
Administrator: (interrupts parent, speaking to the paraeducator): Then you will need to have a packet of work ready for John when he goes to the planning room.
Paraeducator: What if I can get him to calm down? Can we go back to the class?
General Educator: You know that will not work. He needs to know that he has blown it. I don't think he should be able to come back to class.
Special Educator: That's a bad idea. Then he'll never go to class.
Administrator: How often does John act out?
Parent: Can I make a point? This is not going to work.
Special Educator: We all need to agree to try this plan. We'll need your support. John needs to know that you are behind us. You want John to be able to stay in his class, don't you?
Parent: Well... yes...
Administrator: Good. When John is done in the planning room, he'll be able to go back to class. Special Educator, you write up his new plan, and we'll meet again in two weeks to talk about how it is working.

The end.
Unit 1 Forms

Collaborative Teamwork

- Knowledge Review
- Cooperating Teacher
- Practicum Summary
- Evaluation Form
Name: 

Date: 

Site: 

Instructor: 

Directions: Read each question and circle the letter corresponding to the one item that you think is the best answer.

1. A collaborative team is a group of individuals (two or more members) who:
   a) are all professionals
   b) work toward common goals
   c) base their work on a shared set of common beliefs
   d) b and c only
   e) a and b only

2. Collaborative team members use procedures and mechanisms designed to maintain a balance between:
   a) completing tasks and maintaining constructive working relationships
   b) completing tasks and reducing paperwork
   c) valuing all members and sharing feelings
   d) writing educational plans and implementing educational plans

3. Which of the following is not a strategy for success practiced by collaborative teams:
   a) following a written team meeting agenda
   b) having a facilitator assign roles
   c) celebrating each meeting
   d) keeping meeting minutes

4. Which of the following are examples of team collaboration in schools?
   a) team teaching
   b) peer coaching
   c) general educator, special educator and others meeting on a regular basis to develop strategies for supporting a particular student
   d) all of the above
5. Collaborative teams are important because:
   a) professional staff can delegate their planning and teaching responsibilities to the paraeducator
   b) they save schools money
   c) they promote group ownership of student goals
   d) they allow general education teachers to focus their attention exclusively on students without disabilities
   e) a and d only

6. Effective team members:
   a) are willing learners
   b) neither undervalue nor overvalue their abilities
   c) always advocate for their professional field
   d) a and b only
   e) b and c only

7. Which of the following skills are important when giving feedback to a team member?
   a) using group terms such as “we think” or “we all feel”
   b) getting to your point
   c) considering others’ perspectives
   d) a and c only
   e) b and c only

8. Which of the following behaviors is not recommended when one is receiving feedback from other team members?
   a) summarizing points
   b) asking for clarification
   c) interrupting only to correct the speaker
   d) acknowledging others’ feedback

9. Which of the following are skills held by effective team members?
   a) criticizing an idea only after all opinions are expressed
   b) building on a team member’s idea
   c) coming to team meetings prepared
   d) a and c only
   e) b and c only

10. Team members can actively practice collaborative skills when not at team meetings by:
    a) using the paraeducator role as the main communication link between the school and family
    b) discussing student goals in out-of-school settings
    c) making independent decisions about a student’s program to save the team time during meetings
    d) establishing procedures for interacting outside of meetings
Cooperating Teacher Practicum Summary

Unit 1: Collaborative Teamwork

I. Brief Summary of the Unit

This unit provides the participants with knowledge about collaborative teamwork and an understanding of how effective teamwork can enhance educational experiences for students with disabilities. The class activities and practicum assignments will give participants the opportunity to demonstrate their knowledge and continue to develop as contributing team members.

The content addressed in Unit 1 includes:
- Characteristics of collaborative teams
- The importance of collaborative teamwork
- Characteristics of effective team members
- Collaborative Skills

II. Practicum Requirements

☐ 1. a) The paraeducator will inform the cooperating teacher of the two or three collaborative skills that he or she identified in the Unit 1 Lesson: "Draw an Ideal Team Member Activity." The paraeducator will record those skills below:

   1. __________________________________________
   2. __________________________________________
   3. __________________________________________

b) The paraeducator will demonstrate the skills he or she identified in interactions with team members.

c) The cooperating teacher will indicate that the paraeducator has demonstrated the identified skills by marking a check next to each completed skill above.

☐ 2. The paraeducator will meet with the cooperating teacher to make a plan for how the paraeducator will be connected to the team for students with whom they work (e.g., planning a regular communication strategy for giving and receiving information). The paraeducator will record the plan below:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
3. The paraeducator will meet with the cooperating teacher to identify any additional training, information, or resources needed. The paraeducator will record training needs on the checklist below, indicating for each unit: what the training needs are, when the needs will be addressed, and how the needs will be addressed (e.g., workshop, resource, consultation).

Name __________________________________________

Additional Training Needs (what, when, how)

Unit 1 _____________________________________________________________________

________________________________________________________________________

Unit 2 _____________________________________________________________________

________________________________________________________________________

Unit 3 _____________________________________________________________________

________________________________________________________________________

Unit 4 _____________________________________________________________________

________________________________________________________________________

Unit 5 _____________________________________________________________________

________________________________________________________________________

Unit 6 _____________________________________________________________________

________________________________________________________________________

Note to the Cooperating Teacher: It may be helpful for you to review the required readings for this unit. The readings are available in the paraeducator's Participant Manual.

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________
Unit 1 Evaluation Form
Collaborative Teamwork

Participant name (optional): __________________________ Date: __________________________

Directions: Please check the box next to the statement that best reflects your opinion regarding the following questions.

1. How important were the objectives for this unit?
   □ very important
   □ important
   □ somewhat important
   □ not important

2. How relevant were the required readings for this unit?
   □ very relevant
   □ relevant
   □ somewhat relevant
   □ not relevant

3. How understandable were the required readings for this unit?
   □ very understandable
   □ understandable
   □ somewhat understandable
   □ not understandable

4. How useful were the activities for this unit?
   □ very useful
   □ useful
   □ somewhat useful
   □ not useful

5. How understandable were the activities for this unit?
   □ very understandable
   □ understandable
   □ somewhat understandable
   □ not understandable

6. How would you rate the quality of the materials for this unit?
   □ very high quality
   □ high quality
   □ fair quality
   □ poor quality
7. How **relevant** were the practicum requirements for this unit?
   - [ ] very relevant
   - [ ] relevant
   - [ ] somewhat relevant
   - [ ] not relevant

8. How **understandable** were the practicum requirements for this unit?
   - [ ] very understandable
   - [ ] understandable
   - [ ] somewhat understandable
   - [ ] not understandable

9. What was the most important or useful thing that you learned from this unit?

10. Please use the rest of this page to make suggestions for improving the objectives, required readings, activities, and practicum requirements for this unit.
Unit 2:

Inclusive Education

Linda Backus
Unit 2: Inclusive Education

Brief Description of Unit

This unit offers a definition, characteristics, and benefits of inclusive educational practice. It provides information and activities to assist paraeducators contributing to inclusive classrooms for students with disabilities and their peers.

Hours of Instruction (in class format)

3 hours of instruction

Unit Objectives

Key: K = Knowledge, S = Skill (Knowledge objectives are addressed through readings and class activities; skill objectives are addressed through practicum activities.)

1. Paraeducators will know the characteristics and benefits of inclusive education. (K)
2. Paraeducators will know different ways that students with disabilities can be included in general education class activities with peers without disabilities. (K)
3. Paraeducators will know what they can do to facilitate inclusion of students with disabilities. (K)
4. Paraeducators will demonstrate ways to facilitate student inclusion. (S)

Preparing for the Unit

Required Readings
Participant Preparation for Unit 2:
- Read the required readings prior to class.
- Write two questions based on required readings for discussion in class that are relevant to you or your situation.
- Bring writing materials for note-taking and activities to class.
- Bring your Participant's Manual to class.
- Review the practicum requirements for Unit 2.

Practicum Requirements

This unit has one required practicum activity, which is designed to be completed at the end of the course in a time frame established by the instructor. The paraeducator and his or her cooperating teacher will collaborate to complete that activity. A practicum checklist of the activity to be completed and the skills to be observed can be found at the end of the manual. In the event that a practicum requirement is not appropriate for a paraeducator's specific situation, an alternate activity may be substituted based on negotiation with the cooperating teacher. The negotiated requirement must be approved by the course instructor.

Evaluation of Participant Learning

Participants are evaluated in three ways: (1) Knowledge Review quiz, (2) attendance and participation in class activities, and (3) completion of practicum requirements. In order to facilitate learning of required readings, participants will take the Knowledge Review quiz at the end of each class session and will receive immediate feedback in class. Participants are encouraged to review questions before class so they can be aware of them during class. This can improve a participant's success on the quizzes.

Suggested Supplemental Resources

Books and Articles:


**Web Sites**


Utah’s Project for Inclusion web site: http://www.usoe.k12.ut.us/sars/inclusion/inclusion.html

All Children Can Learn! Include Me, A look at Inclusion, Southwestern Connecticut Coalition for Inclusive Education web site: http://www.includeme.com/

The Whats and How-Tos of Inclusive Education, the Renaissance Group web site: http://www.uni.edu/coe/inclusion/index.html

The Circle of Inclusion, an early childhood resource web site: http://circleofinclusion.org/

**Videos**


Unit 2 Required Readings

Inclusive Education

The three readings required for this unit provide helpful information for paraeducators in two crucial areas of inclusion. The first article by Backus (2000) provides some basic information about the characteristics and benefits of inclusion. Although the second article by Giangreco, (1996) was originally written for teachers, many of the principles and recommendations are appropriate for paraeducators. The article can also serve as a springboard for discussion between paraeducators and classroom teachers who wish to review how these recommendations may apply to their classroom. It can also be used as a guide for selecting and evaluating the appropriateness of inclusionary efforts during practicum activities.

The third article (Giangreco, Edelman, Luiselli, & MacFarland, 1997) describes the possible negative effects on students that may be attributable to extensive proximity of paraeducators. It poses the question, "Is paraprofessional proximity helping or hovering?" This is a question that teachers and paraeducators need to consider when developing schedules, lesson plans, and instructional supports for students. This article also forms the basis of one of the classroom activities in this unit.
Inclusive Education

Linda Backus

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April, 2000

Background of inclusion
Students with disabilities are increasingly being served in general education settings. In part, this is due to the preference expressed by the federal government and supported in court findings that the least restrictive environment for a student is the one he or she would attend if he or she did not have a disability. It is up to schools to provide the supplementary aids and supports necessary for students to succeed before removing students from the general education setting. In addition, strategies, modifications, and accommodations have been developed to promote effective instruction for all students, including those with disabilities. This section includes some important information about inclusion.

Characteristics of inclusion
A number of characteristics define “inclusive” education (Giangreco, Cloninger, & Iverson, 1998):

- All students are welcomed in general education. The general education class (with support) is the first option considered, regardless of disability type or severity.
- Students are educated in classes where the percentages of those with and without disabilities are proportional to those percentages in the local population (e.g., 10% - 12% have identified disabilities).
- Students are educated with peers in the same age groupings available to those without disability labels.
- Students with varying characteristics and abilities participate in shared educational experiences while pursuing individually appropriate learning outcomes with necessary supports and accommodations.
- Shared educational experiences take place in settings predominantly frequented by people without disabilities (e.g., general education classrooms, community work sites).
- Educational experiences are designed to enhance individually determined valued life outcomes for students and therefore seek individualized balance between the academic/functional and social/personal aspects of schooling.
- Students receive typically available supports such as classroom teachers, classmates, and school counselors (sometimes referred to as “natural supports”) and specialized supports such as special educators, and therapists only as needed.
- Inclusive education exists when each of the previously listed characteristics occurs on an ongoing, daily basis.
Benefits of inclusion for students:
There are also many benefits of inclusive education for students with and without disabilities and their teachers. Benefits of inclusion for students with and without disabilities include:

- a stronger sense of belonging and expanded opportunities to develop relationships with a wide diversity of students;
- a wider array of role models;
- increased interaction and communication opportunities which help students gain sensitivity to and an acceptance of all students;
- a greater emphasis on student strengths and capabilities as opposed to deficits and limitations; and
- a more extensive repertoire of age-appropriate activities and a stronger, more long-term, informal support network made up of neighbors and community members.

Benefits of inclusion for teachers:
Teachers have also reported a number of professional benefits when working in inclusive settings. Giangreco, Baumgart, & Doyle (1995) report possible benefits as:

- a decreased sense of isolation and more collaboration with other educators;
- more opportunities for reflection and self-assessment;
- shared responsibility and support for being flexible;
- opportunities for teachers to model acceptance of human diversity in many forms;
- opportunities to learn and model how to cope with change;
- opportunities to encourage students to contribute to solving ongoing curricular or instructional challenges; and
- more emphasis on and support for active and participatory learning.

Framework of an Inclusive environment
When teams plan for including a student with disabilities in general education settings, there are a number of things that can be changed to help the process. They fall under the categories listed below:

Attitudes and expectations
- In inclusive schools there is an underlying belief in the strengths and capabilities of all the students in the school. Teachers choose to look for and focus on student capabilities.
- People can raise their expectations and develop more positive and inclusive attitudes.
- Individuals can consciously avoid labeling students.
- People can see beyond the negative myths that hinder inclusion, such as: “Not all kids can learn; not all people belong in regular education; things won’t ever change.”
- Peers can be taught how to work together collaboratively, engage in their own problem solving, resolve their own conflicts, and take on many roles in the classroom.
- All students can be made to feel welcome in the school and have a sense of belonging.
- Students can be taught to give others positive feedback, encouragement, and reinforcement.
Physical environment
Changes in the physical environment, equipment, or instructional materials can allow a student to access an activity or materials. These changes do not always need to be costly.
- Many simple changes can be made to furniture, shelves, and materials by teachers and students to assist in accessibility.
- The physical environment can be designed to provide access to the entire school and all of the educational resources by all students. This means that there may be modifications to physical facilities such as hallways, ramps, and bathrooms as well as instructional materials (e.g., adapted keyboards, books).
- Grouping students in diverse ways (by different age groups, grades, levels, and interests) helps promote understanding and acceptance of diversity. Cooperative groups allow for instruction which accommodates different learning styles and strengths.

Curriculum adaptations
In inclusive environments, the curriculum, materials, and instruction are designed to reflect the strengths, interests, and needs of students. Content may need to be modified in order to address multiple learning needs and styles. Paraeducators are often key people who help to implement teacher-designed modifications or adaptations to improve student success. Doyle (1997) gives some guidance on how to make sure that any adaptation is appropriate and fosters inclusion for students in general education settings. To the maximum extent possible, adaptations that you may be asked to implement should:
- be chronologically age appropriate
- promote active participation and interaction with students
- build on student’s strengths
- be status enhancing and promote positive self-esteem
- not be overly intrusive

Curriculum modifications
The following are some examples of curriculum modifications you may encounter:
- Activities or content may be modified. For instance, the number of math problems may be decreased, the grading criteria may be changed, or the way material is presented (orally or with large print, etc.) may vary.

- **Multi-level curriculum/instruction** (Giangreco, Cloninger, & Iverson, 1998, p. 11-12, Reprinted with permission.) occurs when a student with disabilities and his or her nondisabled peers participate in a shared activity (e.g., a science lab experiment) and have individually appropriate learning outcomes at multiple levels within the same curriculum area (e.g., science). While one student may be learning at a basic knowledge or comprehension level, another student may be working at an application or synthesis level. For example, imagine second-grade students playing a small-group social studies board game devised by their teacher to learn about their neighborhood, town, and state. The teacher has prepared a set of 10 game cards for each student that target individual learning outcomes. For one student the game cards may require applying knowledge about the roles of community helpers (police, fire fighters, store clerks, postal workers) by moving game pieces to respond to scenarios on the cards (e.g.,
"Move your player to the place where you might go if you wanted to send a card to your grandmother for her birthday"). Another student may be learning to answer questions about where he or she lives (e.g., street address, phone number, characteristics of their neighbors). A third student may be using map skills by responding to questions about direction (e.g., “If you started at the bookstore, went two blocks north and one block east, where would you be?”). In this example, all the students have social studies learning outcomes that have been individually selected to match their level of functioning and needs.

Multi-level curriculum can include variations across subject content, level of learning outcomes pursued, or both. For example, in one seventh-grade social studies class focusing on American history from the revolution through the Civil War, the topic would be the same for him, a student with disabilities, but the level of learning outcomes would be adapted. His studies would focus on American history but be adapted to an appropriate level (e.g., historical people, places, and events). In Joseph’s algebra class, the subject content for Joseph would be different, focusing on basic computation (e.g., adding, subtracting), and the level and quantity of the learning outcomes would be adapted as well. In both classes Joseph would be working on individualized learning outcomes within the same curriculum area as his classmates.

- **Curriculum overlapping** (Giangreco, Cloninger, & Iverson, 1998, p. 11-12, Reprinted with permission.) occurs when a student with disabilities and his or her nondisabled peers participate in a shared activity (e.g., a science lab experiment) and have individually appropriate learning outcomes but from different curriculum areas. In science, nondisabled students could have science objectives while the student with disabilities might have communication or social skill objectives within the science lab activity. Imagine, for example, a high school biology class in which lab teams of three students are assembling a model of a human heart. Two of the students have goals related to the identification, anatomy, and physiology of the human heart. The third student, who has severe disabilities, participates in helping to assemble the model heart but is working on communication and social skills (e.g., taking turns, following instructions, describing events, maintaining socially acceptable behavior).

Curriculum overlapping can also address other general education curriculum areas. In the case of Joseph, the seventh-grade student with disabilities who was participating in social studies and math via a multi-level curriculum, his team agreed that his participation in French class would be through curriculum overlapping. He would be exposed to French words, language, and culture, but there would be no expectation of competencies in French. The team viewed his participation in French class as providing him with additional opportunities to pursue learning outcomes that had been identified as important in his English class, such as listening, speaking, reading, writing, and spelling. For example, his spelling words from English class could be duplicated in French and he could practice reading and writing both sets, use them in sentences, and read them orally.
Curriculum overlapping occurs when learning outcomes from two or more curriculum areas overlap within the same activity. Opportunities for both curriculum overlapping and multi-level curriculum and instruction are abundant in classrooms where students participate in active learning.

These adaptations are generally provided within naturally occurring contexts (Thousand, Villa, & Nevin, 1994). For instance, physical education activities are modified instead of having a specialized physical education class.

**Learning materials**
Learning materials can be used that are specific to a student’s individual needs and allows that student to benefit from the curriculum (e.g., Books on Tape, assistive technology devices, large-print or teacher-made materials.).

**Personal supports**
Inclusive education makes the most effective use of people’s time and strengths to support students with disabilities.
- Natural relationships and informal networks are valuable assets that provide assistance for students, families, and teachers.
- Paraeducators promote positive social interactions, interdependence, and friendships within diverse groups of students;
- Building friendships among students is valued, and teachers model respect, acceptance, and caring for all students.

**Instructional modifications**
- The regular class activity or content can be reinforced. A student may receive extra help or support in order to complete assignments and classwork. Previewing materials, pre-teaching, using study guides, using audiocassettes of materials, and allowing extra time might be ways to strengthen and reinforce the material being learned.
- Instruction is frequently provided within naturally occurring contexts (Thousand, Villa, & Nevin, 1994) and addresses meaningful learning outcomes.
- Social and communication skills can be systematically modeled and taught to students with and without disabilities and incorporated into daily lessons.
- Instruction may be conducted in varied size groups.
- Participatory learning activities may be designed in which students can learn in ways that suit them most.
- Teachers use a range of instructional approaches (see Unit 6).

**Facilitating or hindering interactions**
There are many ways that paraeducators can facilitate relationships and communication among students. Many people think that social interaction and friendships happen naturally, but these are skills that can be learned. Relationships are important because they can:
• enhance learning,
• create a sense of belonging and acceptance,
• increase interest, and
• provide for various kinds of support and help.

Students with disabilities benefit from being physically, programmatically, and interactionally included in classroom activities that have been planned by a qualified teacher in conjunction with an IEP team. It is important that paraeducators assist in ways that do not create unwarranted dependence or barriers to inclusion or peer interactions. The following guidelines will help paraeducators promote inclusion and interactions while enhancing instruction; they also describe some problems that should be avoided.

Ways to enhance interactions: Building communication and friendships among students
• Know and honor your students' preferred way(s) of communicating.
• Use natural experiences to foster communication whenever possible.
• Model good communication skills: how to listen, how to give feedback, and how to use age-appropriate language.
• Remember not to interfere with the general educator's relationship with the student.
• Involve classmates as communication partners.
• Welcome all students, including those with disabilities, in encouraging ways. Talk to them, greet them by name, and acknowledge their strengths, taking an interest in their personal lives as well as their schoolwork.
• Model friendship-making skills: (a) help students find opportunities or activities that bring people together; (b) help them to present themselves in a positive way to others; (c) practice how to initiate conversations and find common interests; (d) make adaptations in the environment to help people feel comfortable.
• When supervising group activities, have students do as many things as possible in diverse groups (e.g., diverse in gender, age, disability). Games on the playground, lunchtime table assignments, discussion groups, and cooperative learning activities all lend themselves to heterogeneous groupings.

Problems to avoid: Paraeducator proximity and its effects on students
Be aware that the presence of a paraeducator can either facilitate or interfere with a student's interactions with others. The following are possible problems associated with excessive paraeducator proximity (Giangreco, Edelman, Luiselli, & MacFarland, 1997):
• Interfering with ownership and responsibility by the general educators
  Because of time pressures and unclear roles there is sometimes a tendency on the part of regular educators to allow the planning of activities and instructional decisions to be made by paraeducators.
• Separation of students with disabilities from their classmates
  There is a tendency for paraeducators to locate the student(s) they work with away from the general areas of activities and instructions. For example, working in the back of the room at a separate table; not walking with the class from place to place.
• **Dependence on adults**
  Paraeducators may inadvertently create dependency on the part of students they work with because those students look to them for cues, reminders, and instruction when the students could be making decisions independently. It may be difficult for a paraeducator to fade prompts and to encourage students to respond to other school staff and peers, for example, and to more naturally occurring cues.

• **Interfering with peer interactions**
  The presence of a paraeducator can at times interfere with peer- to-peer relationships, especially if other students are uncomfortable around the paraeducator or if the paraeducator is domineering or overly protective. Sometimes the presence of a paraeducator may indirectly interrupt or rebuff interactions initiated by a student’s peers.

• **Limitations on receiving competent instruction**
  Paraeducators may sometimes be expected to provide instruction in content they are not familiar with or have not been trained in.

• **Loss of personal control**
  When students have significant communication, motor, and/or sensory difficulties, they may have difficulty expressing their preferences. Sometimes in responding on these students’ “behalf,” paraeducators may inadvertently interfere with appropriate control and choice making.

• **Loss of gender identity**
  At times, it has been observed that in class groups separated by gender, the gender of the paraeducator takes precedence over the student’s gender.

• **Interference with instruction of other students**
  In working with individual students in classrooms, a paraeducator’s words, actions, or activity may distract students from the general lesson being taught. Frequently during large-group instruction, paraeducators engage in a “parallel” activity with student(s) with disabilities. Disruption to other students may occur along with this breakdown in inclusion.

**Ways to avoid excessive proximity:**

• It is important for paraeducators to try not to do things for students that they may be capable of doing themselves and to try to assist in a way that allows for “partial participation with support” to the extent possible.

• Paraeducators should strive to support as much autonomy as possible in the students they work with.

• As students learn new skills, it is also important to fade the amount of assistance provided by the paraeducator.

• For students with communication disorders, paraeducators should allow sufficient time for students to respond when a request is made and avoid speaking for the student.

• Paraeducators should use the least intrusive reminder, cue or prompt to encourage a student to complete a task. If any of the above problems seem to be occurring, they should check with their supervisors and/or team to clarify roles and responsibilities.
References


What Do I Do Now?
A Teacher's Guide to Including Students with Disabilities

Michael F. Giangreco

Teachers who successfully teach students without disabilities have the skills to successfully teach students with disabilities. Here are 10 recommendations to guide you.

As students with disabilities are increasingly being placed in general education classrooms, teachers are asking many legitimate questions about what to do about their instruction and how to do it. For the past seven years, I've consulted with teachers, administrators, support personnel, and families who are grappling with these concerns. I've also joined with colleagues in conducting 12 research studies at some of these schools. The following suggestions are concrete actions to consider as you pursue success for both students with disabilities and their classmates.

1. Get a Little Help from Your Friends
No one expects teachers to know all the specialized information about every disability, or to do everything that may be necessary for a student with disabilities.

Thus, in schools where students with disabilities are successful in general education classes, teams usually collaborate on individualized educational programs. Team members often include the student and his or her parents, general educators, special educators, para-educators, and support staff, such as speech and language pathologists, and physical therapists. And don't forget: each classroom includes some 20–30 students who are creative and energetic sources of ideas, inspiration, and assistance.

Although teamwork is crucial, look out for some common problems. When groups become unnecessarily large and schedule too many meetings without clear purposes or outcomes, communication and decision making get complicated and may overwhelm families. Further, a group is not necessarily a team, particularly if each specialist has his or her own goals. The real team shares a single set of goals that team members pursue in a coordinated way.

2. Welcome the Student in Your Classroom
Welcoming the student with disabilities may seem like a simple thing to do, and it is. But you'd be surprised how often it doesn't happen. It can be devastating for such a student (or any student) to feel as if he or she must earn the right to belong by meeting an arbitrary standard that invariably differs from school to school.

Remember, too, that your students look to you as their primary adult model during the school day. What do you want to model for them about similarities and differences, change, diversity, individuality, and caring?

So when children with disabilities come to your classroom, talk with them, walk with them, encourage them, joke with them, and teach them. By your actions, show all your students that the child with disabilities is an important member of your class and, by extension, of society.

3. Be the Teacher of All the Students
When a student with disabilities is placed in a general education class, a common practice is for the teacher to function primarily as a host rather than a teacher. Many busy teachers actually embrace this notion because it means someone else is responsible for that student. Many teachers, in fact, think of these students as the responsibility of the special education teacher or para-educator.

Merely hosting a student with disabilities, however, doesn't work...
very well (Giangreco et al. 1992). Inevitably, these other professionals will work with the student, and the “host” will end up knowing very little about the student’s educational program or progress. This perpetuates a lack of responsibility for the student’s education and often places important curricular and instructional decisions in the hands of hardworking, but possibly underqualified, paraprofessionals.

Be flexible, but don’t allow yourself to be relegated to the role of an outsider in your own classroom. Remember that teachers who successfully teach students without disabilities have the skills to successfully teach students with disabilities (Giangreco et al. 1995).

4. Make Sure Everyone Belongs to the Classroom Community
How, where, when, and with whom students spend their time is a major determinant of their affiliations and status in the classroom (Stainback and Stainback 1996). Too often, students with disabilities are placed with mainstream students, but take part in different activities and have different schedules from their peers. These practices inhibit learning with and from classmates, and may contribute to social isolation.

To ensure that students with disabilities are part of what’s happening in class, seat them with their classmates, and at the same kind of desk, not on the fringe of the class.

Make sure, too, that the student participates in the same activities as the rest of the class, even though his or her goals may be different. If the class is writing a journal, the student with a disability should be creating a journal, even if it’s in a nonwritten form. If you assign students homework, assign it to this student at an appropriate level. In like manner, if the class does a science experiment, so should this student. Although individualization and supports may be necessary, the student’s daily schedule should allow ample opportunities to learn, socialize, and work with classmates.

5. Clarify Shared Expectations with Team Members
One of the most common sources of anxiety for classroom teachers is not understanding what other team members expect them to teach. “Do I teach this student most of or all of what
I’m teaching the other students?” Sometimes the answer will be yes, sometimes no. In either case, team members must agree on what the student should learn and who will teach it.

To do this, the team should identify a few of the student’s learning priorities, as well as a larger set of learning outcomes as part of a broad educational program. Doing so will clarify which parts of the general curriculum the student will be expected to pursue and may include learning outcomes that are not typically part of the general program.

Many students with disabilities also need supports to participate in class. The student might need to learn, for example, different vocabulary words, math problems, or science concepts. Or the student may be pursuing learning outcomes from different curriculum areas. For example, during a science activity, the student could be learning communication, literacy, or socialization skills, while the rest of the class focuses on science.

7. Provide Active and Participatory Learning Experiences
I’ve heard teachers of students with disabilities say, “He wouldn’t get much out of being in that class because the teacher does a lot of lecturing, and uses worksheets and paper-and-pencil tests.” My first reaction is, “You’re right, that situation doesn’t seem to match the student’s needs.” But then I wonder, Is this educational approach also a mismatch for students without disability labels?

Considering the diversity of learning styles, educators are increasingly questioning whether passive, didactic approaches meet their students’ needs. Activity-based learning, on the other hand, is well suited to a wide range of students. The presence of a student with disabilities may simply highlight the need to use more active and participatory approaches, such as individual or cooperative projects and use of art media, drama, experiments, field study, computers, research, educational games, multimedia projects, or choral responding (Thousand et al. 1994). Interesting, motivating activities carry an added bonus—they encourage positive social behaviors, and can diminish behavior problems.

8. Adapt Classroom Arrangements, Materials, and Strategies
Alternate teaching methods or other adaptations may be necessary. For
example, if a group lecture isn’t working, try cooperative groups, computer-assisted instruction, or peer tutoring. Or make your instruction more precise and deliberate.

Adaptations may be as basic as considering a different way for a student to respond if he or she has difficulty speaking or writing, or rearranging the chairs for more proximity to peers or access to competent modeling.

You may also have to adapt materials. A student with visual impairments may need tactile or auditory cues. A student with physical disabilities may require materials that are larger or easier to manipulate. And a student who is easily bored or distracted may do better with materials that are in line with his or her interests.

Rely on the whole team and the class to assist with adaptation ideas.

9. Make Sure Support Services Help

Having many support services personnel involved with students can be a help or a hindrance. Ideally, the support staff will be competent and collaborative, making sure that what they do prevents disruptions and negative effects on students’ social relationships and educational programs. They will get to know the students and classroom routines, and also understand the teacher’s ideas and concerns.

Teachers can become better advocates for their students and themselves by becoming informed consumers of support services. Learn to ask good questions. Be assertive if you are being asked to do something that doesn’t make sense to you. Be as explicit as you can be about what type of support you need. Sometimes you may need particular information, materials, or someone to demonstrate a technique. Other times, you may need someone with whom to exchange ideas or just validate that you are headed in the right direction.

10. Evaluate Your Teaching

We commonly judge our teaching by our students’ achievements. Although you may evaluate students with disabilities in some of the same ways as you do other students (for example, through written tests, reports, or projects), some students will need alternative assessment, such as portfolios adapted to their needs.

Often it is erroneously assumed that if students get good grades, that will translate into future educational, professional, and personal success.

References


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UNFORTUNATELY, FAR TOO MANY GRADUATES with disabilities are plagued by unemployment, despite their glowing school progress reports.
Helping or Hovering? Effects of Instructional Assistant Proximity on Students with Disabilities

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Abstract: This study presents data on the effects of the proximity of instructional assistants on students with multiple disabilities who are placed in general education classrooms. Based on extensive observations and interviews, analyses of the data highlighted eight major findings of educational significance, all related to proximity of instructional assistants. Categories of findings and discussion include (a) interference with ownership and responsibility by general educators, (b) separation from classmates, (c) dependence on adult, (d) impact on peer interactions, (e) limitations on receiving competent instruction, (f) loss of personal control, (g) loss of gender identity, and (h) interference with instruction of other students. The article concludes with implications for practice related to policy development, training, classroom practices, and research.

As students with disabilities increasingly are placed in general education schools and classes, the use of instructional assistants has greatly expanded. Recent national figures estimate that over 500,000 instructional assistants are employed in public schools, and increases are anticipated in the coming years (Schelle, 1996). Although their changing roles and responsibilities have received recent attention (Pickett, 1986; Pickett, Faison; & Formanek, 1993), the proliferation of instructional assistants in public schools often has outpaced conceptualization of team roles and responsibilities, as well as training and supervision needs of instructional assistants. Nowhere is this more evident than in schools where students with severe or multiple disabilities are included in general education classrooms.

In our work in public schools, we have noticed instructional assistants playing increasingly prominent roles in the education of students with disabilities. With pressure from parents, who...
want to ensure that their children are adequately supported, and general educators, who want to make sure they and their students are adequately supported, the use of special education instructional assistants has become a primary mechanism to implement more inclusive schooling practices. Although we have been encouraged by situations where students with disabilities have been provided with previously unavailable educational opportunities, we are concerned that some current approaches to providing instructional assistant support might be counterproductive. Current research on the use of instructional assistants to support students with disabilities in general education classes is limited to a small number of studies that sought to clarify existing roles and responsibilities (Doyle, 1995), to explore the expanded use of natural supports (Erwin, 1996), and to use activity schedules and decreased prompts to foster greater student autonomy (Hall, McClannahan, & Krantz, 1995).

The purpose of this study was to further extend this recent research by highlighting some of the key issues we observed in general education classrooms where students with disabilities were supported by instructional assistants. The nature of these findings holds important implications for evaluating how we use, train, and supervise instructional assistants so that their work can be supportive of valued educational outcomes for students with disabilities and their peers without disabilities in general education classrooms.

METHOD

Research Sites and Study Participants

Throughout the 1994-95 and 1995-96 school years, data were collected in 16 classrooms in 11 public schools in Connecticut, Massachusetts, Utah, and Vermont where students with multiple disabilities were educated in general education classrooms. The grade levels included preschool (with students without disabilities), kindergarten, and Grades 1, 2, 3, 5, and 11 (Grade 11 was primarily education within integrated community and vocational settings). Primary study participants included students with disabilities and the adults who supported their education in these general education classes.

The seven female and four male students with disabilities all were identified as deaf-blind, though each had some residual hearing and or vision. The students ranged in age from 4 through 20 years. All of these students were reported to have significant cognitive delays and additional disabilities such as orthopedic impairments (n = 10, 91%), health impairments (n = 7, 64%), and behavioral impairments (n = 4, 36%).

A total of 134 educational team members participated in this study, including 123 females (92%) and 11 males (8%). This number does not include the many special area teachers (e.g., physical education, music, art, library), other school personnel or volunteers, and classmates encountered in the course of our observations. Thirty-four of the team members were related services providers (i.e., speech/language pathologists (n = 14), physical therapists (n = 13), nurses (n = 8), occupational therapists (n = 7), itinerant teachers of the blind and visually impaired (n = 4), itinerant teachers of the deaf and hearing impaired (n = 4), deaf-blind specialist (n = 2), orientation and mobility specialist (n = 1), employment specialist (n = 1), and family support consultant (n = 1).

The remaining respondents included 20 special educators, 17 instructional assistants, 16 general education teachers, 15 parents (i.e., mothers (n = 11), fathers (n = 4)), and 9 school administrators. In all but one classroom, one or more instructional assistants were assigned to support the student with disabilities. Four of the instructional assistants had completed a bachelor’s degree, 12 had graduated from high school, and one had not completed high school.

Data Collection

This qualitative research study relied primarily on extensive classroom observations (n = 110) of the students with disabilities and their teams, averaging 2 to 3 hr each. Observations consisted of typical school day activities such as large and small groups with peers who did not have disabilities, individual and community-based activities, lunch, recess, class transitions, and individual therapy sessions. Field notes were collected using laptop computers by the five-person research team.

Fall 1997
Semistructured interviews were conducted with team members in an effort to more fully understand the classroom observations. From May through September 1995, the research team conducted 40 semistructured interviews with a subset of team members from each team, including related services providers (n = 14), special educators (n = 9), parents (n = 8), classroom teachers (n = 4), instructional assistants (n = 3), and administrators (n = 2). Interviews typically lasted between 45 and 75 min; they were audiotaped and later transcribed. Each interviewer asked questions pertaining to (a) how support service decisions were made by the team historically, (b) the interactions among classroom staff providing and receiving support (e.g., classroom teacher, instructional assistant, special educator, related services providers), (c) the roles and responsibilities of the instructional assistants, (d) strengths and weaknesses of the teams' approach to providing classroom support, and (e) potential improvements in the provision of support services.

Data Analysis

The observational and interview data were analyzed by the first author inductively using categorical coding (Bogdan & Biklen, 1992). These analyses were reviewed by the other research team members in an attempt to clarify the data presentation and ensure accuracy. The first author ensured his familiarity with the data by (a) participating in data collection (i.e., 31 observations, 17 interviews), (b) reviewing all transcripts of observations and interviews conducted by other research team members, (c) maintaining ongoing contact with research team members, and (d) being involved with research sites over an extended period of time.

First, transcripts of observations and interviews were read and marked by hand using over 150 separate codes consisting of words or phrases descriptive of text content (e.g., scrutiny, fringe, defer); particularly descriptive passages were highlighted and separate notes were maintained on emerging themes. Each observation and interview transcript was imported from a word processing program into HyperQual2 (Padilla, 1992), a text-sorting program designed to assist in qualitative data analysis. Each observation and interview was reread and codes were rearranged and collapsed into 25 categories using HyperQual2 to generate 25 code-specific reports. Inductive analysis (Patton, 1990) was applied to the code-specific reports to assist in the identification of themes. One theme with extensive data pertained to the proximity between the student with disabilities and the instructional assistants. Further analysis of this data highlighted eight distinct subthemes, which are presented in the results.

Triangulation was employed, using a series of techniques that can, "contribute to verification and validation of qualitative analysis" (Patton, 1990, p. 464). Credibility of the finding in this study was supported using methods triangulation to explore the consistency of findings generated by different methods. In this case, extensive observations and interviews allowed for comparison across time at the same sites. Additionally, this allowed for comparison of what was actually observed with what people reported in their interviews. Triangulation of sources was also used to explore the consistency of different data sources using the same method. For example, because teams were studied, it provided a unique opportunity to explore the nature of participant responses to the same issues queried during interviews.

RESULTS

One of the most prominent findings that emerged from the data was that instructional assistants were in close proximity to the students with disabilities on an ongoing basis. This was evidenced by (a) the instructional assistant maintaining physical contact with the student (e.g., shoulder, back, arms, hands) or the student's wheelchair; (b) the instructional assistant sitting in a chair immediately next to the child; (c) the student sitting in the instructional assistant's lap when classmates were seated on the floor; and (d) the instructional assistant accompanying the student with disabilities to virtually every place the student went within the classroom, school building, and grounds.

Although study participants indicated that some level of close proximity between students with disabilities and instructional assistants was desirable and sometimes essential (e.g., tactile
signing, instructional interactions, health management), they also recognized that unnecessary and excessive adult proximity was not always necessary and could be detrimental to students. As one mother who had observed her son's classroom stated:

At calendar time in the morning she (the instructional assistant) doesn't have to be right by his side. She could kind of walk away. She doesn't have to be part of his wheelchair. That's what it feels like. I just think that he could break away a little bit (from the instructional assistant) if he were included more into all the activities with the regular classroom teacher.

A speech/language pathologist from the same team independently stated, "I think there is some unnecessary mothering or hovering going on."

Analysis of the data revealed eight sub-themes pertaining to proximity between instructional assistants and students with disabilities that are presented in the following sections (see Figure 1).

Interference with Ownership and Responsibility by General Educators

Most of the classroom teachers in this sample did not describe their role as including responsibility for educating the student with disabilities who was placed in their class. Team members reported that the proximity and availability of the instructional assistants created a readily accessible opportunity for professional staff to avoid assuming responsibility and ownership for the education of students with disabilities placed in general education classrooms.

Different expectations regarding the role of the classroom teacher was a point of conflict within many of the teams. As one related services provider stated, "She (the classroom teacher) doesn't take on direct instruction (of the students with disabilities). In fact, . . . she stated at meetings that she doesn't see that as her role. And I disagree with that. I mean she is a teacher."

Although special educators and related services providers were involved in each case, almost universally it was the instructional assistants who were given the responsibility and ownership for educating the students with disabilities. Teachers were observed having limited interactions with the student with disabilities, proportionally less than those with other class members. Involvement by the teachers that did occur most often was limited to greetings, farewells, and occasional praise. Instructional interactions occurred less frequently (e.g., being called on to answer a question in class). A special educator summed up the need for clarification sought by many educational team members when she said, "What should the classroom teacher's role be? Even in our most successful situations we don't have a lot of classroom teachers who are saying, 'I have teaching responsibility for this kid.' Most teams we observed had not confronted this issue. "We haven't as a team come out and said, 'All right, what is the role of the classroom teacher in teaching this child?'"

Data consistently indicated that it was the instructional assistants, not the professional staff, who were making and implementing virtually all of the day-to-day curricular and instructional decisions. One speech pathologist said, "[W]e (the team) have talked about this many times. We have our most seriously challenging students with instructional assistants." A special educator explained, "The reality is that the instructional assistants are the teachers. Though I'm not comfortable with them having to make as many instructional decisions." An experienced instructional assistant explained, "I never get that kind of information (about instruction related issues and planning). I just wing it!"

The instructional assistants demonstrated unfettered autonomy in their actions throughout the day as evidenced by entering, leaving, and changing teacher-directed whole class activities whenever they chose with no evidence of consulting the teacher. As one instructional assistant said, "We do not do a lot of what the class does. I do what I think he can do." She justified her role as decision maker by saying, "I am the one that works with him all day long." Instructional assistants reported becoming increasingly comfortable with their role as the primary instructor for the student with disabilities, as one stated, "We are the only people who really feel comfortable with Holly."

The instructional assistants in this study reported that they received mostly on-the-job training from other instructional assistants by talking with each other and job shadowing so that par-
Interference with Ownership and Responsibility by General Educators
- "I'm not sure how Holly is going to be involved in this activity, but that's her aide's job." (Physical education teacher)
- "The teachers tend to kind of let the individual (assistants) kind of run the program." (Mother of a student with disabilities)

Separation from Classmates
- An instructional assistant waited until all the other students had lined up at the teacher's direction and had filed out of the classroom before prompting the student with disabilities to leave the room, trailing the group by about 10 yards.
- In the middle of an activity, after James had one turn, the instructional assistant quietly removed him from the group while the class continued their activity.

Dependence on Adults
- During a large group literacy activity, the instructional assistant had positioned herself near the back of the group, a few feet away from Annie (the student with disabilities). Annie looked away from the teacher and toward her instructional assistant every few seconds as the instructional assistant offered her signed instructions (e.g., look at the teacher, sit down). After a couple of minutes, Annie walked back to the instructional assistant and sat on her lap.

Impact on Peer Interactions
- "A shadow is not necessarily good. It's more of a stigma. I really hadn't considered the fact that Mrs. Kinney (the instructional assistant) is always very close to Jaime, although there are times when she is out on a break or whatever and he is in very capable hands with his peers. I think it would be better to have her integrated more in the classroom and maybe not feel that she needs to hover so much." (Classroom teacher)
- "It (close proximity of instructional assistants) may be kind of intimidating to them (peers). It may sort of be a barrier to them interacting with him." (Speech/language pathologist)

Limitations on Receiving Competent Instruction
- In attempting to use discrimination learning to teach the differences between named objects, pictures, symbols, or colors, lessons yielded little because the instructional assistants demonstrated limited knowledge or application of basic instructional design issues such as position bias, use of negative exemplars/distracters, and establishing mastery criteria prior to introducing new items.

Loss of Personal Control
- Did Holly really want to eat lunch apart from her classmates in a separate room? Did Helen really want to play the math game with an adult rather than a classmate like all the other students were doing?

Loss of Gender Identity
- Loss of gender identity was most commonly observed in reference to bathroom use: when a male student was taken into a women's bathroom by a female instructional assistant.

Interference with Instruction of Other Students
- An occupational therapist reported that the students without disabilities were more distracted by the instructional assistant doing different activities than by the "noises" of the student with disabilities.
terns of interaction by instructional assistants were passed on. Inservice training that a small number received typically was conducted in groups that included only other instructional assistants. Ironically, experienced professionals who said things like, "We do not have the training to work with these high needs kids" turned over the education of their most challenging students to instructional assistants, many of whom were high school educated, had no previous classroom experience, and had minimal training. As one special educator acknowledged, from a logical perspective, "It doesn't make sense."

In one site where an instructional assistant was not present, the classroom teacher, with support from special educators and related services providers, successfully assumed the primary role for instructing the student with disabilities. She directed his instructional program, spent time teaching him within groups and individually, used sign language to communicate with him, and included him in all class activities. This teacher stated, "You know the teacher needs to be the one who makes the decisions a lot because she is working with Mark (student with disabilities) and she knows Mark and knows which areas he needs help in." A special educator in this site acknowledged that not every aspect of this student's individualized education program (IEP) received significant support and that some aspects of the IEP, "left to the regular educator would be just fine." The specialist for the deaf-blind on this team said, "I think a lot of it (the teacher's success with the student with disabilities) is that she has high expectations for Mark. She does not do for him; instead she shows him how to do things. She considers him very much part of the class."

**Separation from Classmates**

Instructional assistants were regularly observed separating the student with disabilities from the class group. For example, when it was time to go to a special area class (e.g., art, music, physical education) one instructional assistant consistently left class a couple minutes before the rest of the class to wheel the student with disabilities to the specialty classroom.

Even when the students were basically stationary, such as seated on a rug to hear a story, the instructional assistant often physically separated the student with disabilities from the group by positioning him on the fringe of the group (e.g., the farthest away from the teacher). Instructional assistants reported that their positioning of the student allowed them to leave the activity whenever they chose.

Sometimes separation from the class occurred during circumstances where the match between class activity and the student's individual needs appeared highly compatible. For example, Annie entered the classroom during an individual writing time. As the instructional assistant began an adapted writing activity using large chart paper and markers, a second instructional assistant approached her and said, "She can do this writing just as easily in the other room as here." With that prompt, the instructional assistants separated Annie from the class without consultation with, or resistance from, the classroom teacher.

**Dependency on Adults**

Instructional assistants in close proximity to students with disabilities were observed prompting most every behavior exhibited by the students in this study (e.g., using writing implements, using gestures, following instructions, using materials). There was little evidence of fading prompts to decrease dependence and encourage students to respond to other people (e.g., school staff, peers) and more naturally occurring cues (e.g., the presence of certain toys or school supplies). Alternatively, an instructional assistant who was cognizant of Helen's dependence on her, encouraged her to do things for herself through redirection, especially when the student sought unneeded assistance with tasks such as dressing and grooming.

An example of dependence on adults was observed on the school playground during recess. The student with disabilities was being shadowed on a large wooden play structure by an instructional assistant. The student was capably crossing a wooden bridge where safety was not a concern. The student charged toward the bridge, letting go of her assistant's hand. A few steps onto the bridge she stopped abruptly and quietly turned back toward the instructional assistant who was only a foot behind her. The instructional assistant smiled, saying, "You know me. I stick right with you." The student reached back and took the in-
structional assistant’s hand instead of crossing the short span of the playground bridge on her own. Sometimes the school system’s dependence on instructional assistants was so strong that when the instructional assistants were absent, the family was asked to keep the child home from school or the mother was asked to be the substitute instructional assistant.

Impact on Peer Interactions

Data indicated that close proximity of instructional assistants had an impact on interactions between students with disabilities and their classroom peers. As one special educator shared:

Sometimes I think it inhibits her relationship with her peers because a lot is done for Holly and Holly doesn’t have the opportunity to interact with her peers because there is always somebody hovering over her, showing her what to do or doing things for her. I’d like to get the instructional assistant away from Holly a little bit more so that peers will have a chance to get in there and work more with Holly.

A classroom teacher offered her perspectives on how instructional assistants might be used differently.

I would definitely prefer having a paraprofessional assigned to the classroom and then just as necessary to have her work with a child (with special educational needs) when there is a specific activity, but not exclusively to work with just that child. I think it is important for two reasons. One is that you don’t want to give the child any extra stigma that is associated with a special education label. Second is that it is more healthy for the paraprofessional to work with other children so that he or she doesn’t get burned out with working with just one child all the time.

Interference with peer interactions did not occur in all cases. Some team members said that if the instructional assistant was well liked by the other children it had a positive impact on the student with disabilities’ access to peers. As a physical therapist described, “I have also seen it (proximity of instructional assistants) be very, very positive, in that the instructional assistant is really well liked and has done a lot to establish wonderful friendships for the student.” Conversely, if the instructional assistant was not well liked it had a corresponding negative impact. Sometimes the close proximity students had with instructional assistants led peers to perceive them as a package deal. As one mother cautiously shared, “I don’t know if I should say this or not, but a lot of it was that kids didn’t like the aide, so they would stay away from Annie for that reason.”

When teachers assigned students to student-directed pairs or small groups, instructional assistants were often observed dominating the group’s interactions. In some cases, the involvement of the instructional assistant was so omnipresent that children without disabilities simply left the group with the instructional assistant and joined a different group with only classmates, no adults. In other cases when students without disabilities initiated interactions, they were rebuffed by the instructional assistant. Ronny (a student without disabilities) asked the instructional assistant, “Do you want me to help Jamie?” She answered, “No, not yet.” Ronny was never asked back to assist his classmate. At other times instructional assistants interrupted initiatives made by peers. For example, in a physical education class, Michael went over to Jaime and began to run with him in his wheelchair to participate in the activity. The instructional assistant interrupted this interaction saying to Michael, “If you want to run, I’ll push Jaime.” After a hesitant pause, Michael reluctantly gave way to the instructional assistant. At times, prolonged close adult proximity adversely affected peer involvement even when the instructional assistant was not present. As one special educator shared:

We’ve tried (reducing adult proximity) ... like in the lunchroom. Like putting Maria or any of the other students (with disabilities) in the lunchroom and then backing off a little bit. But I think that it (close adult proximity) has been done for so long, that the peers have stayed away for so long, that they are just kind of hesitant to jump right in and do anything.

When the instructional assistant was not in close proximity to the student with disabilities, peers were more likely to fill the space the instructional assistant had vacated. The following example is typical of what we observed.
As the instructional assistant leaves momentarily to get some materials, Mallory (student without disabilities) walks over to Elena (student with disabilities). She puts her hand gently on her shoulder and calmly says “easy hands” in response to Elena being a bit rough with her book. Elena turns to look at Mallory and then makes some vocalizations and moves her hands as Mallory talks to her about her book. As the instructional assistant starts to return, Mallory stops talking with Elena and returns to her seat.

Limitations on Receiving Competent Instruction

Observations and interviews indicated that students in this study participated in classroom activities that typically were not planned by trained professional staff. While several team members praised the work of instructional assistants in their “caregiving duties” (e.g., feeding, dressing), they expressed concerns about their role as assistants of instruction.

Many classroom teachers expected capabilities and performance from instructional assistants that were potentially unrealistic. As one teacher explained, “My problem is that I will be teaching a class and my expectations are that the paraprofessional will get the gist of what I am doing and glean some kernel out of it that can be used right then on the spot.” Making such on-the-spot decisions requires a depth of instructional knowledge and skill that many paraprofessionals and professionals do not possess.

When instructional assistants are assigned to a task, many of them say they feel compelled to go through the motions of an activity even when it seems apparent to them that their efforts are not being effective. As one instructional assistant explained, “Sometimes it gets discouraging because he is asleep, but I try. I just feel like I’m baby-sitting. I don’t feel like I’m doing what I am supposed to be doing.” This instructional assistant was observed repeatedly continuing to speak to the student and presenting activity-related objects, even though it was obvious that the student was asleep. In other cases, instructional assistants would both ask and answer questions posed to students with disabilities. “Would you like to paint the turkey?” (after a 1 sec pause with no observable response) “You would!”, then the activity would begin.

Loss of Personal Control

When students have significant communication, motor, and/or sensory difficulties, it can be a challenge for students to advocate for themselves, express their preferences, or at times to reject the decisions of the adults who control most aspects of their personal daily functions at school (e.g., eating, toileting, mobility, selection of leisure activities, choice of friends with whom to spend time). A vision specialist put it succinctly when she pointed out the limited opportunities for choices provided to students with disabilities who “can’t verbalize and say ‘stop talking to me like that’ or can’t run away.” Instructional assistants frequently made such choices for the student under their supervision. In cases where student communication is unclear, we are left to wonder if the decisions are those the student would make. As one parent wondered, “I think it would be intimidating for me if I was a kid. Just being watched over all the time.”

The following examples from our observations, presented as questions, highlight the kinds of decisions made every day that represent a loss of personal control by the students:

- Did Mary really want her cheeseburger dipped in applesauce before she ate each bite?
- Did James really need to be excused from the fun activities in the gymnasium early to have his diapers changed?
- Did James really want to stay inside during recess because it was too cold outside?

Loss of Gender Identity by Students with Disabilities

In cases where the instructional assistant and the student were the opposite gender we observed some interactions that suggested the gender of the student with disabilities was secondary to the gender of the instructional assistant. For example, the gender of the instructional assistant superseded that of the student with disabilities in a physical education class. The teacher divided the class into two groups for warm-up activities. The girls were directed to take five laps around the gym and the boys were directed to do jumping-jacks. As the
physical education teacher said, "OK. Let's go!," the female instructional assistant grabbed James' wheelchair, and began running around the gym with him along with all the other girls. When the activity was switched, she assisted him in moving his arms to partially participate in jumping-jacks, again with the girls.

Interference with Instruction of Other Students

Students without disabilities did not seem to be distracted much by idiosyncratic behaviors of their classmate with disabilities (e.g., coughing, vocalizations, stereotyped body movements) or common classroom sounds and movements (e.g., small group discussions, questions being asked of the teacher, talk among classmates, computers, pencil sharpening being used, doors and drawers being opened and closed). However, in some cases instructional assistant behaviors were observed to cause distraction during large group lessons taught by the teacher. During these times, if the instructional assistant began doing a different activity with the student with disabilities in the midst of the teacher's large group activity (e.g., reading a story, playing a game, using manipulative materials), those students without disabilities closest to the instructional assistant turned their attention away from the teacher and toward the instructional assistant.

DISCUSSION

Although many team members acknowledged that instructional assistants can and do play an important role in educating children with disabilities, our interviews and observations identified a series of concerns regarding their proximity to the students they are assigned to support. These data are limited to the cases that were studied, and any generalization to other situations should be approached cautiously, especially considering the modest number of sites, the limited geographic distribution of sites, and their homogeneity in terms of serving students with multiple disabilities in general education classrooms.

It is hoped that results from this study can be used to address related issues and practices in other situations where students with disabilities are supported using instructional assistants. Too often students with disabilities are placed in general education classrooms without clear expectations established among the team members regarding which professional staff will plan, implement, monitor, evaluate, and adjust instruction. This absence of clarity helps create an environment in which the instructional assistant directs a student's educational program and maintains excessive proximity with the student. We believe this occurs not because instructional assistants seize control, but rather because instructional assistants are the people in the most subordinate position in the school hierarchy. When supervisory personnel (e.g., classroom teachers, special educators) engaged in limited planning and implementation of instruction for the student with disabilities, the responsibility fell to the assistants. These observations highlight that some decisions about the use of instructional assistants are not necessarily rational, but rather may be driven by teachers' (a) fear of difference or change, (b) adherence to customary routines, (c) a reluctance to add another substantial task to what many perceive as an already extensive set of responsibilities, or (d) lack of knowledge and/or support for teaching the student with disabilities. Instructional assistants can play a valuable educational role in assisting the teaching faculty, but generally we believe it is inappropriate and inadvisable to have instructional assistants serve in the capacity of "teacher."

Although awareness of the effects of proximity is an important first step in addressing its potential hazards, teachers and instructional assistants may need specific training in basic instructional methods designed to fade assistance and encourage students to respond to natural cues (e.g., chaining, time delay procedures, errorless learning, fading, cue redundancy, task analyses, correction procedures that use naturally occurring cues as prompts for the next steps; Alberto & Troutman, 1995; Snell, 1992): Otherwise adults may inadvertently be strengthening the student's cue and prompt dependence. To some extent, many students are initially dependent on cues and supports from the adults who teach them. This starting point needs to change so that adults are increasingly aware of fading their supports to allow students greater autonomy. While capable learners can often overcome less than stellar
teaching approaches, those students with more significant learning difficulties often require more precise planning and instruction in our efforts to help them learn. We believe that this problem is not an issue of placement location, since these same problems can exist in special education classes. Therefore, the concern over increasing instructional integrity is appropriately an important issue that can and should be addressed within the context of general education classrooms. We suggest that the classroom involvement of instructional assistants must be compatible within the context of the broader plan for the classroom that is developed and implemented by the classroom team for the benefit of all the students.

CONCLUSIONS AND IMPLICATIONS FOR PRACTICE

The findings of this study demonstrate that there are a number of areas of concern regarding the roles of instructional assistants who support the education of students with disabilities in general education settings. The following is a list of considerations for future policy development, school-based practices, training, and research.

- School districts need to rethink their policies on hiring instructional assistants for individual students. We suggest that alternatives be explored that include hiring assistants for the classroom rather than an individual student. This would allow general and special education teachers to distribute instructional assistants' time and job responsibilities more equitably to benefit a variety of students, both with and without disabilities.

- School staff and families need to reach agreement on when students need the close proximity of an adult, when that proximity can be appropriately provided through natural supports such as classmates, and when to appropriately withdraw supports that require close proximity.

- School staff and community members (e.g., classroom teachers, special educators, parents) need awareness training on the effects and potential harm to children caused by excessive adult proximity, such as described in this study (e.g., loss of personal control, loss of gender identity, interference with peer interactions, dependence on adults).

- School teams need to explicitly clarify the role of the classroom teacher as the instructional leader in the classroom including their roles and responsibilities as the teacher for their students with disabilities. It is the classroom teacher's role to direct the activities of the classroom, including the activities of instructional assistants in their charge.

- School staff (e.g., classroom teachers, instructional assistants) should be afforded training in basic instructional procedures that facilitate learning by students with special educational needs in the context of typical classroom activities. Additionally, training should specifically include approaches related to decreasing dependence and fading prompts often associated with excessive and prolonged proximity of adults.

- Students with disabilities need to be physically, programmatic, and interactively included in classroom activities that have been planned by a qualified teacher in conjunction with support staff as needed (e.g., special educators, related services providers). Such changes in practice should decrease problems associated with students with disabilities being isolated within the classroom.

- Instructional assistants should be provided with competency-based training that includes ongoing, classroom-based supervision by the teacher.

- Instructional assistants should have opportunities for input into instructional planning based on their knowledge of the student, but the ultimate accountability for planning, implementing, monitoring, and adjusting instruction should rest with the professional staff, just as it does for all other students without disabilities.

- Use of instructional assistants in general education classrooms must increasingly be done in ways that consider the unique educational needs of all students in the class, rather than just those with disabilities.

- Research on the aforementioned items should be ongoing in order to explore efficacious ways of supporting students in our schools.
This study suggests that assigning an instructional assistant to a student with special educational needs in a general education class, though intended to be helpful, may sometimes result in problems associated with excessive, prolonged adult proximity. In questioning the current use of instructional assistants, we are not suggesting that instructional assistants not be used or that the field revert to historically ineffective ways of educating students with disabilities (e.g., special education classes, special education schools). We are suggesting that our future policy development, training, and research focus on different configurations of service delivery that provide needed supports in general education classrooms, yet avoid the inherent problems associated with our current practices. Undoubtedly, these service provision variations will necessarily need to be individualized and flexible to account for the diverse variations in students, teachers, schools, and communities across our country. We hope that by raising the issues presented in this study, we can extend the national discussion on practices to support students with varying characteristics in general education classrooms and take corresponding actions that will be educationally credible, financially responsible—helping, not hovering.

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Unit 2 Activity Sheets

Inclusive Education
**Activity Sheet # 3**

**Inclusion/Exclusion Activity**

Directions: Write words or phrases that describe your feeling at times when you were:

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Activity Sheet #4

Inclusive Education Characteristics Self-Assessment

Directions: Read each item and circle the phrase that best reflects the extent to which that characteristic exists in your school setting. If you can’t answer the question, write NS for “not sure.”

1. All students are welcomed in general education. The general education class (with support) is the first option considered, regardless of disability type or severity.

Never  Some of the time  Most of the time  All of the time

2. Students are educated in classes where the number of those with and without disabilities is proportional to the local population (i.e., 10% - 12% have identified disabilities).

Never  Some of the time  Most of the time  All of the time

3. Students are educated with peers in the same age groupings available to those without disability labels.

Never  Some of the time  Most of the time  All of the time

4. Students with varying characteristics and abilities participate in shared educational experiences while pursuing individually appropriate learning outcomes with necessary supports and accommodations.

Never  Some of the time  Most of the time  All of the time

5. Shared educational experiences take place in settings predominantly frequented by people without disabilities (e.g., general education classroom, community work sites).

Never  Some of the time  Most of the time  All of the time

6. Educational experiences are designed to enhance individually determined valued life outcomes for students and therefore an individualized balance between the academic/functional and social/personal aspects of schooling is sought.

Never  Some of the time  Most of the time  All of the time

7. Students receive typically available supports such as classroom teachers, classmates, and school counselors (sometimes referred to as “natural supports”) and specialized supports such as special educators, and therapists only as needed.

Never  Some of the time  Most of the time  All of the time

8. Inclusive education exists when each of the previously listed characteristics occur on an ongoing, daily basis (Giangreco, Cloninger & Iverson, 1998).

Never  Some of the time  Most of the time  All of the time
### Facilitating/Hindering Worksheet

In this activity you will briefly describe your experience of problems associated with paraeducator proximity and ways to prevent them. In the spaces provided, briefly give examples of each, then answer the following questions:

Q1. To what extent does this occur in your situation? Identify examples.
Q2. What has been or can be done to facilitate change in the categories listed?

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<thead>
<tr>
<th>OCCURS</th>
<th>WAYS TO FACILITATE CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interference with ownership and responsibility by general educators</td>
<td>Facilitating ownership and responsibility by general educators</td>
</tr>
<tr>
<td>Separation from classmates</td>
<td>Inclusion with classmates</td>
</tr>
<tr>
<td>Dependence on adults</td>
<td>Independence from adults</td>
</tr>
<tr>
<td>Interfering with peer interactions</td>
<td>Promoting peer interactions</td>
</tr>
<tr>
<td>Limiting opportunities for receiving competent instruction</td>
<td>Enhancing opportunities for competent instruction</td>
</tr>
<tr>
<td>Loss of personal control</td>
<td>Gain of personal control</td>
</tr>
<tr>
<td>Loss of gender identity</td>
<td>Strengthening of gender identity</td>
</tr>
<tr>
<td>Interference with instruction of other students</td>
<td>Non-interference with instruction of other students</td>
</tr>
</tbody>
</table>
Unit 2 Forms

Inclusive Education

- Knowledge Review
- Cooperating Teacher Practicum Summary
- Evaluation Form
Knowledge Review  Unit 2: Inclusive Education

Name: ________________________________

Date: ________________________________

Site: ________________________________

Instructor: ____________________________

Directions: Read each question and circle the letter corresponding to the one item that you think is the best answer.

11. To be included successfully in general education classes, students with disabilities:
   a) must function at or near grade level
   b) need individual paraeducator support
   c) should have individually appropriate learning outcomes and supports
   d) should be placed in a general education classroom with several other students who have the same disability
   e) a and c only

12. In part, inclusive education means that:
   a) the general education classroom is the first placement consideration (with appropriate support) regardless of disability type or severity
   b) students with and without disabilities receive necessary supports and accommodations
   c) students with disabilities should primarily be included in special area classes such as art, music, and physical education
   d) a and b only
   e) b and c only

13. Including students with disabilities in general education classes has a number of benefits for:
   a) students with disabilities
   b) students without disabilities
   c) general education teachers
   d) a and b only
   e) a, b, and c

14. A laboratory group of four students is assembling a model of the human heart. Three of the students have learning outcomes “to identify the parts of the heart” and “describe their functions.” The fourth student has learning outcomes “to follow basic instructions, take turns, and learn new vocabulary words.” This is an example of:
   a) curriculum overlapping
   b) inappropriate curriculum practices
   c) multi-level curriculum/instruction
   d) parallel learning
15. Three students are playing a math game together. Each student has a different set of game cards with individually appropriate math questions. One student has double-digit addition questions, the second student has single-digit multiplication questions, and the third student has questions regarding single-digit subtraction. This is an example of:
   a) curriculum overlapping
   b) inappropriate curriculum practices
   c) multi-level curriculum/instruction
   d) parallel learning

16. School personnel pursuing inclusive education for their students can modify:
   a) their own attitudes and expectations
   b) curriculum content
   c) parents' goals for their children
   d) a and b
   e) a, b, and c

17. Which of these are potential problems resulting from excessive proximity of paraeducators to students with disabilities?
   a) interference with peer interactions
   b) over dependence on adults
   c) development of personal relationships between paraeducators and students
   d) a and b only
   e) b and c only

18. A paraeducator assigned full-time to a student with a disability:
   a) may interfere with ownership and responsibility of general educators for educating students with disabilities
   b) may be necessary for some students
   c) is always necessary for students with severe disabilities
   d) a and b only
   e) b and c only

19. Paraeducators can promote friendships among students by:
   a) always being present and actively involved in interactions between students with disabilities and their classmates
   b) identifying opportunities for students to work and interact together
   c) protecting students from unpleasant social experiences
   d) speaking on behalf of the student with a disability

20. To enhance inclusion of students with disabilities, it is important for paraeducators to:
   a) focus on their individual differences
   b) help to build a sense of classroom community by modeling accepting behaviors
   c) interact with students in age-appropriate ways
   d) a, b, and c
   e) b and c only
Cooperating Teacher Practicum Summary

Unit 2: Inclusive Education

I. Brief Summary of the Unit

This unit provides participants with knowledge about the characteristics of "inclusive education" and its benefits. The class activities and practicum requirements included in this unit give participants the opportunity to demonstrate effective ways of contributing to the success of all students in regular education settings.

The content addressed in Unit 2 includes:
- Characteristics and benefits of "inclusive education"
- Ways to include all students in general education activities
- The role of the paraeducator in facilitating inclusive educational practices

II. Practicum Requirements

☐ 1. The paraeducator will consult with his or her cooperating teacher to review the Hindering/Facilitating Worksheet completed in class (Hindering/Facilitating Activity).
   a) The paraeducator and the cooperating teacher will discuss what can be done to facilitate the categories listed on the worksheet, and they will choose two categories that the paraeducator will work on in the school (e.g., ways to promote peer interactions and facilitate inclusion with classmates).
   b) The paraeducator and the cooperating teacher will outline steps indicating how the paraeducator will work on the chosen categories in the school. The steps will be recorded below:

   Category 1:
   ____________________________________________________________
   ____________________________________________________________

   Category 2:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

   c) The cooperating teacher will indicate that the paraeducator has completed the steps for each category by marking a check next to the completed steps above.

Note to the Cooperating Teacher: It may be helpful for you to review the required readings for this unit. The readings are available in the paraeducator's Participant Manual.
Unit 2: Evaluation Form
Inclusive Education

Participant name (optional): ___________________________ Date: __________

Directions: Please check the box next to the statement that best reflects your opinion regarding the following questions.

1. How important were the objectives for this unit?
   ☐ very important
   ☐ important
   ☐ somewhat important
   ☐ not important

2. How relevant were the required readings for this unit?
   ☐ very relevant
   ☐ relevant
   ☐ somewhat relevant
   ☐ not relevant

3. How understandable were the required readings for this unit?
   ☐ very understandable
   ☐ understandable
   ☐ somewhat understandable
   ☐ not understandable

4. How useful were the activities for this unit?
   ☐ very useful
   ☐ useful
   ☐ somewhat useful
   ☐ not useful

5. How understandable were the activities for this unit?
   ☐ very understandable
   ☐ understandable
   ☐ somewhat understandable
   ☐ not understandable

6. How would you rate the quality of the materials for this unit?
   ☐ very high quality
   ☐ high quality
   ☐ fair quality
   ☐ poor quality
7. How relevant were the practicum requirements for this unit?
   - very relevant
   - relevant
   - somewhat relevant
   - not relevant

8. How understandable were the practicum requirements for this unit?
   - very understandable
   - understandable
   - somewhat understandable
   - not understandable

9. What was the most important or useful thing that you learned from this unit?

10. Please use the rest of this page to make suggestions for improving the objectives, required readings, activities, and practicum requirements for this unit.
Unit 3:

Families and Cultural Sensitivity

Linda Backus
Participant's Overview

Unit 3: Families and Cultural Sensitivity

Brief Description of Unit

This unit provides an overview of the characteristics of family-centered practices and cultural sensitivity issues. It provides information and activities to help paraeducators interact with students with disabilities and their peers in ways that are family-centered and culturally sensitive.

Hours of Instruction (In class format)

3 hours.

Unit Objectives

Key: K = Knowledge, S = Skill (Knowledge objectives are addressed through readings and class activities; skill objectives are addressed through practicum activities.)
1. Paraeducators will know the characteristics of family-centered and culturally sensitive practices. (K)
2. Paraeducators will know why family-centered and culturally sensitive practices are important to the quality education of students with disabilities. (K)
3. Paraeducators will know what they can do to facilitate family-centered practices and cultural sensitivity. (K)
4. Paraeducators will demonstrate family-centered and culturally sensitive practices. (S)

Preparing for the Unit

Required Readings

**Participant Preparation for Unit 3:**
- Read the required readings *prior to class*.
- Write two questions based on required readings for discussion in class that are relevant to you or your situation.
- Bring writing materials for note-taking and activities to class.
- Bring your Participant’s Manual to class.
- Review the practicum requirements for Unit 3.

**Practicum Requirements**

This unit has two required practicum activities, which are designed to be completed at the end of the course in a time frame established by the instructor. The paraeducator and his or her cooperating teacher will collaborate to complete these activities. A practicum checklist of the activities to be completed and the skills to be observed can be found at the end of the manual. In the event that a practicum requirement is not appropriate for a paraeducator’s specific situation, an alternate activity may be substituted based on negotiation with the cooperating teacher. The negotiated requirement must be approved by the course instructor.

**Evaluation of Participant Learning**

Participants are evaluated in three ways: (1) *Knowledge Review* quiz, (2) attendance and participation in class activities, and (3) completion of practicum requirements. In order to facilitate learning of required readings, participants will take the *Knowledge Review* quiz at the end of each class session and will receive immediate feedback in class. Participants are encouraged to review questions before class so they can be aware of them during class. This can improve a participants success on the quizzes.

**Suggested Supplemental Resources**

**Books and Articles**


Web site
The Beach Center on Families and Disability, University of Kansas Web site:
www.ssi.ukans.edu/beach/beachhp.htm
Unit 3 Required Readings

Families and Cultural Sensitivity

This unit includes readings that have been selected because they contain some clear ideas about what paraeducators can do on a daily basis to improve home and school relationships in culturally sensitive ways. The first reading by Backus (2000), provides definitions of family-centered practice, cultural sensitivity and explains their importance. The second reading, from the PACER Center (1991), provides specific examples of using “person-first” language when speaking about people with disabilities. The third article, by Davern (1996), reviews interviews with parents of children in inclusionary settings. Parents made suggestions for what teachers and other members of school teams (including paraeducators) can do to foster stronger alliances.

The next article, by Harry (1997), helps us understand our own biases and fears when encountering families whose values, beliefs, or cultural norms are different than our own. Maintaining positive, productive relationships without being judgmental is a challenge for everyone. According to Harry, we need to confront our beliefs about groups of people, the meaning of disability, and differences in parenting styles. She offers suggestions for practice.

The last two readings are from the Beach Center on Families and Disability at the University of Kansas. They describe the definition and components of family-centered service delivery along with ideas on how to really listen to families, a brief review of family policies, and information about how to recognize and acknowledge family strengths.
As a paraeducator, you may have the opportunity to work with individuals from various cultural and social backgrounds. Maintaining open communication is crucial in educational settings, especially with children and youth with disabilities and their families. This article will help you understand general principles and ways of interacting with students and families that are family-centered and culturally sensitive. We recognize that the amount of contact paraeducators have with families varies widely. We also support the idea that the primary contact person between the school and families should be educators. However, the following suggestions may help in your communication with families whether contacts are on a daily basis or less frequently.

**Definition of family-centered services**
Family-centered service delivery, across disciplines and settings, recognizes the centrality of the family in the lives of individuals. It is guided by fully informed choices made by the family and focuses on the strengths and capabilities of families (Beach Center, 1997).

**Components of family-centered philosophy and services**
- The needs of students are considered in the context of their family.
- There are many different types of families, all of which can provide support for their individual members.
- All families have strengths, and these can be capitalized on in order to support the student.
- Each family is unique.
- School services have an impact on the family as well as the student.
- It is important for help to be provided to families in a collaborative fashion (e.g., valuing family input, ensuring mutual respect and teamwork).
- Help and services should be provided in accordance with each family’s wishes so that the family ultimately participates in its own decision making.
- Considering family strengths (versus dwelling on family deficiencies) promotes progress.
- Informal support networks are important for students and families to maintain resiliency.
- Giving families complete information in a supportive manner helps to facilitate open communication.
• Normalizing perspectives are important (i.e., that is much of what those receiving services are experiencing is typical).
• Minimal disruption of family integrity and routines should be a goal (all families are busy; try to find mutually agreeable times to meet).

Definition of cultural sensitivity
Cultural sensitivity means being aware that cultural differences and similarities exist and have an effect on values, learning, and behavior (Stafford, Bowman, Eking, Hanna, & Lopoes-DeFede, 1997). Beth Harry (in Giangreco, Cloninger, & Iverson, 1998) states:

For me, this is the essence of culturally sensitive practice; not that professionals need to know particular details of all cultural groups; this being in fact impossible and tends to lead to stereotyping, but rather that they are open to different belief systems, and capable of listening in a nonjudgmental way to concerns that may surprise or even shock them. Next, they must be able to collaborate with families in such a way as to respect their own cultural framework, while simultaneously honoring their own.

Components of cultural sensitivity
• valuing and recognizing the importance of one’s own culture;
• valuing diversity;
• realizing that cultural diversity will affect an individual’s communication and participation in education in various ways;
• a willingness to adapt one’s communication and behaviors to be compatible with another’s cultural norms;
• a willingness to learn about the traditions and characteristics of other cultures.

Importance of family-centered services and cultural sensitivity
According to Giangreco, Cloninger, & Iverson (1998), there are many reasons family-centered services are important. For instance:
• Families know certain aspects of their children better than anyone else does.
• Families have the greatest vested interest in seeing their children learn.
• The family is likely to be the only group of adults involved with a child’s educational program throughout his or her entire school career.
• Families have the ability to positively influence the quality of educational services provided in their community.
• Families must live with the outcomes of decisions made by educational teams, all day, every day.
Cultural sensitivity is also important because:
- It contributes to mutual cooperation and collaboration, which are necessary for sound educational planning.
- When a school is sensitive to students’ different cultures, there is an increased sense of belonging and safety for students.
- A feeling of belonging is a prerequisite for mastering new skills.

**Facilitating family-centered practices and cultural sensitivity**
There are a number of ways to work with families in a family-centered way and to interact with people in culturally sensitive ways. Working with families effectively requires that school personnel be open, empathetic, sensitive, and positive. Important components of respectful interactions are maintaining confidentiality and cultural sensitivity. The following are simple guidelines to help paraeducators address confidentiality issues:
- Review the confidentiality policies of your school with your immediate supervisor.
- Go through the proper channels in your school in order to obtain student information.
- Discuss information about a student or family only with people who are directly responsible for teaching the student and who need to have the information.
- Never discuss information about a student or family
  a) in a public place
  b) with another student
  c) with parents of another student
  d) with school personnel who are not part of the team
- Do not create personal files on a student or family

**Interacting and communicating in culturally sensitive ways**
- Although paraeducators may have contact with families, remember that primary communication should be the responsibility of the student’s teacher and the special educator.
- Relationships with families are strengthened when you speak about children (and family members) in optimistic ways.
- It is important for school personnel to indicate a willingness to listen to the child and the family.
- Active listening includes listening fully, without interrupting, clarifying, acknowledging, reflecting, or expanding and building on what is being said.
- Effective communication is enhanced when empathy is conveyed. Empathy can be developed by consistently trying to put yourself in another’s shoes.
- Avoid any interactions that might be demeaning to the child or family (e.g., such as talking about the child in his or her presence). Speak to students in a chronologically age-appropriate manner (e.g., avoid baby talk).
- Be persistent in maintaining open communication. If miscommunication occurs, view it as a problem to be solved and an opportunity to find new ways to communicate.
- Be sensitive to the fact that there are basic differences in the ways people of different cultures communicate, such as through the different use of words, voice, and body language.
- Within each culture there are individual differences in the way people communicate.
• Become flexible in your communication style.
• Openness, caring, and mutual respect of the dignity of individuals are essential qualities for effective communication regardless of cultural differences.
• Think about and examine the cultural basis of your own belief system when trying to understand the culture of another person.
• Being culturally sensitive means being nonjudgmental and recognizing that although differences may exist based on culture, communication can still continue.
• Take an active interest in the culture and norms of the other person. The more you know about a certain culture, the better the chances for effective communication.
• Be honest and willing to take risks and make mistakes.
• Avoid making comparisons among children and youth. Think about them as individuals.

Choosing words with dignity
The following are suggestions provided by the PACER Center (1991) to consider when using culturally sensitive language regarding individuals with disabilities:
• If you are uncertain about what language or terms to use when speaking to a person with a disability, ask the person. Use terms that person prefers. When speaking about a person who has a disability, always use “person-first” language. This means referring to people first and not their label (e.g., “person with a disability” instead of “disabled person”).
• Emphasize abilities, not limitations.
• Do not label people as part of a disability group; avoid saying “the disabled.” Instead, say “individuals with disabilities.”
• Choice and independence are important; let the person do or speak for himself as much as possible.
• Try not to give excessive praise or attention to a person with a disability or to use words that evoke pity.
• Remember that a disability is a functional limitation that interferes with a person’s ability to walk, talk, learn, etc. The term handicap describes a situation or barrier imposed by society or the environment.

References
It’s the ‘Person First’ - Then the Disability

What do you see first?

- The wheelchair?
- The physical problem?
- The person?

If you saw a person in a wheelchair unable to get up the stairs into a building, would you say “there is a handicapped person unable to find a ramp”? Or would you say “there is a person with a disability who is handicapped by an inaccessible building”?

What is the proper way to speak to or about someone who has a disability?

Consider how you would introduce someone — Jane Doe — who doesn’t have a disability. You would give her name, where she lives, what she does or what she is interested in — she likes swimming, or eating Mexican food, or watching Robert Redford movies.

Why say it differently for a person with disabilities? Every person is made up of many characteristics—mental as well as physical — and few want to be identified only by their ability to play tennis or by their love for fried onions or by the mole that’s on their face. Those are just parts of us.

In speaking or writing, remember that children or adults with disabilities are like everyone else — except they happen to have a disability. Therefore, here are a few tips for improving your language related to disabilities and handicaps.

1. Speak of the person first, then the disability.
2. Emphasize abilities, not limitations.
3. Do not label people as part of a disability group — don’t say “the disabled”; say “people with disabilities.”
4. Don’t give excessive praise or attention to a person with a disability; don’t patronize them.
5. Choice and independence are important; let the person do or speak for him/herself as much as possible; if addressing an adult, say “Bill” instead of “Billy.”
6. A disability is a functional limitation that interferes with a person’s ability to walk, hear, talk, learn, etc.; use handicap to describe a situation or barrier imposed by society, the environment or oneself.

Say...

- child with a disability
- person with cerebral palsy
- person who has...
  - without speech, nonverbal
  - developmental delay
  - emotional disorder, or mental illness
- deaf or hearing impaired
- uses a wheelchair
- person with retardation
- person with epilepsy
- with Down Syndrome
  - has a learning disability
  - nondisabled
- has a physical disability
- congenital disability
- condition
- seizures
- cleft lip
- mobility impaired
- medically involved, or has chronic illness
- paralyzed
- has hemiplegia (paralysis of one side of the body)
- has quadriplegia (paralysis of both arms and legs)
- has paraplegia (loss of function in lower body only)
- of short stature

Instead of...

- disabled or handicapped child
- palsied, or C.P., or spastic
- afflicted, suffers from, victim
- mute, or dumb
- slow
- crazy or insane
- deaf and dumb
- confined to a wheelchair
- retarded
- retarded epileptic
- mongoloid
- is learning disabled
- normal, healthy
- crippled
- birth defect
- disease (unless it is a disease)
- fits
- hare lip
- lame
- sickly
- invalid or paralytic
- hemiplegic
- quadriplegic
- paraplegic
- dwarf or midget
Points to Remember When You Meet a Person Who Has a Disability

Remember that a person who has a disability is a person—like anyone else.

Relax. If you don’t know what to do or say, allow the person who has a disability to help put you at ease.

Explore your mutual interests in a friendly way. The person likely has many interests besides those connected with the disability.

Offer assistance if asked or if the need seems obvious, but don’t overdo it or insist on it. Respect the person’s right to indicate the kind of help needed.

Talk about the disability if it comes up naturally without prying. Be guided by the wishes of the person with the disability.

Appreciate what the person can do. Remember that difficulties the person may be facing may stem more from society’s attitudes and barriers than from the disability itself.

Be considerate of the extra time it might take for a person with a disability to get things said or done. Let the person set the pace in walking or talking.

Remember that we all have disabilities; on some of us they show.

Speak directly to a person who has a disability. Don’t consider a companion to be a conversational go-between.

Don’t move a wheelchair or crutches out of reach of a person who uses them.

Never start to push a wheelchair without first asking the occupant if you may do so.

When pushing a wheelchair up or down steps, ramps, or curbs, or other obstructions, ask the person how he or she wants you to proceed.

Don’t lean on a person’s wheelchair when talking.

Give whole, unhurried attention to the person who has difficulty speaking. Don’t talk for the person, but give help when needed. Keep your manner encouraging rather than correcting. When necessary, ask questions that require short answers or a nod or shake of the head.

Speak calmly, slowly, and distinctly to a person who has a hearing problem or other difficulty understanding. Stand in front of the person and use gestures to aid communication. When full understanding is doubtful, write notes.

When dining with a person who has trouble cutting, offer to help if needed. (It may be easier to ask if the person would prefer to have the food cut in the kitchen.) Explain to a person who has a visual problem where dishes, utensils, and condiments are located on the table.
Listening to Parents of Children with Disabilities

Linda Davern

Interviews with parents of mainstreamed children shed light on building effective school-home partnerships.

A growing number of children with disabilities are becoming members of general education classes. As someone involved in teacher preparation, I am particularly interested in what teaching teams can do to build productive alliances, or strengthen existing relationships, with the parents or caregivers of these children.

To explore this issue, I conducted a series of in-depth interviews with 15 families (21 parents) whose children were fully included in general education programs—mostly at the elementary level. Many of these children needed a great deal of support and modification to participate successfully in general classes. Overall, these parents were extremely pleased with the impact that inclusion had on their children. They also offered suggestions for improving the quality of home-school relationships. The following recommendations to teaching teams come from an analysis of these parents' perspectives.

- Convey a clear, consistent message regarding the value of the child. How school personnel talk about children in both formal and informal interactions early in the school year has a significant impact on the development of relationships with their families. Several parents in this study valued the ability of teachers to see different aspects of a child's personality aside from academic achievement. As Gail put it:

  For teachers to say to me, "I really like your kid." or "You know, he really has a great sense of humor"... lets me know that they really care about him as a person.

- These parents also commended personnel who focused on the individual child's progress, rather than using other children as a reference for comparison. As Anna said:

  So our child's not going to be the top of her class in gym. We understand that. Just take her for who she is. Find space for her.

- Members of the teaching team need to convey clear, consistent messages that they are happy to have this child in the classroom and that they hold high expectations for the child's achievement.

  Put yourself in the shoes of the parent. The parents I interviewed valued the efforts of school personnel to try to understand what it is like to have a child with a disability—for example, to have to negotiate both the general and special education bureaucracies in order to gain access to classes, accommodations, and support services. Several of these parents felt that some staff did not understand their anger and frustration with educational systems. While one mother felt more strongly than others I spoke with, she expressed the sense of detachment experienced by families of children in special education:

  Parents hate special ed.... Parents hate it because the kids hate it.... They hate the isolation of it.

  Parents often felt they were viewed as impatient. They wanted staff to...
better understand their frustration with the slow pace of school improvement efforts related to inclusive practices. School staff who attempt to understand the parent’s frame of reference are less likely to assume the judgmental attitudes that can be damaging to the home-school relationship.

- **Expand your awareness of cultural diversity.** Building an awareness of cultural diversity will strengthen school personnel’s ability to teach as well as connect successfully with families. Marguerite believed that “a lot of teachers have never had ... training in multiculturalism or diversity.” Through effective staff development, schools can help personnel examine “the cultural base of their own belief system” in relation to children and families (Harry 1992, p. 23), and how these beliefs affect relationships.

Harry and colleagues emphasize that cultures are greatly influenced by generational status, gender, social class, education, occupational group, and other variables (1995, p. 106). Such an approach to professional development will help personnel be aware of the cultural lenses through which they make judgments about children and families.

- **See individuals, challenge stereotypes.** A few parents felt that some teachers made assumptions about them and their parenting skills simply because their child had a disability. Doria saw some of these attitudes arising from a lack of understanding of some types of disabilities such as emotional disturbance. Marguerite felt that school personnel frequently “lumped parents together”—working from inaccurate assumptions about single parents and parents who were not of European heritage. School personnel need opportunities to explore the impulse to stereotype, and encouragement and support to challenge this tendency in themselves as well as their colleagues.

- **Persevere in building partnerships.** While federal law requires school teams to invite parents into the planning process for their children with disabilities, the collaborative outcome envisioned by the legislation does not always materialize. Several parents thought that schools gave up too soon—that personnel were quick to dismiss parents who didn’t attend meetings, and were cynical about the possibilities for change. Parents felt that building partnerships took “commitment and vision over the long term. As one father stated, “The first year you make a decision to team with parents, maybe you’re not going to get all the parents ... but give it a little time, nurture it along.”

Parents suggested looking at how schools share information with parents, using more flexibility in setting up meeting times with them, and assisting parents in connecting with other parents who might share child care responsibilities to free one another to attend planning meetings.

- **Demonstrate an authentic interest in the parent’s goals for the child.** A first step in establishing dialogue is to connect with parents as individuals. Participants in the study commended some staff as very skilled in diminishing the psychological distance between parents and professionals. These teachers were able to create an atmosphere where parents did not feel that they had to “watch their p’s and q’s,” as one parent put it. Staff did this through their choice of language, as well as their interaction styles. Their interest in parents’ ideas felt authentic.

Parents also mentioned interactions that they viewed as evidence of an “expert syndrome.” In these cases, parents felt that the attitude coming from staff was, “You couldn’t possibly know what you’re talking about.” One parent described a critical distinction between those personnel who talk with parents as opposed to those who talk at them. Teachers can maintain their expertise as educators while fully acknowledging the information and insights held by parents. The interplay of these complementary roles can greatly enrich the outcome for students.

- **Talk with parents about how they want to share information.** Successful collaboration requires effective ongoing communication between home and school. Some parents thought that having one school person as the primary contact would be helpful. Several parents in this study did not want their primary contact to be a special educator, for fear that this would lessen the feelings of ownership on the part of the general educator for the child’s progress. Yet consistent communication with a person who really knew the child and his or her unique learning characteristics was important.

Teachers need to ask parents which school representative they would like to communicate with, how frequently, and through which means (for example, combinations of meetings, phone calls, and written communication). Moreover, parents’ preferences for involvement may change over time given a variety of factors such as the child’s age
and the family's circumstances.

Several families found home visits by school staff very helpful. Parents felt that opportunities to visit with children in their homes might give staff insight into children's capabilities that had not been demonstrated at school.

- **Use everyday language.** Parents often felt excluded from the planning process when professionals used unfamiliar educational terms when discussing test results, staffing patterns, and ways of organizing and identifying services. One parent referred to this practice as "blowing all that smoke." As another put it:

  What does it mean "30 minutes three times a week," "one plus one," "parallel curriculum"?... When you do that stuff you just close out the parent. As soon as you use language that's exclusive of parents, they're gone.

It is an unfortunate irony that in order to graduate from many teacher preparation programs, preservice teachers must master a professional lexicon that ultimately creates significant barriers to being effective in their professions.

- **Create effective forums for planning and problem solving.** Yearly review meetings, mandated by law, are held for each child with an Individualized Education Plan (IEP). During these meetings, school personnel and parents (and students at the secondary level) review assessments, make placement decisions, determine children's services, and identify individual goals. The parents I interviewed described these formal meetings as some of the most difficult interactions they experienced during the year. They used such phrases as "very intimidating" to describe them, adding that they felt at times like token participants in discussions about their children.

In contrast to these formal yearly reviews, at least six of the children involved in this study were the focus of regularly scheduled team meetings, composed of teachers, parents, related service providers, and occasionally teaching assistants. Although evaluations of these meetings varied greatly, parents indicated that, compared to the formal meetings, they felt more comfortable discussing their children in an atmosphere that recognized achievements, friendships, interesting stories, and humorous anecdotes.

!!! **Successful collaboration requires effective ongoing communication between home and school.**

As one mother put it,

When we go to team meetings, a lot of times it is a celebration. That's how it feels. By George, we're doing something right here—it's working!

The literature offers direction for districts interested in developing their expertise in the arena of team planning for individual children (Giangreco 1996, Giangreco et al. 1993, Thousand and Villa 1992).

- **Build long-term schoolwide plans that offer full membership to all children.** Several of the parents I interviewed had advocated extensively for a general class placement for their child. Schools will not become proficient in building alliances with these families until general class membership, with adequate supports, is the norm for children with disabilities. These findings reinforce calls from parents and others in the educational community for districts to develop long-term schoolwide plans to offer full membership to all students, not just set up programs for children in response to the requests of individual parents (Gartner and Lipsky 1987, Stainback and Stainback 1990).

Teachers can actively support such restructuring (with appropriate safeguards to ensure adequate resources). Such efforts will result in inclusive settings becoming available to those children whose parents are not in a position to pursue such extensive advocacy actions.

'Parents' names are pseudonyms.

**References**


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Think for a moment about the difference between leaning forward and bending over backwards. I’m sure you’ll note right away that leaning forward comes pretty naturally, while bending backwards seems to go against the grain and is a whole lot harder. Even though our bodies are built for leaning forward, a lot depends on how flexible we are in the first place, and how much practice we get, since flexibility is something that can be developed. For some people, any bending at all induces considerable discomfort, while others have a much greater tolerance for this exercise. It’s true that, for all of us, there is a point at which bending becomes uncomfortable and a point at which it becomes unreasonable. But any yogi will tell you that the limits of our bendability are far greater than we think, if we know how to do it.

I’d like to suggest a guideline for working with families: If I feel like I’m bending over backwards in working with families, then I’m probably doing something wrong! Not only am I doing something unnatural, but, by bending backwards, I’m actually looking away from the person I’m trying to help. In this essay I want to focus on how we can learn to help in a way that feels right, even if it hurts a bit, and in a way that keeps our attention focused on our target.

Our first efforts at bending are always hard, and the spots that hurt most are the ones we seldom use. In applying this principle to families, I believe that the sorest spots appear when we’re trying to work with families who look very different from ourselves. The spots that hurt most are those that reflect deeply held beliefs—so deep that we’ve forgotten that they really are beliefs. We’ve come to think of them as universal truths that ought to be obvious to any right-thinking person. This makes it very hard for us to listen to beliefs that differ from ours, because we instinctively hear them as wrong. I’m going to give you some examples, and the point I’ll be making throughout this essay is that, if we begin by focusing on the fact that our values are belief systems—not facts, if we remember the relativity of our own perspectives, it will be much easier to respect beliefs and practices that seem very different from our own.

I’m going to divide my discussion of beliefs into four types and will illustrate my points with examples from my own teaching and research with families. First, I’ll give examples of beliefs about groups of people—stereotypes we hold, based on generalizations about groups. Second, I’ll discuss beliefs
about what *disabilities* mean and how we value or devalue them. Third, I'll address beliefs about parenting skills—what makes a good parent. And fourth, I'll discuss beliefs about goal setting—the values on which we build goals. I'll end by suggesting some steps for developing greater awareness of our sore spots to develop greater flexibility in our work with families.

**Beliefs About Groups of People**  
I want to illustrate some of the problems of working with families who have been negatively stereotyped by society. For the past 6 years, I have taught graduate and undergraduate courses in working with families of children with disabilities. The courses have had a very practical emphasis. The students have been required to attach themselves, for the semester, to a family with whom they must conduct three assignments. First, they must conduct an informal but in-depth interview concerning the family's view of their child's difficulties and of the special education services they receive. This interview is to be conducted in the family's home, unless the parents prefer to do it elsewhere. In the majority of cases, the parents do agree for the student to come to their home. The second assignment for the semester is to observe the family's IEP/IFSP or another conference with school personnel and participate in a community activity with the family (e.g., accompany the parents to the grocery store, the park, the library, church, or sometimes simply visit their home for a meal). These assignments always go very well, and the students learn a great deal despite frequent, initial resistance from the school supervisors with whom the undergraduate students are placed for their practica. The graduate students have greater freedom, since they are usually part-time students who are also teaching, and who have the autonomy to choose and approach parents themselves. Since the graduate students have this autonomy, I require them to choose a family whom they perceive to be different from themselves in terms of race, culture, nationality, or, at least, social class. I say perceive, because, of course, students sometimes find that their assumptions about people's race or culture were quite wrong!

Four years ago, I had the good fortune to have a short paper, written by three of these students and myself, published in *Teaching Exceptional Children* (Harry, Torgerson, Katkavich, & Guererro, 1993). In this paper, the students described the negative stereotypes they found themselves holding as they approached the families they were to work with. The following quotation from the two students who visited African American parents illustrates this issue:

*Jonas’s story: Finding a common ground.*  
I would describe my first encounter with Gail Grant's mother as “stepping into another world.” I have always considered my life experience to have been rather varied, but as I approached Gail’s neighborhood, I noticed a change that made me feel apprehensive. It was not a structural change—the stores, the houses, the cars still seemed familiar—but there was something about the people. They were doing normal things like pushing children in strollers, walking from the metro station, and riding bicycles, but they were all different from me—they were all African American.

Some part of my subconscious kept telling me to keep my eyes open, to see whether I could spot another white person, as if such a discovery would somehow reassure me that I was not in the wrong place and that I was safe. I vividly remember having these thoughts while at the same time laughing at myself and thinking, “Man, you're nuts! What are you afraid of?”

As I arrived at Ms Grant's front door, my thought quickly moved to the challenge of the task at hand. I was about to strike up what I expected to a rather intrusive conversation...
with a complete stranger about some of her personal family traumas. My heart was racing, and I braced myself.

As I stepped into their home, I saw Ms. Grant's two young daughters walk past me and run upstairs, the elder carrying a screaming baby, their youngest sibling. They had just been told to put the baby to bed. I said, "Hi", as they passed, and they smiled, continuing about their responsibilities. I stood in the dining area and watched as Ms. Grant wiped the dining table with a cloth, then invited me to sit down. I began to calm down as I realized that this was just a family with young children, doing average family things. The things this family had been through, however, were not so "average". The oldest son is a convicted juvenile sex offender, who assaulted two young girls and has been incarcerated for 2 years.

I had tried to condition myself to meet with a family who had suffered this sort of trauma, but I was nervous. How do you talk to a mother whose son has committed such horrible crimes? As I listened to Ms. Grant talk about her family's concerns, the literature we had read in class began to come alive. Ms. Grant was experiencing the same concerns all families must face. We spoke of health care, networks of friends, in-laws, religion, and, of course, stress and trauma. I realized that culture, race, and socioeconomic status may change what a family's activities look like, but they are essentially the same things that every family in every cultural group must do.

As we talked, my petty anxieties dissipated, and I saw that she was a mother like any other mother, trying to do the best for her family while coping with some hard realities. I began to admire her for her composure while she wrestled with the mixed feelings of fear, anger, and love she had for her son - her first child, who now faced an uncertain future.

At the end of the interview I felt embarrassed about my irrational concerns, and to some extent, I feel embarrassed now to admit them. My work with Ms. Grant helped me to learn that, although we may feel separate and apart from people who are not from our own cultural, ethnic, or racial group, we can readily find things that all people have in common. People have always been afraid of the unknown, and it seems that the best way to alleviate this sort of fear is to face that unknown." (Harry et al., 1993, pp. 50-51)

The next excerpt is from another co-author of this article. It's very similar to Jonas's, but she also expressed some different feelings. In this case, the parent preferred to meet my student at the school, but the student did drive around the family's neighborhood the weekend before the interview and expressed the same kind of concerns as Jonas. She describes herself as having grown up in a family with a lot of prejudice, especially against African Americans, but explains that she thought she had got past all that.

Marie's story: Facing my own stereotypes. Although I looked forward to the interview, it was not until I actually conducted it that I became aware of the numerous negative stereotypes that influenced my expectations of this meeting. First, Ms. Evans' personal appearance and manner were impressive, and I was surprised to find myself surprised. She was an attractive, nicely dressed young woman. She was sure of herself; looked me directly in the eye, and was comfortable talking about her son. The information she gave me revealed a strong woman who did not have much formal education but who was clearly intelligent and articulate. Even more surprising than her personal presentation was her intense personal concern for her children. Why was I surprised that she was as concerned about her children as I am about mine?

Another clue to my stereotyped expectations was my surprise at Ms. Evans's skillful and effective handling of her 2-year-old son, whom she brought with her to the interview. The toddler had gotten hold of a pair of scissors, and his mother convinced him in a calm and positive manner to hand it over to her. I realized that I had expected her to shout at
him or even slap him.

Yet another revelation came when Ms. Evans talked about the many relatives who comprised a strong network of support for her family, and about her older son's good relationship with his father, who did not live with them. I was stunned. I had pictured this mother and her children alone and isolated in an awful apartment.

This assignment taught me a lot about my student's family, but more about myself. I had fancied myself to be liberal and open minded, and I was amazed at the stereotypes lurking at the back of my brain. I had feared that the interview would be difficult because we would have nothing in common. Instead, I spent a couple of hours holding a discussion with a woman much like myself, who loved to talk as much as I do, especially about her children.” (Harry et al., 1993, p. 51)

You can see that these students were very brave in their willingness to have these papers published! They were learning about themselves and were willing to share their lessons publicly. The next year, something happened that made me wish I had waited 1 more year to publish this paper. I had an African American graduate student who wrote exactly the same kind of sentiments in her final paper, but from the opposite point of view. People are often surprised to learn that minorities have their own stereotypes of people perceived as “mainstream.” The following short excerpts are from Shelly’s paper. Shelly tells her story in a different tone from that of the two previous students; hers is rather humorously written, but the message is the same.

I was assigned to a family in a certain Maryland county, which I’ll designate XXXX. I could not fathom the thought of travelling to XXXX alone! One hears too often about how racist, backward, and “country” XXXX is. I actually told my family and friends about my assignment to travel to XXXX, and they could not believe it! Not only was it so far from my home, but it was unchartered territory for me or anyone I’m acquainted with. I graduated from college in Ohio, so I often passed through XXXX to get to the Pennsylvania Turnpike off of Route 70. My friends used to joke with me all the time not to stop in XXXX unless it was an absolute emergency, because they did not want to read on the front page of the Washington Post, “Black girl hanged by KKK on Route 70 in XXXX!” I truly believed and feared this! So this was the thought I had before visiting the family's home in XXXX.

When I finally arrived in XXXX I was surprised. It did not appear to be that bad, nor did it fit the description most African Americans felt. I actually saw Blacks at the student’s school and at the convenience store across from the family’s home. I could not believe it! I stared at them! They stared back at me! When I finally arrived at the home of my family, which was in a white, middle class neighborhood, they greeted me cordially. They didn’t seem to be uncomfortable around me at all. I was the one uncomfortable! However, once I realized they were ordinary people, I became more at ease and tried to disregard my prejudices and misconceptions. The foster mother was very nice. She divulged very personal information about her child and family. I did not think she would have, since I was a complete stranger and Black. Boy, was I wrong! I think she looked beyond my race and saw a person first and not a color. I must admit I did not do this. However, this experience really made me examine my values and beliefs and those of others. (Terry, 1994, p. 2)

These students’ statements show us just how isolated we can be in this very diverse country, how safe and uninformed within our own little enclaves of people like ourselves, and how hard it can be to step out of our own worlds.

Beliefs About the Meaning of Disability
The second aspect of leaning forward is learning to recognize the relativity of beliefs about the meanings of disabilities. For many years, I’ve been engaged in research with families

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from culturally diverse backgrounds. One of the trends in my findings has been the trouble that can arise when professionals and families hold discrepant views on this topic.

We all know what is means when a parent says, “My child is not retarded!” Or, “No! He does not have a learning disability!” Or, “There’s nothing wrong with my child!” Ah, yes! Of course! They’re in denial! We professionals learn our lessons well. We all know the D word when we see it. But I’m going to suggest a new D word for us to use: in disagreement. How’s that? The parent disagrees with us. That’s a lot different, isn’t it?

Let me explain what I mean about the notion of denial and disagreement. First, one of the points that has emerged from my research with families is what I’ve come to call different parameters of normalcy. For those of us in the most technologically advanced societies, the goal of delineating what is normal, separating it from what is not normal, and then trying to fix whatever the problem is has become big business. Our goal is to attain the norm, and our efforts to measure what constitutes that goal have become more and more restrictive and narrow. At the very least, our parameters of what is normal are often much narrower than those expected by people from less technological societies, and even from groups within our own society who, because of historical social patterns, may hold different expectations of what to expect for their children and themselves.

The notion of different parameters of normalcy has been vividly illustrated in my interviews with Puerto Rican and African American families. Classifications such as learning disability and mental retardation often create big problems in communication between professionals and parents who simply do not see their children’s differences as severe enough to be called “disabilities.” For the Puerto Rican parents I have interviewed, mental retardation was particularly problem-atic. For example, a grandmother whose own daughter had been labeled mentally retarded told me that the same thing was happening to her granddaughter and that she disagreed totally:

Now they’re saying the same thing about my granddaughter, but she has nothing wrong with her mind either. She behaves well and she speaks clearly in both Spanish and English. Why do they say she’s retarded?

Americans say that the word handicap means a lot of things, it doesn’t just mean that a person is crazy. But for us, Puerto Ricans, we still understand this word as “crazy”. For me, a person who is handicapped is a person who is not of sound mind, or has problems in speech, or some problem of the hands or legs. But my children have nothing like that, thanks to God and the Virgin! (Harry, 1992, p. 147).

This explanation was common among the Puerto Rican parents I interviewed. It is evident that there are two levels of discrepancy here. First, differential use of language, by which the parents did not discriminate between developmental delay and mental illness, so that “retarded” meant “crazy.” Second, there was also disagreement about whether the child’s differences were sufficiently severe to be called a handicap or disability.

I have found a similar disagreement among African American parents of low to middle income. One father offered the following definition of “mental retardation”:

To me it means like—that they’re slow. I mean, very slow, to the point where you seriously need some heavy personal attention.... But, I guess, in the school, the least bit of difference or whatever, they use that term. (Harry, Allen, & McLaughlin, 1995, p. 370).

It could be that for American parents who are working-class or poor, or whose ethnic group has traditionally been constrained to low status positions, expectations of what will signal personal success for their children may include a much wider range of occupations.
and economic levels than are typically expressed in schools, or held by middle class parents. This young father earned a stable living as a truck driver and could probably see no reason why his 5-year-old son, who was a bit slow in developing, would have any trouble earning an adequate living in adulthood. Personal success would not necessarily be tied to school success. Why should he be called “retarded”?

The concept of “learning disabilities” also showed the wider parameters used by the Puerto Rican parents. Parents would readily acknowledge that their children were having difficulty learning to read and write. On this point they did not differ from the professionals. They were concerned about their children’s learning and wanted them to receive extra help so that they could progress. However, in their eyes, this was not sufficient reason to describe the child as having a “disability.” Really, it’s obvious that only in a society that demands advanced levels of literacy would being unable to read become a “disability”! This is a prime example of how the notion of “disability” is decided upon by a society.

For several of the parents, the children who were being called “disabled” were already learning things their parents had not learned, such as speaking a second language or doing 4th grade math. They must have felt that if professionals say these children are retarded, what must they be saying about us, the parents?

This point was also tied to the fact that the Puerto Rican parents generally held a broader definition of the individual than do American professionals. For Americans, our emphasis on the individual makes it possible to conceptualize a disability as something that belongs only to the individual—an individual who exists here and now, at this particular point in time. For people who define the self more in terms of the family from whom one came, any definition of an individual is also a statement about the family. When this is tied to the fact that it is a community who decides whether a given condition is to be seen as a “disability” and how this condition is to be valued, the results can be quite dramatic. Here’s an unequivocal example.

In the Omaha World Herald, in 1991, there was a report of a Hmong child whose family had gone to court to stop local authorities from performing surgery on the child’s clubbed feet. The family explained that the Hmong’s belief was that clubbed feet represented a kind of reward for the tribulations that an ancestor had experienced in battle. The condition meant that the child and his family were blessed and that to interfere with this gift would bring disaster upon the entire community. The family won their case (Omaha World Herald, 1991).

This story brings us to a central underpinning of our current beliefs about disability; for us a disability is a physical phenomenon that can be investigated and treated by scientific methods. But this was not always so. Certainly the Judeo-Christian tradition was full of beliefs about disabilities being reflections of a spiritual condition, usually a condition of evil. When exactly did we stop believing that physical conditions might have a spiritual component? Many people do hold such beliefs, yet we have become so convinced of the truth of the scientific perspective that we often scoff at or are taken aback by other views.

To view a physical condition as beginning and ending with the physical or even to view it as being a phenomenon disconnected from one’s personal or family history, unless scientifically proven to be genetic, is but one more example of a belief, not a fact. To be aware of this relativity is to acknowledge the possible social validity of views that our gut reaction may tell us to disregard. When we note how relative all beliefs are to time and place, it becomes more and more difficult to disregard anything. Conversely, it becomes easier to respect the views of others, even though we

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may never agree with them.

**Beliefs About Parenting Styles**
The third set of beliefs is one that everyone has an opinion on, because it's one of the central activities of human life: being a parent. With parenting, there are some principles to which people are very seriously committed and which tend to arouse powerful judgments. Perhaps one of the most controversial is the issue of whether parenting should reflect authoritarian or democratic relationships between adults and children. The democratic mode is relatively new and is probably still a very Western phenomenon. This principle may be played out in how we speak to children, the extent to which children play a role in decisions that affect them, whether children are given choices for their own activities, and what types of discipline are considered acceptable.

My studies with African-American and Puerto Rican parents have given me many examples of views that I believe vary considerably from the views most professionals would express. For example, an African American mother in my research with parents of preschoolers (Harry, Allen; & McLaughlin, in press) related the following.

My mother chasti... (continued on p. 19)

Perhaps the most controversial aspect of child-rearing is the use of corporal punishment. One of the most widely promoted principles of modern American child-rearing is that verbal discipline is superior to physical discipline: We should not hit children.

But our beliefs about corporal punishment have changed dramatically over the past couple of generations. Once more, here's another belief that came directly from the Judeo-Christian tradition: Spare the rod and spoil the child. Most of our grandparents believed in and acted on this tenet. Yet are we really that much better than our grandparents? Are our children?

My point is not to advocate for corporal punishment nor to minimize the effects of neglectful or abusive parenting. My point is that we have become so imbued with the relatively recent doctrine of spanking being wrong that many of us immediately assume that spanking is an indicator of bad or at least inappropriate parenting. There are many individuals and many groups of people for whom spanking is still seen as an appropriate method of parental discipline. Yet professionals are taught that spanking cannot be condoned.

At a workshop I conducted in Hawaii, I shared with the participants a vignette from a research report (Kalyanpur & Rao, 1991) in which a group of African American mothers, specifying the difference between spanking and abusing, defended their belief in appropriate spanking. These mothers had not been involved in any charges of abuse; they were simply discussing the issue. A small group of very diverse professionals addressed this vignette and shared their responses with the whole group. They surprised everyone by reporting that their approach had been to turn to each group member and ask, “Do you spank your kids?” Everyone had said yes. Then they asked each other, “What would you tell...
these mothers if you were working with them?" All members replied that they would feel constrained to advise the mothers not to spank! The workshop participants pursued the implications of this discussion very vigorously, pointing out that the group’s report indicated a double standard by which professionals felt that it was OK for them to spank their kids, since they had good judgment, but that it would not be OK for “those parents,” since they “probably don’t know how to do it right”!

As professionals, how can we find ways to assist parents who do need our help, without punishing them for using methods that may well be very common in the population at large, but which the educational mainstream has decided are unacceptable? One approach is to seek ways to add to, rather than try to change, the parent’s repertoire of disciplinary methods, by suggesting alternatives in areas where parents express a need. For example, in discussing discipline with a parent who does use spanking, ask the parent if there are occasions on which this method doesn’t work. You’ll probably find that such examples come readily. This is the point at which the professional can be helpful in suggesting alternatives.

The point is this: One of the central underpinnings of beliefs about parenting style is the question of democratic versus authoritarian approaches. In our own culture, it is the “democratic approach” that is relatively new. For people from many other cultures, it is unheard of or unacceptable. If we can keep in mind the newness and relativity of our currently official, mainstream doctrine, it should be easier to maintain respect for parents who believe otherwise. After all, does anyone know for sure that the current belief will still be the official one two generations from now?

**Goal Setting**
The principles of independence and individuality are dear to the hearts of Americans and have a long tradition in the creative literature, in the political literature, and even in the statutes of our country. For early interventionists, these principles are reflected in decisions that must be made regarding developmental milestones such as weaning, sleeping alone, self-feeding, and numerous others. For professionals working with families of older students, the independence and individuality principles are commonly expressed in goals related to work, leisure, friendships, and residence.

Many parents are shocked by the notion that a newborn infant should sleep alone in a room. There are cultures in which parental feeding of a child continues, acceptably, up to the 5th or 6th year. Parents from culturally diverse backgrounds often express distress that independence on such dimensions is targeted by professionals as an important goal for their infants and toddlers, disregarding the family’s traditions and beliefs. Being aware of the widely varying practices from culture to culture on issues related to independence will be a great help in your attempts to show that you respect parents’ beliefs and wish to assist them in the areas where they really need you.

As I mentioned, goals related to independent living in adulthood are very common on IEPs for older students, and the topic is frequently raised with parents of such students. Yet, in my research, this proved a point of considerable concern for several families from non-American, or American minority backgrounds. In six of the seven families I recently worked with, (where the children ranged in age from 11 to 20), at least one parent in each family saw the issue of independent living as inappropriate, in some cases, a shocking suggestion. As I talked to the families about this, I found that concern for the young person’s safety was one central issue as was the concern that he or she should live with “someone who loves them,” rather than with strangers. Indeed, this was what they wanted for all their children, who were
expected to remain in the family home until marriage.

Closely related to the issue of independent living is that of family versus state responsibility for individuals. These issues are related because many people with disabilities may not be able to live independently without assistance from the state. In such instances, families whose value system is tied to a belief in life-long family responsibility may find the idea of independent living doubly unacceptable. A father from the Dominican Republic, whose 14-year-old son “Raul” has Down syndrome and whose family of nine children are very close knit, said:

As long as we're alive he'll be with us... When we're gone, our eldest son will most likely be the one to provide a home for him. I can't speak for these younger ones because they don't even know what they want to do with their own lives yet! But, no matter what, his brothers and sisters will never abandon him. (Harry, 1995).

A key word here is “abandon.” For this family, not to be responsible for a family member, and especially one who is particularly vulnerable, would amount to abandonment. The idea of strangers, in the form of the state or private agencies, being responsible for this young adult was out of the question. For this family, safety, love, and responsibility resided in the family.

This observation is directly related to the current debate in the U.S. about family values and about the burden on the public of individuals for whom the state has become responsible in one way or another. It's a fine line to tread, isn't it? On the one hand, we publicly espouse family responsibility, yet, because we see it as more “independent” for an adult to move out of the biological family, we consider it strange if a family with a disabled member doesn't want to let go.

**Suggestions for Practice**

As a conclusion to the issues outlined in this paper, let me suggest a few steps you can take to help you in your leaning forward practice. Maya Kalyanpur and I (in press) have developed these suggestions for what we call a posture of reciprocity.

We see this approach as a way of thinking that professionals can develop through practice. Our point is that when professionals find themselves reacting at a gut level to a point of view represented by parents' choice of goals or by their implicit or explicit rejection of our goals, we need not be embarrassed at our negative response, since we know that everything important to human beings is based on a value position—a deeply held belief. The question that should come to mind at this point is, “How can I build a bridge between this parent's point of view and mine?” Our five-step process will not occur in a discrete, linear fashion but can provide direction for the professional's thinking and interacting. It is a process that will move the dialogue forward, rather than ending in a stalemate in which we stereotype the parent as one of “those” who don't care, don't understand, or are just too different. We visualize the process as follows:

1. Identify the issues that divide you and the family you're working with.
2. Identify the underlying beliefs/values that bring you to your position on the issue.
3. Ask about the beliefs and values that underlie the family's practices.
4. Lay out both sets of beliefs explicitly for discussion, taking care to present them as two different but equally valuable points of view.
5. Begin your process of collaboration by seeking a point in the family's value system that you share.

Here's a simple example of how this might look in practice. Imagine an early interventionist working with the mother of a 2-year-old
who still drinks from a bottle and is spoon fed.

*Step 1.* In previous discussions with the mother the professional has set goals of self-feeding and weaning from the bottle on to a cup. However, the professional is frustrated that, even though the mother has never objected to the goals, she never seems to work on them. The professional realizes that they are stuck and decides it's time to move forward.

*Step 2.* The professional examines her own beliefs about weaning and concludes that the underlying principle is a belief in early independence. The importance of this principle seems so obvious to her that she has never asked the mother for her views on it.

*Step 3.* On her next visit, rather than asking the mother if she has been working on the goals, the professional introduces the topic of independence, explaining that she sees this as a very important concern in the training of a young child. She asks the mother to tell her how she sees the issue of independence. At first the mother is reluctant to disagree, saying that she realizes the professional knows best. The professional emphasizes that her concerns about independence may be very different from the mother's and that she really wants to know so that she can be of assistance in a meaningful way. The mother then replies that independence is not important to her at this point but that her main concern is that the child begin to develop attachments to individual members of the extended family.

*Step 4.* As the mother and the professional exchange their points of view, the mother expands on her concern. It turns out that she is very anxious to increase the child's interaction with one aunt in particular on whom the mother depends a great deal for moral support. Since independent feeding at this age is not normative in the family's cultural group, the mother argues that the aunt would be unlikely to reinforce the weaning. The early interventionist recognizes that family interde-

**Conclusion: Assume a Leaning Forward Posture From the Start**

You may argue that the foregoing example requires more time than the average early interventionist has. Further, it's well known that families from culturally diverse backgrounds are often reluctant to disagree with professionals and typically expect one-way rather than reciprocal interactions with "the experts." Certainly, it may take more than one conversation to convince parents that professionals really want to understand their point of view. However, I believe that most of the time and work needed comes at the beginning. If the agenda is explicitly based on dialogue and the professional's posture of reci-
proximity is clearly evident, the parent only needs to grasp this message once. Most parents will move quickly toward a mutual exchange. A great deal of time will be saved, which, otherwise, would have been spent in a process of increasing mutual frustration and misunderstanding.

I will end with a reminder: If you feel like you’re bending over backwards, it may be that you’re holding fast to your own belief while making concessions you don’t agree with or the basis of which you don’t understand. As you make these concessions, you’re actually turning away from the person you’re trying to help and your posture is easily perceived as one of condescension. You need to go back to your own starting point, note the cultural basis of that position, then lean toward the parent in order to grasp the basis of theirs. As you and the parent exchange your separate understandings, shared points begin to emerge on the spectrum. Your goal is to arrive at a point which, though it may stretch you, feels natural, and enables collaboration rather than alienation.

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Family-Centered Service Delivery

In the former medical way of delivering health care services, professionals looked only at the child, not the family. Then they told the family what to do. End of story. Today, demand for family-centered practices has evolved from the old service delivery style.

Family-centeredness, known also by names such as family-focused, family-oriented, family referenced, and family empowerment, reflects the words of poet Maya Angelou: “At our best level of existence, we are parts of a family, and at our highest level of achievement, we work to keep the family alive.”

Family-centered practices and policies are not restricted to the health care or disability fields. Social work, education, psychology, sociology, and occupational therapy also are embracing this form of service provision.

By trying to give families what they want, professionals facilitate families’ own power.

Key components. After reviewing 130 published sources in education, social work, nursing, psychology, occupational therapy, and related disciplines, Beach Center researchers found these key components of family-centered philosophy and practice:

- Focusing upon the family as the unit of attention
- Organizing assistance collaboratively (e.g., ensuring mutual respect and teamwork between team workers and clients)
- Organizing assistance in accordance with each individual family’s wishes so that the family ultimately directs decision making
- Considering family strengths (versus dwelling on family deficiencies)
- Addressing family needs holistically (rather than focusing on a member with a “problem”)
- Individualizing family services
- Giving families complete information in a supportive manner
- Normalizing perspectives (i.e., recognizing that much of what those receiving services are experiencing is typical)
- Structuring service delivery to ensure accessibility, minimal disruption of family integrity and routine

- Family-centered service delivery, across disciplines and settings, recognizes the centrality of the family in the lives of individuals. It is guided by fully informed choices made by the family and focuses upon the strengths and capabilities of these families.

Family-centered care providers acknowledge that each family member influences the family as a whole. To separate one from another is like trying to put together a puzzle without all the pieces. The child’s behavior, characteristics, and resources influence other family members and vice versa. As social work educator M. L. Allen said, “For most children in this country, the best investment in their future is an investment in a strong family.”

A new definition. Upon completion of the literature review and consultation with families and service agencies across the United States, Beach Center researchers came up with the following definition:
If It Works...

This particular place I went was a Head Start program. Head Start is a program that has a strong history of family involvement. They just were interested in getting feedback about how well they were doing.

"Because families live on a reservation, travel is a real problem. It is a gigantic reservation. People often have to drive over an hour to get to the program facilities from the nearest city or outpost. You drive, then—all of a sudden—here are three buildings: a mental health center, dialysis building, and Head Start.

"Because of distance then, they have to deliver services in a specific place and have restraints on hours for people to come. They can't go to families. But they do provide transportation to their building. Even though these factors make the program center-based, parents, when asked, said they viewed the services as family centered.

"Cultural competency is important in family-centered service provision. At the reservation, the majority of social workers are Native Americans who went away to school and came back. They understand their people.

"Those who were not Native American had to learn Sioux customs to be really accepted. They had to come to work willing to learn. There was a doctor there who now can speak the language of the Oglala Sioux more fluent than some of the younger Native Americans on the reservation. I also really wanted to know about them. For instance, they had a beautiful quilt on the wall, which I asked about. They told me the star points represented tribes within their tribe and other meaningful elements. They knew I was interested in learning about them.

"The Oglala Sioux feel people have to learn their customs to stay there and work. If not, people come in with the idea of change, instead of accepting the way things are on the reservation.

"They have people come in who can’t speak their language, can’t communicate, don’t want to learn, and then end up leaving. Families have to start from ground one again. This ruins service continuity.

"I didn’t go in there telling them what to do or what they needed to be doing. I also tried to be aware of the difference between my culture and theirs to see how my training materials and presentation would fit. Sometimes you have to change the materials to help families get services delivered to them in the way they want.

"On the reservation, I did two trainings on family-centered service delivery. One in the morning, the other in the afternoon for a total of 30 staff members.

"In these trainings, I presented the key element of family-centeredness and invited them to discuss their work with families, at both the case and organizational levels. They change things to fit them, which works for them. Evaluations indicated that the training stimulated staff members to view their work in new ways. They were doing an excellent job.”
# Measuring Family-Centered Practices

**Family-Centered Behavior Scale**  
**Who:** 443 parents/caregivers  
**What:** The development of a tool that programs can use to measure their family-centeredness  
**When:** 1994-1995  
**Where:** The Beach Center on Families and Disability  
**Relevant Findings:** The three most desired staff behaviors (according to families) were: listening to families, treating families with respect, and accepting families as important team members for a child. Families appreciated staff who did not judge families because of differences, did not blame parents for their children’s behavior, and did not criticize what parents do with their children.  
Families, according to the scale, least often received help from service delivery staff accessing support from other families, friends, and community.  
On all items, staff members whom participants rated "best" received higher family-centered scores than those rated "worst."  

To develop a scale that service delivery providers could use to measure their own family-centered practices, Beach Center researchers first reviewed existing literature, then defined family-centeredness based on their findings. This project grew out of an earlier Beach Center scale that focused on early intervention programs [see box]. Two groups, (1) parents who have children with special needs and, (2) professionals who work with these families reviewed and accepted the definition. The project's advisory committee of concerned stakeholders also approved the definition.  

The initial 32-item survey (in both English and Spanish) developed by the Beach Center was sent to 1,700 households. Parents and caregivers from 45 states returned the surveys to be analyzed. The survey was sent again to 250 participants to check the instrument's consistency over time. Most survey respondents were women (87%), white (68%), and living in two-parent households (72%). Participants had children with developmental delay (34%), mental retardation (32%), emotional or behavioral disorder (29%), or learning disability (29%).  
The three most desired staff behaviors (according to families) were: listening to families, treating families with respect, and accepting families as important team members for a child. Families appreciated staff who did not judge families because of differences, did not blame parents for their children's behavior, and did not criticize what parents do with their children.  
Families, according to the scale, least often received help from service delivery staff accessing support from other families, friends, and community.  
On all items, staff members whom participants rated "best" received higher family-centered scores than those rated "worst."  

Said Chris Petr, project director, "Judging from the responses, it appears that the Family-Centered Behavior Scale is meeting a real need in the field. The widespread adoption of the Family-Centered Behavior Scale also means that many service agencies are serious about improving family-centeredness. The Family-Centered Behavior Scale is currently being used in statewide evaluations of children's mental health programs in Florida and Kansas, and children's medical services in Arizona. It has also been recommended for adoption in a national evaluation of children's health systems change initiatives."  
To obtain the Family-Centered Behavior Scale, contact the Beach Center on Families and Disability, 3111 Haworth, University of Kansas, Lawrence, KS 66045. Cost is $35.00 and includes a camera-ready copy of the Scale in English and Spanish, a manual, and background information on the scale and family-centeredness. All orders must be prepaid.

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The 1991 Family-Centered Program Rating Scale was designed to evaluate early intervention programs. Extensive field testing at 56 early intervention programs in 10 states showed that parents and staff had similar opinions about the importance of program features, including: flexibility and innovation, providing responsive services, individualizing services, providing practical information, communication style, maintaining comfortable relationships, building collaboration, respecting family's decisions, respecting family's expertise and strengths, recognizing family need for autonomy, and building positive expectations. Many programs have since used this scale for self-evaluation, and other researchers have incorporated the scale into related studies.

Quality Indicators of Exemplary Family-Centered Programs

After a cross-disciplinary literature review about family-centered service delivery, Beach Center researchers used their findings to define the concept of family-centered service delivery:

*Family-centered service delivery, across disciplines and settings, views the family as the unit of attention, and organizes assistance in a collaborative fashion and in accordance with each individual family’s’ wishes, strengths, and needs.*

Key components of family-centered service delivery:

- Focusing upon the family as the unit of attention
- Organizing assistance collaboratively (e.g., ensuring equal, mutual respect and teamwork between team workers and clients)
- Organizing assistance in accordance with each individual family’s wishes so that the family ultimately directs decision making
- Considering family strengths (versus dwelling on family deficiencies)
- Addressing family needs holistically (rather than focusing on the member with a “presenting problem”)
- Individualizing services for each family
- Giving families complete information in a supportive manner
- Normalizing perspectives (i.e., recognizing that much of what those receiving services are experiencing is normal)
- Structuring service delivery to ensure accessibility, minimal disruption of family integrity and routine

For more information on family-centered service delivery, contact the Beach Center on Families and Disability, 3111 Haworth, University of Kansas, Lawrence, KS 66045, 785-864-7600, Beach@dole.lsi.ukans.edu. Source for this information:


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Tuning in to Families

Professionals who adopt a family-centered vision often must radically shift their thinking. This reorientation may require assessing one’s self and organization, creating support for family participation, providing staff and family training, and expanding program and fiscal flexibility.

As part of this self-assessment, an organization may use a scale, such as the Beach Center Family-Centered Behavior Scale, to measure its level of staff member family centeredness. Organizations and staff members may need to revise their policies so they include family-centered language.

For instance, staff should ask families how they wish to describe their own ethnicity. If a family prefers “First Nations” to “Native American” or “American Indian,” use “First Nations.” The family might be called “consumer,” “family,” “client,” “user,” or “participant,” depending on family preferences, instead of “patient” or “case.”

Physical space. Staff and families should work together in a welcoming area furnished also for children. Provide reading materials that interest the families served. Accessible service space for a range of consumers, convenient locations, and hours of operation that fit consumers’ needs are also necessary to ensure family centeredness.

Staff training. Initial staff-training needs may be identified through assessing an organization’s family centeredness and cultural competence.

Through professional workshops and literature, staff can begin to think of what it means to create partnerships with the families they serve.

From the start, involve families at all review levels and in planning processes. Include children with special needs and their family members in your team: They are your experts on family centeredness. Seek to enhance the family’s strengths and decision-making capacities.

Staff should listen, point out what the child and family do well, and not blame the family for the child’s problems. Staff should respect family beliefs, customs, and ways of doing things.

Instead of saying “How may I help you?” or “What kind of problems are you having with your child?”—questions that focus on what is wrong and place the professional in the position of expert—ask instead, “What brings you here?” to allow the family to start the story.

Listen to what families wish to share. Acknowledge and validate their experiences. The question “What is going well for you now?” builds on family strengths and helps identify resources that families already use.

Avoid technical language (e.g., “gross motor skills”) and acronyms (e.g., “LRE,” “IFSP”) that create barriers. Instead, professionals should be alert to using the family’s wording. (Sometimes, a staff member may have to ask families to clarify certain words.)

At meetings, staff should encourage family members to offer opinions, understand their rights, and comment on the service program itself. As part of service provision, staff should help the family get services from other agencies or programs.

Program flexibility. An organization wishing to be more family centered also may want to look into expanding its program and fiscal flexibility.

This flexibility can be achieved in several ways: By freeing existing program funds, reducing commitment to specific programs, tapping new funding sources, and contributing program funds to an interagency funding pool used for children and families whose needs are not met by existing community services.

Building on family strengths helps children with disabilities and families attain their goals and become more competent.
Family-Centered Statutory Policy

In the last two decades, state governments have enacted statutory policies that have empowered families who have children with disabilities. A recent example of such policies is state family support programs.

The Beach Center created the Family Policy Project to build on these policy developments and encourage states to make all of their statutory policies that serve families and children, whether they are generic or disability-specific, more family-centered.

The Family Policy Project evaluates state policies to determine the extent to which they incorporate family-centered principles. The project’s first report, *Integrating Family-Centered Policies Into Generic Services: An Evaluation of North Carolina Statutes*, was recently published and is available through the Beach Center’s publications catalog. The report evaluates North Carolina’s laws on the following:

- Mental health, developmental disabilities, and substance abuse services
- Family preservation
- Foster care and adoption assistance
- Guardianship
- Juvenile services
- Early Childhood Initiative

and recommends changes to these policies that would make them more supportive of families, particularly families who have children with disabilities. At the beginning of the project, Beach Center researchers reviewed family-centered literature and developed 22 quality indicators of family-centered legislation. The quality indicators included family-oriented principles, service-oriented principles, eligibility criteria, and a list of specific services families often need.

Next, the researchers analyzed specific laws, identified policies that reflected the quality indicators, and made recommendations for those that did not.

As a final step, the North Carolina Council on Developmental Disabilities and other experts from the North Carolina human services system reviewed project progress and offered comments.

Of the statutes reviewed, North Carolina’s Early Childhood Initiative, also known as “Smart Start,” was found to incorporate the greatest number of quality indicators for family-centered legislation.

The Initiative is a collaborative program that involves the state, local communities, public and private agencies, schools and families in providing early childhood and developmental services to preschool children and their families.

Beach Center analysts found that the Initiative’s greatest strengths were its provisions encouraging home-based, child- and family-centered services, staff development, family-based decision making, and need-responsive services. The researchers recommended amending the Early Childhood Initiative, however, to require local programs to provide specific services, individualized planning, informal supports, a dispute resolution process, and more consumer participation on local boards.

The largest section of the report is devoted to the North Carolina Mental Health, Developmental Disability, and Substance Abuse Act. The recommendations regarding these policies were numerous, including:

- Commitment to residential facilities should be defined as the most restrictive environment and statutory preference should be given to maintaining children in their homes with provision of appropriate services and supports.
- Child- and family-centered planning should be required to address the needs of the child with a disability and family.
- Incentives and training on the use of informal supports should be provided to families of children with disabilities.
- Area authorities (cities and counties that are responsible for coordinating public services in specific geographic areas) should be required to provide a basic level of home- and community-based services.
- The North Carolina Department of Human Resources should be required to provide training and technical assistance to area authorities. Current education and training programs should be more widely available and used not only at the pre-service level, but as in-service training.

(continued on p. 9)
Quality Indicators of Exemplary Family-Centered Legislation

After a literature review on family-centered policy, Beach Center researchers identified 24 quality indicators of family-centered legislation. If legislation authorizes and mandates the service delivery system to be family centered and need responsive, families can become more empowered. To increase family empowerment, state policies should include the following:

Family-Centered Principles
♦ Prevent out-of-home placement of persons with disabilities and provide home- and community-based care
♦ Merge formal and informal (e.g., friends, neighbors, extended family) family supports
♦ Promote family-based decision making and treat parents as collaborators
♦ Provide outreach to families, integrate families into communities, and reduce the negative impact of disability on people with disabilities, their families, and the community

Service-Oriented Principles
♦ Respond to family needs and individualize services
♦ Deliver services in the least restrictive environment
♦ Include home- and community-based services and encourage formal and informal family supports
♦ Coordinate services on state and local levels
♦ Be culturally sensitive and competent
♦ Provide current education, training, and technical assistance to staff, service providers, and service agencies.
♦ Be legally accountable to consumers of service
♦ Provide services and supports to families in a way that is cost-efficient and prevents the commitment of people with disabilities to care facilities

Service Eligibility
♦ All families with children with disabilities (at home or in a facility) under age 18 (and between ages 18-21 if living at home) should be eligible for state programs
♦ State programs should be available for all families with children who have disabilities with priority in eligibility for children with severe disabilities
♦ Eligibility requirements based on socioeconomic status should use broad criteria, because even in average-income families the economic and psychological stresses of caring for a child with a disability can limit typical family goals and activities

Specific Services
♦ States should provide alternative care arrangements (e.g., family respite, child care, sitter services, attendant care, homemaker services, camps, recreation services)
♦ States should provide services to support and educate families (e.g., family counseling, family support groups, parent training and support groups, sibling training and support
groups, futures planning, transition to adulthood planning, supported employment training, crisis intervention, case management and service coordination, information and referral, advocacy)

- States should provide specialized technology, equipment, or modifications (e.g., telecommunication devices, adaptive equipment, home and vehicle modifications, transportation costs to service providers, utility costs to care for the child at home)

- States should provide health-related services and equipment (e.g. special diets, behavior management, speech therapy, nursing care, skills training, dental services, home health service, evaluations and assessments)

- States should provide financial assistance (e.g., rent assistance, health insurance premiums, cash subsidies for items or services)

Advisory Councils

- Create advisory councils of parents and professionals to advise or monitor state fund expenditures for services to families and children with disabilities

People-First Language

- Use “people-first” language that refers to the person before the disability (e.g., boy with autism, rather than autistic boy) in all communication

This information is derived from work done by Beach Center researchers analyzing the degree to which state legislation authorizes family-centered services to families of children with disabilities. For more information on this research, please contact the Beach Center on Families and Disability, 3111 Haworth, The University of Kansas, Lawrence, KS 66045, 785-864-7600, Beach@dole. lsi.ukans.edu.

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(continued from p. 7)

The Project has already had a positive influence in North Carolina. In July, Rud Turnbull, co-director of the Beach Center, spoke to a group of North Carolina parents, agency staff, and policy makers regarding strategies for implementing the Project’s recommendations.

Marian Hartman, a planner, evaluator, and legislative liaison on developmental disabilities, stated that Turnbull’s remarks were well-received. “Rud did an excellent job of stimulating a discussion about how to move the state to a more family-friendly system of services and supports. The group was excited about continuing this effort and will be meeting again to discuss specific strategies for delivering change,” she said.

The Family Policy Project is currently evaluating Kansas policies to determine the extent to which they are family-centered. The results of this analysis should be published in fall 1997.
Beach Center Products

Family-Centered Practices in Early Intervention: Literature Review. Summarizes information concerning family-centered practices in early intervention programs and literature related to validation of family-centeredness. Also describes family-centered issues. 1995. $6.75. (12F)

Family-Centered Program Rating Scale. Evaluates family centeredness of early intervention programs to families. Consists of 59 statements about program features and staff member services with respondents rating each feature’s importance and the program’s performance on each. One scale is for providers, one for parents (in English or Spanish). (The User’s Manual is strongly recommended for optimal Scale benefits.)

Provider Scale. 1991. $1.30. (4F)
Parent Scale (English). 1991. $1.30. (5F)
Parent Scale (Spanish). 1991. $1.30. (6F)

Family-Centered Program Rating Scale: User’s Manual. Details information about Rating Scale, including rationale, instrument development, administration, scoring, interpreting, uses, and research study information. 1991. $5.65. (3F)

Quality Indicators for Exemplary Family-Centered Programs. Fact sheet. 1997. $5.0. (19F)


Research Brief: Family-Centered Behavior Scale. Summarizes research on Scale development (see 15F). 1996. $5.0. (16F)


Family-Centered Service Delivery: A Cross-Disciplinary Literature Review and Conceptualization. Reviews 120 articles in education, health care, sociology, and social work and presents a consensus definition of “family centeredness” and its characteristics. Includes practice, policy, and research implications. 1995. $6.25. (10F). This approach to service delivery, though theoretically simple, is a challenging one for professionals to implement, for it demands that we redefine many aspects of practice and shift the locus of control to the consumers of our services. It is important that we rise to this challenge if we are to fulfill the professional values that we espouse. (p. 57)

Send prepaid orders to the Beach Center on Families and Disability, 3111 Haworth, University of Kansas, Lawrence, KS 66046. Price includes postage.
How To:

Recognize and Acknowledge Family Strengths

Not so long ago, people thought that families were not strong enough to deal with disability and needed to have their relatives with a disability placed in an institution.

Today, the attitude has changed to the belief that families have many natural capacities, but may need support to act on their preferences, build on their strengths and personally care for their family member with a disability.

Every person and family has strengths. Sometimes you might not be aware of strengths because you are so busy dealing with life's everyday problems. When you increase your perception of personal strength, you can use your inner resources to handle any roadblocks that come your way.

The definition of a family strength is simple: A strength is whatever makes people glad about their family. Strengths include anything that others in the family do that:

- Enhances their own sense of well being
- Increases each other's opportunities to interact with others
- Balances individual needs with those of the rest of the family
- Keeps communication open and easy
- Helps them get the services and support they need from other people, school, agencies, etc.

Professionals believe strong families:

1. Communicate and listen
2. Affirm and support one another
3. Teach respect for others
4. Have a sense of trust
5. Have a sense of humor and play
6. Are spontaneous
7. Foster family meals and conversation
8. Encourage each other to develop own unique characteristics
9. Exhibit a sense of shared responsibility
10. Teach a sense of right and wrong
11. Are rich in rituals and traditions
12. Balance interactions among members
13. Share a religious or spiritual core
14. Respect the privacy of one another
15. Value service to others
16. Are active
17. Share leisure time
18. Recognize when they have problems and seek answers

Ways to Identify Strengths

- Talk with your spouse or with another parent. Have the person list strengths that he or she sees. You may be surprised at the insights that others bring to your own perceptions.

- Think of different ways to look at your family. For example, when you hear people talking about teenagers and driving accidents, it may be a positive for you to think of how you will never have those worries if your child does not drive. This view shift is called reframing.
Think of end results ("Tommy is eating better") and figure out what caused that result ("Dad is a great baker," "Mom is tolerant of the mess Tommy makes using his spoon," "Brother Andrew makes up those funny songs to sing when Tommy eats.").

Try not to compare what your child does with what other children can do. Look for and appreciate your child's own strengths and contributions.

Acknowledging Strengths

Family members may not be aware of their strengths. When someone acknowledges or points out the strengths, the person acknowledged gets an ego boost and is more aware of exactly what he or she is doing right.

When you acknowledge a strength, be specific about what you see and why that strength is helpful. ("Thank you for telling me when your little sister is doing something that may be unsafe. I am so glad that you care so much about her and that you help us watch her." "How nice that you have so many friends. So many people that can visit here and help out, if necessary.")

Let family members know what you appreciate about them. A good time to let every family member know his or her value is at a holiday, such as Thanksgiving when family members can tell what they appreciate about their family. New Year's Day might also be a good time to write a note to each person in your family to tell of your appreciation.

Your Own Strengths

Take care of yourself so you will have more energy for all the things you must do. Even 5-10 minutes of personal time a day can be beneficial.

Turn to others for support. We know that people who have the support of others, whether in a formal or informal group, generally feel stronger about being able to function successfully.

Work on building your sense of humor. People who can laugh at themselves or at their situation usually feel stronger when problems arise. Laughter can sometimes release negative tension physically and psychologically.

If you are interested in more information or other issues concerning families who have members with disability, please contact the Beach Center on Families and Disability at 3111 Haworth, University of Kansas, Lawrence, KS 66045 (913-864-7600) for products or technical assistance.

Other Beach Center "How To" guides you can order for $.50 each (including postage) are:

Get a Family-Friendly IFSP

Use Group Action Planning to Make Positive Changes in Your Family Member's Life

Begin Your Own Parent to Parent Support Program

Tell People What You Want

Better the School Day of Your Student Requiring Technological Assistance

Get Educational Services for Your Child Who Needs Technological Assistance

Reduce Challenging Behavior for Children With Disabilities


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Unit 3 Activity Sheets

Families and Cultural Sensitivity
Cultural Background Activity

In preparation for class discussion, you may use these questions to guide your responses to the activity around cultural sensitivity. Briefly think about and jot down ideas related to each of these questions:

1. What is your cultural heritage?

2. Do you identify with that culture?

3. What are some family traditions or practices related to it?
   - Food?
   - Music?
   - Holidays?

4. What, if anything, did your cultural background say to you about schooling, teachers, etc.?

5. What do you know about the cultural traditions of your co-workers and students?

6. What would you like to know?

7. In what ways did your culture affect your (or your family’s) participation in school?

8. Was there ever a time when the school or service provider acted in a way that was insensitive to your culture?
### Activity Sheet #7

**Importance of Families**

In the columns below identify the extent to which each statement is true for each group listed. Use the following key for your answers.

- **A** = Always (or Almost Always) True
- **S** = Sometimes True
- **N** = Not True

<table>
<thead>
<tr>
<th>STATEMENT</th>
<th>Students without disabilities</th>
<th>Students with disabilities</th>
<th>Your own family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families know certain aspects of their children better than anyone else.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Families have the greatest vested interest in seeing their children learn.</td>
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<td></td>
</tr>
<tr>
<td>The family is likely to provide the only adults involved with a child's educational program throughout his or her entire school career.</td>
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<tr>
<td>Families have the ability to positively influence the quality of educational services provided in their communities.</td>
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<tr>
<td>Families must live with the outcomes of decisions made by educational teams, all day, everyday.</td>
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</table>
CONFIDENTIALITY SCENARIOS

Directions: Several situations related to confidentiality that require a decision to be made are presented below. Read each of the situations and apply your school's policies in order to make a decision for each scenario. Then discuss your response with other team members.

Student to student

Sue is a new paraprofessional at Smith High School. She is 20 years old. Sue went to Smith High School as a student, so she knows many of the teachers and several of the students. Her primary responsibilities are related to supporting two students with moderate intellectual disabilities in several inclusive classrooms.

Sue is trying to figure out how to support the two students in their history class. She is very frustrated and has decided to solicit input from several other students in the class. She meets with the student's classmates during her lunch break and describes to the students without disabilities what she believes are the challenges and the learning priorities of the students with disabilities. The students without disabilities generate a wide variety of strategies that may potentially be supportive of the students with disabilities. At the end of the lunch break, Sue feels excited and very positive with the outcome of this informal lunch chat. As a matter of fact, she has decided to have lunch with these students once a week to solicit their ideas and feedback related to the educational program of the student with disabilities.

Discussion: Has Sue broken any rules about confidentiality? If so, which ones? How? What could she have done differently?

Key: In most schools this would represent a breach in confidentiality. Sue should have brought her questions and concerns to her team. It is inappropriate to discuss issues related to a student—with and without disabilities—with any other student. It is also inappropriate for Sue to establish ongoing meetings with students.

Faculty lounge talk

Brian is a paraprofessional who supports a student with severe disabilities in an inclusive third-grade classroom. He has been a paraprofessional in the school for about 5 years and is widely known and respected by other paraprofessionals as well as many faculty members.

CONFIDENTIALITY SCENARIOS  (continued)

Brian walks into the faculty lunchroom and sits down with several paraprofessionals and teachers. As he tunes into the discussion, he notices that the topic of conversation has to do with the student he supports. He hears several comments made about the student's family. As Brian is becoming increasingly uncomfortable, one of the teachers turns to him and asks, "Brian, is that true about Mrs. Smith?"

Discussion: How should Brian respond? What is Brian's responsibility in the specific situation? What is Brian's responsibility with his team afterward?

Key: Brian should respond. His response should explain that it would be a breach of confidentiality to respond to their inquiry. For example, he might say, "I'm not comfortable discussing the student's family life" or "It is my understanding that it would be a breach of confidentiality to discuss this type of information in this context." Brian should document the entire situation and discuss the incident with his team during the next scheduled meeting.

Community helpers

Pat is a paraprofessional who supports several students who have challenging behavior at the middle school. She has been a paraprofessional for many years. Pat is widely known in her community for her volunteer work at the local youth center.

One of the students that Pat supports attends the youth center regularly. One afternoon Pat notices that the student is beginning to have some difficulty managing some of his behaviors. Pat has learned several behavioral management techniques to support this student during school.

Discussion: What should Pat do? Should she intervene at the youth center with the behavioral management techniques that she learned at school? If so, when another volunteer asks her what she did and why she did it, should Pat describe the behavior management strategy?

Key: This situation is a bit more challenging. It is still inappropriate for Pat to discuss the specifics of the student's program with community members. As a volunteer who has responsibilities at the community center, Pat should approach the student's parents and voice her concerns. It is important to remember that Pat would do the same thing if the student did not have disabilities.
ADDRESSING CONFIDENTIALITY

Directions: Members of the education team need to meet to discuss the policies and procedures related to confidentiality as they apply to both students with and without disabilities, as well as their families.

1. How is "confidentiality" defined in our school policies?

2. What are the policies and procedures in this school related to confidentiality?

3. What are the expectations of the members of our team regarding confidentiality? How can our team support one another in maintaining respectful interactions and confidentiality in relation to the students and their families with whom we work?

4. How will we ensure that confidentiality is maintained in our daily work with students and their families?

5. What do we do when we are in situations in which we believe confidentiality is being breached? What are some phrases that we might use to remind another person of this issue?

The Paraprofessional's Guide to the Inclusive Classroom: Working as a Team
Unit 3 Forms

Families and Cultural Sensitivity

- Knowledge Review
- Cooperating Teacher
  Practicum Summary
- Evaluation Form
Directions: Read each question and circle the letter corresponding to the one item that you think is the best answer.

21. In which of the following situations is it acceptable to discuss information about an individual student?
   a) with parents of another student who has similar needs
   b) in a public place
   c) only with people in the school who have a reason to know the information
   d) with other paraeducators who do not work with the student but work with similar types of students

22. Which of the following is the best way to keep communication open between families and schools?
   a) giving appropriate advice
   b) carefully analyzing the family’s needs
   c) telling parents how to best raise their child
   d) using systematic questioning to get more information
   e) listening carefully to the perspective of the family

23. Which of the following is not a basic tenet of family-centered practice?
   a) It builds on the strengths and capabilities of families
   b) The purpose is to diagnose family dysfunctions
   c) Families have input into service and support decisions to ensure their relevance
   d) Services are standardized so all families get similar supports
   e) b and d only

24. Engaging in culturally sensitive practices means:
   a) understanding your own cultural biases
   b) knowing all about the culture of student with whom you work
   c) respecting different cultural traditions
   d) a and c only
   e) a, b and c
25. Which of the following is not true about the importance of family-centered services and cultural sensitivity?
   a) Families have the greatest vested interest in seeing their children learn.
   b) Families always know the most about their child's disability.
   c) Families must live with the outcomes of decisions made by educational teams everyday.
   d) The family is likely to provide the only consistent group of adults involved in the child's education throughout his or her school career.

26. When communicating with students with disabilities, it is important to:
   a) speak slowly and loudly
   b) use chronologically age-appropriate language
   c) convey sympathy about their disability
   d) a and b only
   e) b and c only

27. Family-centered approaches are based on the assumption that:
   a) families include a mother and father
   b) extended family members (e.g., grandparents, aunts, uncles) have a minimal role in educational planning
   c) families come in all different shapes and sizes
   d) step families and blended families are less effective than nuclear families
   e) a and d only

28. When interacting with a family member from a different cultural background than your own, it is important:
   a) for all communication to be in English
   b) to teach the family as many of the dominant cultural norms as possible
   c) to be non-judgmental about cultural practices that are different from your own
   d) a and b only

29. Cultural sensitivity is important because:
   a) it contributes to mutual cooperation and collaboration
   b) it ensures equality for all students
   c) it leads to a sense of belonging among students
   d) a and b only
   e) a and c only

30. Family-centered approaches are based on:
   a) fully informed choices by the family
   b) a focus on the strengths and capabilities of the family
   c) minimizing disruptions of family routines
   d) professionals making decisions that they believe are in the best interest of families
   e) a, b, and c only
Cooperating Teacher Practicum Summary

Unit 3: Families and Cultural Sensitivity

I. Brief Summary of the Unit

This unit provides participants with knowledge about the characteristics of family-centered practices and cultural sensitivity issues. It also addresses the paraeducator’s role with families, including the importance of confidentiality.

The content addressed in Unit 3 includes:

- The importance of “person first” language (including specific examples)
- Characteristics of family-centered philosophy and services
- Characteristics of culturally-sensitive practices
- The role of the paraeducator in facilitating family-centered practices and culturally-sensitive practices
- The importance of confidentiality protocols and policies

II. Practicum Requirements:

The practicum for this section has two categories of activities, each of which reflects a major portion of the content. These categories are:

(a) learning about confidentiality protocols and policies;
(b) clarifying family-school communication procedures.

For the practicum, select one activity in each of the categories to complete. (Note: The category of confidentiality has only one activity.) The paraeducator will discuss each with his/her cooperating teacher.

Confidentiality:

1. The paraeducator will find and read the following documents in his/her school:
   - the list of who has access to special education records;
   - the district’s requirements for confidentiality;
   - the notification to parents concerning the Family Educational Rights Privacy Act;
   - the building’s policies regarding communicating with parents of students.

After the paraeducator has completed reading the lists, summarize their key points as they affect the paraeducators position and discuss these with the cooperating teacher.
Family-school collaboration:

2. The paraeducator will find out from his/her classroom teacher and special educator the types of communication methods used for the student(s) with whom she/he works and describe the protocols for each. For instance, are daily "logs" sent home? Weekly progress reports? Once a month memos, daily phone calls, newsletters, etc.?

The paraeducator will decide with his/her team what information the team needs from the paraeducator on a daily basis (about student progress) in order to make effective, clear home-school communications. The paraeducator should try to emphasize what the student has done correctly and be especially sensitive to cultural and language issues that might affect communication.

The paraeducator will make a list of home-school communication guidelines for his/her own records along with a list or copies of home-school communication vehicles (newsletters, memos, phone calls, etc.). The paraeducator will share this with his/her cooperating teacher for approval.

3. The cooperating teacher will indicate that the paraeducator has completed the activities by marking a check next to the completed activities above.

Note to the Cooperating Teacher: It may be helpful for you to review the required readings for this unit. The readings are available in the paraeducator's Participant Manual.
Unit 3 Evaluation Form
Families and Cultural Sensitivity

Participant name (optional): ____________________________ Date: ___________

Directions: Please check the box next to the statement that best reflects your opinion regarding the following questions.

1. How important were the objectives for this unit?
   - very important
   - important
   - somewhat important
   - not important

2. How relevant were the required readings for this unit?
   - very relevant
   - relevant
   - somewhat relevant
   - not relevant

3. How understandable were the required readings for this unit?
   - very understandable
   - understandable
   - somewhat understandable
   - not understandable

4. How useful were the activities for this unit?
   - very useful
   - useful
   - somewhat useful
   - not useful

5. How understandable were the activities for this unit?
   - very understandable
   - understandable
   - somewhat understandable
   - not understandable

6. How would you rate the quality of the materials for this unit?
   - very high quality
   - high quality
   - fair quality
   - poor quality
7. How relevant were the practicum requirements for this unit?
   - very relevant
   - relevant
   - somewhat relevant
   - not relevant

8. How understandable were the practicum requirements for this unit?
   - very understandable
   - understandable
   - somewhat understandable
   - not understandable

9. What was the most important or useful thing that you learned from this unit?

10. Please use the rest of this page to make suggestions for improving the objectives, required readings, activities, and practicum requirements for this unit.
Unit 4

Characteristics of Children and Youth with Various Disabilities

Eileen CichoskiKelly
Participant’s Overview

Unit 4: Characteristics of Children and Youth with Various Disabilities

Brief Description of Unit

This unit will provide an overview of how certain characteristics of children and youth with disabilities may affect their learning and school inclusion. It will provide information and activities to assist paraeducators to facilitate instruction and create positive, inclusive classrooms for students with disabilities and their peers.

Hours of Instruction (in class format)

3 hours of instruction.

Unit Objectives

Key: K = Knowledge, S = Skill (Knowledge objectives are addressed through readings and class activities; skill objectives are addressed through practicum activities.)

1. Paraeducators will know how all children and youth are a) like all other children, b) like some other children, and c) like no other children. (K)

2. Paraeducators will know the common characteristics of children and youth with:
   a) autism
   b) deaf-blindness
   c) deafness
   d) emotional disturbance
   e) hearing impairment
   f) mental retardation
   g) multiple disabilities
   h) orthopedic impairment
   i) other health impairment
   j) specific learning disability
   k) speech or language impairment
   l) traumatic brain injury
   m) visual impairment including blindness (K)

3. Paraeducators will know how some disability characteristics may affect learning and inclusion of students with disabilities. (K)

4. Paraeducators will demonstrate knowledge of and sensitivity to disability characteristics of the students with whom they work. (S)
Preparing for and Implementing the Unit

Required Readings

Participant Preparation for Unit 4:
• Read the required readings prior to class.
• Based on the required readings write two questions that are relevant to you or your situation for discussion in class.
• Bring writing materials for note-taking and activities to class.
• Bring your Participant’s Manual to class.
• Review the practicum requirements for Unit 4.

Practicum Requirements

This unit has one required practicum activity, which is designed to be completed at the end of the course in a time frame established by the instructor. The paraeducator and his or her cooperating teacher will collaborate to complete those activities. Practicum checklists of the activities to be completed and skills to be observed can be found at the end of the manual. In the event that a practicum requirement is not appropriate for a paraeducator’s specific situation, alternate activities can be substituted based on negotiation with the cooperating teacher. The negotiated requirement must be approved by the course instructor.

Evaluation of Participant Learning

Participants are evaluated in three ways: (1) *Knowledge Review* quiz, (2) attendance and participation in class activities, and (3) completion of practicum requirements. In order to facilitate learning of required readings, participants will take the *Knowledge Review* quiz at the end of each class session and will receive immediate feedback in class. Participants are encouraged to review questions before class so they can be aware of them during class. This can improve a participant’s success on the quizzes.
Suggested Supplemental Resources

Books and Articles

Web Site
Disability Connections: www.disabilityconnections.org
Unit 4 Required Readings

Characteristics of Children and Youth with Various Disabilities

The required readings for this unit begin with an article by CichoskiKelly (2000), about the characteristics of children and youth with various disabilities and how these disabilities affect learning and inclusion. It includes all the major disability categories listed in the Individuals with Disabilities Education Act known as IDEA. This is a federal law that guarantees every child with a disability a "free, appropriate public education."

Next, you will find an excerpt from Houk & McKenzie (1988) on the developmental characteristics of children ages 5-13. This reading has been included to provide paraeducators with a summary chart that can serve as a reference point to better understand typical child development at specific ages. Paraeducators are encouraged to use the chart as a general reference, keeping in mind that all children and youth develop at individual rates that typically fall into general stages. The last reading is an excerpt directly from the Federal Register. It provides federal definitions of different disability categories. This reading has been provided as a resource for the paraeducator who may wish to know the exact terminology for a disability category. It should be noted that the information provided in the readings for this unit use terminology that is consistent with these federal definitions; however, states may use terminology that differs from these terms.
Characteristics of Children and Youth

Ways in which all children and youth are alike include but are not limited to the following:
- All children and youth have likes and dislikes.
- All children and youth have dreams and fears.
- All children and youth do some things well and struggle at other things.
- All children and youth can learn.
- All children and youth learn from one another.
- All children and youth learn from their environment.
- All children and youth can become participating and valued members of the community.
- All children and youth learn from taking risks and have the right to succeed and the right to fail as part of risk taking.
- All children and youth have unique personal strategies for learning.

Ways in which some children and youth are alike include but are not limited to the following:
- Some children and youth learn best with specialized instruction.
- Children and youth with disabilities have more in common with their peers without disabilities than they have differences.
- Children and youth without disabilities can learn from their peers with disabilities.

Ways in which children and youth are not alike include but are not limited to the following:
- All children and youth are individuals with unique characteristics and personal abilities.
- Individualized characteristics of children and youth with disabilities are different, even when they have the same type of disability.
- All children and youth are unique and develop at their own pace.

Characteristics of Children and Youth with Disabilities

Why labels are used to describe disabilities:
Society uses descriptors called "labels" to identify and distinguish people from one another. Educators use labels to identify students with learning, physical, and behavioral characteristics who need specialized instructional services. Some of these labels may be used to characterize a person throughout his or her life (e.g., blind) while others may be used
temporarily (e.g., speech or language impaired). Labels carry both positive and negative connotations. For example, Roos (1982) describes how the label “mentally retarded” has been the basis for developing and providing services to people but has also led to stereotyping, discrimination, and exclusion.

Even though labels may have negative associations, they are used in education because the current funding of many educational programs and social services is based on a label, which identifies the people who are eligible for those services. For example, a student who is having visual problems must be assessed and identified as having a visual impairment before special education services can be made available to him or her. Although this approach has many critics, it is the system under which we currently operate in the United States.

The danger with labeling is that once a person has been identified with a particular label, that label may become difficult to separate from the person. A person may be referred to as a “blind person” or as a “behavior problem” rather than a person with unique and exceptional abilities. Therefore, it is important that the paraeducator keep in mind that labels describe a set of characteristics, not a person. Knowledge of a student’s disability will tell the paraeducator very little about that student’s abilities.

The characteristics that are described in the following section are based on the federal definitions (*Federal register*, section 300.7, p. 12421) that schools must use to receive federal funding for special education services. Certain states use different labels to identify students with disabilities. For example, one state may refer to a student as having an “emotional disturbance,” while another refers to the same student as having a “behavior disorder.” Paraeducators may talk to their supervising teachers or their State Department of Education to learn what disability labels are used in their states.

**Definition of a child or youth with a disability:**

*The federal definition of a child or youth with a disability means a child or youth who has been evaluated as having autism, deaf-blindness, deafness, emotional disturbance, hearing impairment, mental retardation, multiple disabilities, orthopedic impairment, other health impairment, specific learning disability, speech or language impairment, traumatic brain injury, or visual impairment including blindness, and who, because of that disability, needs special education and related services. A child or youth who is identified as having one of the disabilities identified above may not be eligible for special education if he or she needs related services and not specialized instruction, unless the required related service is considered special education under a state’s standards (Federal Register, section 300.7, p. 12421).*
Characteristics of children and youth with autism:

*Autism refers to a disability, that significantly affects a student's verbal and nonverbal communication and social interactions, generally evident before the age of 3, that has a negative impact on the student's educational performance (Federal Register, section 300.7, p. 1242).*

- Characteristics often associated with autism include repetitive movements by the student, resistance to environmental change or change in routine, and an unusual response to sensory experiences (Federal Register, section 300.7, p. 1242).
- Students with autism have deficits in language, measured intelligence, rate of development, and responses to people, events, and objects. In some instances the characteristics of students with autism may seem similar to those of students with an emotional or behavioral challenge (Batshaw, 1991).
- Autism is not a common disorder; it is experienced by only one student in 10,000 (Salzberg et al. p. 1.16).
- The majority of students with autism are male (Batshaw, 1991, p. 152).
- It is not clear what causes autism; however, it is believed to have a genetic link impacting normal brain development. It is not caused by improper parenting, a commonly held belief in the 1950's-1960's (Batshaw, 1997 p. 426).
- Students with autism may also experience other forms of disability such as mental retardation and attention disorders (Batshaw, 1991 p. 429).
- Students with autism display characteristics that differ significantly from individual to individual.
- Students with autism experience severe difficulties in language, including expressive and receptive problems (Batshaw, 1997).
- Half of the students who have autism will not develop oral language; however, those students may use signs or gestures to communicate (Batshaw, 1991, p.153).
- A student with autism may have “useful” speech that consists mainly of repeating things he hears or reciting set phrases. These students may have difficulty starting or maintaining a conversation (Batshaw, 1991, p. 153).
- A student who has autism may display abnormal speech characteristics such as loud or soft volume, a rhythm that is monotonous (Batshaw, 1991, p. 153).
- Students with autism may experience impairments in social interactions and often will show little interest in others. These students may not display feelings of empathy or make eye contact. They have difficulty forming friendships and may not share feelings or common signs of pleasure such as smiling.
- A student with autism may have exceptional skills in certain areas, such as an ability to memorize volumes of information; however, the skill may have little practical application.
- Students with autism vary widely in their academic abilities. The most common difficulties are in speech and language. These students may experience little or no problems with motor skills (Batshaw, 1991, 1997).
Characteristics of children and youth with deaf-blindness:

Students with deaf-blindness have concurrent hearing and visual impairments, which, combined, cause such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children and youth with deafness or for children and youth with blindness (Federal Register, section 300.7, p. 12422).

Characteristics of children and youth with deafness:

Students with deafness have a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, which adversely affects a child’s educational performance (Federal Register, section 300.7, p. 12422).

- Students who are deaf from birth usually must receive information through an alternate source than speech unless they have learned to read lips (Hardman et al., 1990, p. 283).
- Deafness may be present at birth or may be acquired at any time during a person’s life.
- Hereditary deafness occurs in approximately 1 in 2,000 to 6000 children and youth (Batshaw, 1997, p. 249).
- There are more than 70 documented inherited syndromes associated with deafness, some of which occur later in a person’s life (Batshaw, 1997).
- Students with deafness learn concepts the same way their hearing peers do (Hardman et al., 1990, p. 282).
- Students with deafness generally have the same academic ability their normal peers have (Batshaw, 1997).
- The educational performance of students with deafness is often delayed in comparison to their peers, with reading and language the primary areas that present difficulties (Hardman, et al., 1990, p. 275).
- Students with deafness may experience associated social and psychological difficulties. The more severe the impairment, the greater the chance for isolation and a difficult adjustment.

Characteristics of children and youth with emotional disturbance:

Students with emotional disturbance demonstrate certain characteristics over a long period of time and to a marked degree. These characteristics include: 1) an inability to learn that cannot be explained by intellectual, sensory, or health factors; 2) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; 3) inappropriate types of behaviors or feelings under normal circumstances; 4) a general pervasive mood of unhappiness or depression; and 5) a tendency to develop physical symptoms or fears associated with personal or school problems (Federal Register section. 300.7, p. 12422).
• Students with emotional disturbances have severe emotional or behavioral problems that affect their ability to perform in classrooms.
• Several terms are used to refer to the condition of students with emotional disturbances, including: emotional disturbance, behavior disorder (BD), emotional and behavioral disorder (EBD), and severe emotional disability.
• Students with emotional disturbances may have low self-esteem and poor social skills.
• Students with emotional disturbances have individual strengths and areas of challenge with academic tasks. Some students may also have specific learning disabilities, while others have the ability to perform as well or better than their peers (it is important to remember that these students perform less well than their ability would predict in certain or all academic areas).
• Several continuously interacting factors including biology, culture, genetic make-up, cognitive ability and social and emotional skills are believed to influence the behavior of students with emotional disturbances. (Hardman, 1990).
• Students with emotional disturbances have few satisfactory relationships with parents, teachers, siblings, or peers (Hardman, 1990).
• Males are identified as having emotional disturbances more frequently than females, especially in elementary years (Hardman, 1990, p. IE 28).
• Students with emotional disturbances have difficulty adapting to their home, school, and community environments.

Characteristics of children and youth with hearing impairment:

• Hearing impairment refers to students who have an impairment in hearing, whether permanent or fluctuating, that has a negative impact on their educational performance but is not considered deafness (Federal Register, section 300.7, p. 12422).
• Hearing impairments may be present at birth or acquired at any time during a person’s life.
• Approximately 1.8% of children and youth under the age of 18 have a hearing impairment (Holt & Hotto, 1994; National Center for Health Statistics, 1994, in Batshaw, 1997, p. 248).
• Early detection of a hearing impairment can prevent or minimize the impact of the impairment on the overall development of a person (Batshaw, 1997).
• The majority of students with hearing impairments are able to use speech as the main source for acquiring language (Hardman et al., 1990).
• Students with hearing impairments generally have the same academic ability their normal peers have.
• The educational performance of students with hearing impairments is often delayed in comparison to their peers, with reading and language the primary areas, that present most difficulties (Hardman, 1990, p. 275).
• Students with hearing impairments may experience associated social and psychological difficulties. The more severe the impairment, the greater the chance for isolation and a difficult adjustment.
Characteristics of children and youth with mental retardation:

Students with mental retardation have significantly subaverage general intellectual functioning, which manifests during the developmental period and exists along with deficits in adaptive behavior and adversely affects a child's educational performance (Federal Register, section 300.7, p. 12422).

- The American Association of Mental Retardation (AAMR) (1992) clarifies the federal definition with the following points:
- Children and youth with mental retardation receive low scores on intelligence tests, typically an IQ score of or below 69, meaning a score that falls in the lowest 2.3% of the population.
- Children and youth with mental retardation also demonstrate limits in adaptive behavior. This means limitations in their ability to meet the standards for learning, maturity, personal independence, and social responsibility that would be expected of other individuals of comparable age and cultural group.
- Children and youth with mental retardation demonstrate deficits in intellectual functioning and adaptive behavior during the developmental period, or between birth and the eighteenth birthday.
- As with all children and youth, the intellectual characteristics and adaptive behavior of students with mental retardation vary widely from individual to individual.
- Students with mental retardation may need specialized instructional planning but can also benefit from general class instruction.
- There is controversy concerning defining different levels of mental retardation. Until recently, students with mental retardation were classified according to the degree of severity (mild, moderate, severe, and profound). The AAMR (1992) shifts the emphasis from the degree of impairment to the level of support required for the individual to function in an inclusive environment (e.g., limited, ongoing). What is important about this shift is a focus on the capabilities rather than the limitations of individuals with mental retardation.
- Children and youth with mental retardation may have additional impairments that affect the child's adaptive ability. One of the most common associated impairments is visual. Speech and language difficulties are also common. Other associated impairments include cerebral palsy, seizure disorders, feeding difficulties, psychiatric disorders, and difficulties with attention (Batshaw, 1997).
- Early identification of a developmental delay and early intervention are important for helping a child to fully develop to his or her potential.
- Most people with mental retardation require only limited support, and many are able to achieve economic and social independence (Batshaw & Shapiro, 1997, p. 357).
- Students with mental retardation may exhibit some characteristics similar to students with specific learning disabilities; however, the major difference is that students with a specific learning disability have definite strengths and limitations in academic areas, whereas students with mental retardation are below average in most academic areas.
Characteristics of children and youth with multiple disabilities:

*Students with multiple disabilities have concurrent impairments (such as mental retardation and blindness, or mental retardation and orthopedic impairment, etc.), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. This term does not include deaf-blindness (Federal Register, section 300.7, p. 12422).*

- Students with multiple disabilities represent about 2% of all students who have disabilities (Salzberg et al., 1993, p. 1.16).
- Students with multiple disabilities require specialized instruction which may require the skills of various professionals but as with all students, is based on the unique needs and abilities of each student.

Characteristics of children and youth with orthopedic Impairments:

*Orthopedic impairments that adversely affect a student's educational performance include those caused by genetic anomaly (e.g., club foot, absence of a limb), those caused by disease (e.g., bone tuberculosis), and those from other causes (e.g., cerebral palsy, amputations, burns) (Federal Register, section 300.7, p. 12422).*

- Characteristics of students with orthopedic impairments vary depending on the type and severity of the disability.
- Some of the more common orthopedic impairments include cerebral palsy, spina bifida and muscular dystrophy.
  - Students with cerebral palsy have both physical and neurological difficulties caused by damage to the nervous system before, at, or immediately after birth. These students experience difficulty with coordination, mobility, and balance. Many also experience difficulty with communication (Salzberg et al., 1993, p.1.11).
  - Students with spina bifida have a defect of the spinal cord, which occurs during pregnancy. In a small number of cases the defect can be corrected with surgery. Students with spina bifida may experience difficulty with motor skills, have weak muscles, or be paralyzed. Many require wheelchairs or braces to promote independence (Salzberg et al., 1993, p.1.11)
  - Students with muscular dystrophy experience deterioration of the muscles that are connected to the skeleton. The deterioration becomes more apparent with age, the disorder is progressive. These students experience reduced or limited mobility and movement of their muscles and limbs. (Salzberg et al., 1993, p. 1.11).
  - Students with orthopedic impairments may or may not have other types of disabilities as well. For example, a student may have an orthopedic impairment resulting in limited use of his hands and limited use of speech, but may not have any other disability. Some students with orthopedic impairments also have other disabilities such as a specific learning disability or a communication disorder.
• Academic ability is unique for each student with an orthopedic impairment. Some students have superior academic ability, while others experience difficulty in some or all academic areas.

• Some students with orthopedic impairments may require extensive physical support to help with mobility, including use of a wheelchair, while others may be physically independent.

• Students with orthopedic impairments may experience seizures, spasticity (difficulty using muscles for movement), have uncontrollable and involuntary movement of muscles, or have visual impairment (Batshaw, 1997).

• Several factors influence the overall impact of orthopedic impairments on students, including the age of onset, the degree of the impairment, the visibility of the condition, family and social support, the attitudes of others towards the student with the impairment, and the student’s social status with peers (Hardman, et al., 1990, p.IE 61).

Characteristics of children and youth with other health impairments:

Students with other health impairments have limited strength, vitality, or alertness, including heightened alertness to environmental stimuli that results in limited alertness with respect to the student’s educational environment, and:

• is due to chronic or acute health problems such as asthma, attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD), diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, or sickle cell anemia; and

• adversely affects a child’s educational performance. (Federal Register, section 300.7, p. 124220).

• Students with other health impairments may have limited mobility, depending on their illness.

• Students with other health impairments may get tired easily, deepening on their illness.

• Students with other health impairments may appear inattentive, depending on their illness (Institute on Community Integration, University of Minnesota, 1995).

• Students with other health impairments may experience social isolation due to stigma related to their illness and/or frequent absences.

Characteristics of children and youth with specific learning disability:

Students with specific learning disabilities have a disorder in one or more of the basic psychological processes involved in understanding or using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations.

• This includes conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

• This does not include learning problems that are primarily the result of visual, hearing, or motor disabilities; of mental retardation; of emotional disturbance; or of environmental, cultural, or economic disadvantage (Federal Register, section 300.7, p. 12422).
• Students with specific learning disabilities have average to near average intelligence but do not perform at an academic level that corresponds with their expected ability.
• Students with specific learning disabilities have deficits in the areas of information processing (how the brain takes in, stores, and gives out information), perception, memory, or attention.
• Students with specific learning disabilities secondarily may also experience social and emotional difficulties, which may be a result of school failure.
• Students with specific learning disabilities experience difficulties in learning that cannot be attributed to environmental disadvantage, mental retardation, sensory deficits, or emotional or behavioral disabilities.
• Students with specific learning disabilities experience individual differences (e.g. may be average or above average in math but have difficulty reading).
• The most common form of a specific learning disability is specific reading disability, accounting for roughly 80% of students with specific learning disabilities (Roush, 1995, in Batshaw, 1997).
• Specific learning disabilities may exist in one or more of the following areas: oral expression, listening comprehension, written expression, basic reading skills, reading comprehension, mathematical calculation, and mathematical reasoning.

**Characteristics of children and youth with speech or language impairment:**

• *Students with speech or language impairments have a communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment that adversely affects their educational performance (Federal Register, section 300.7, p. 12422).*
• It is important to understand the distinction between speech and language:
  • Speech is the audible production of language which comes from the vocal tract and oral muscles.
  • Language refers to the messages contained in the speaker’s sounds. People from different countries and cultures use different languages.
  • Some languages are visual (e.g., sign language) and do not rely on speech at all (Batshaw, 1997).
• Speech impairments affect the ability to produce speech but not the ability to express or understand language.
• Speech impairments adversely affect communication of the speaker and/or the listener.
• There are many different types of speech impairment and differences in theories regarding causes and treatments (Hardman et al., 1990). Examples of speech disorders include but are not limited to:
  • fluency impairments (e.g., stuttering);
  • delayed speech (i.e., when a person speaks like someone much younger);
  • articulation impairments (e.g., pronouncing “r” like “w”);
  • voice impairments (e.g., such as very loud speech or a high pitch) (Hardman et al., 1990).
• Speech impairments are less frequent in the population as age increases (Hardman et al., 1990).
• Speech impairments may occur as isolated speech problems or together with language and other types of disabilities (Batshaw, 1997).
• Language impairments refer to serious difficulties in a student’s ability to understand or express ideas in the communication system being used (Hardman et al., 1990).
• Language impairments may include language delays (delays in the rate of development) or language disorders (interruption in the sequence development) (Hardman et al., 1990).
• Language impairments are commonly classified according to:
  • whether the impairment is specific to language or part of a cognitive disorder (such as mental retardation), and
  • whether a student’s comprehension or expression, or both is impaired (Batshaw, 1997).
• It is extremely rare for a student’s language development to be more advanced than his or her ability level (Batshaw, 1997).

**Characteristics of children and youth with traumatic brain injury:**

_Students with traumatic brain injury (TBI) have an acquired injury to the brain caused by an external physical force, which results in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child’s educational performance._

• The term applies to open or closed head injuries resulting in impairment in one or more areas such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical function; information processing; and speech.
• The term does not apply to brain injuries that are congenital or degenerative or induced by birth trauma (Federal Register, section 300.7, p. 12422).

• Traumatic brain injury is trauma that is serious enough to result in a change in the level of consciousness and/or anatomical abnormality of the brain (Batshaw et al., 1997).
• Severe head injury (with associated brain injury) is the most common cause of acquired disability in childhood (Kraus, Rock, & Hemyari, 1990 in Batshaw, 1997).
• Traumatic brain injury can be caused either by impact (a force that occurs when the head strikes or is struck by an object) or by an inertial force (when the brain undergoes a violent motion inside the skull). Most injuries include both impact and inertial components (Batshaw et al., 1997).
• Treatment for students with traumatic brain injuries includes initial medical treatment and subsequent rehabilitation. Rehabilitation may be provided in a hospital, rehabilitation center, or school.
• The goals of rehabilitation for students with traumatic brain injury often require the participation of medical professionals, allied health professionals, and educators.
• Students with traumatic brain injury may have impairments in one or more areas of functioning, including motor impairments, feeding impairments, sensory impairments, communication impairments, cognitive impairments, academic impairments, behavioral impairments, and social and family difficulties (Batshaw et al., 1997).

• Students with traumatic brain injury have behavior problems or learning difficulties. The distinguishing aspect of traumatic brain injury from other types of disabilities is that students experience extremely variable performance across academic subjects and continual change in performance over time (Batshaw et al., 1997).

• Prevention is an important consideration for students with traumatic brain injury since the effects of subsequent injuries can be cumulative (Batshaw, et. al., 1997).

**Characteristics of children and youth with visual impairment including blindness:**

*Visual impairment includes both partial sight and blindness even with correction, has a negative impact on a child's educational performance. (Federal Register, section 300.7, p. 12422).*

• Visual impairments may be present at birth or acquired at any time during a person’s life.

• Students with vision impairments including blindness may have difficulty with mobility.

• Large-and-small motor development may be delayed for students with visual impairments including blindness (Hardman et al., 1997).

• Visual impairments may affect the language development of students if they are unable to visually associate words with objects (Hardman et al., 1990).

• Students with visual impairments may have difficulty orienting to people because they cannot see them. In addition, these students may experience difficulties with manipulation of objects.

• Students with visual impairments generally have the same academic ability their normal peers have.

• The educational performance of students with visual impairments is often delayed in comparison to their peers, with reading and language the primary areas that present difficulties. (Hardman, 1990, p. 275).

• Students with visual impairments may experience associated social and psychological difficulties. The more severe the impairment, the greater the chance for isolation and a difficult adjustment.

**How Some Disability Characteristics Affect Learning and Inclusion**

**General suggestions for working with students with disabilities:**

• Remember that all students, including students with disabilities are unique and have individual abilities and areas of need.

• Avoid stereotypes in forming expectations about what a student with a disability can or cannot do.

• Allow students with disabilities to take risks. Make sure safety is considered, but be careful about overprotecting a student.
• Talk directly to a student with a disability, not to his or her wheelchair or interpreter, for example.
• If you can’t understand what a student with a disability has said, ask him or her to repeat it or use an augmentative approach (e.g., writing, gestures).
• Always treat a student with a disability in age-appropriate ways (don’t “baby” the student or engage in activities that are not common with his or her peers).
• Don’t patronize a student with a disability by praising him or her when he or she has not earned it.
• When speaking about a student with a disability, always put the student first and the disability second. For example, say, “student with a specific learning disability” or “child with autism.”
• Introduce a student with a disability the same way you would any other student—don’t refer to the disability and use his or her name.
• Don’t mention about a student’s disability if it does not have relevance to your point.
• Be a role model for other students and adults by showing respectful behavior toward the students you work with who have disabilities.

Introduction to how disabilities affect learning and inclusion:
The following section describes general ways that certain disabilities may affect a student’s ability to learn and be included in general education classes. Certain categories of disability have been combined (e.g., hearing impairment and deafness) when information is similar for them. The information presented is designed to give the paraeducator an overview of what may be possible for a student with a specific disability. Remember that all students with disabilities are unique and have individual learning abilities that may or may not be represented in the following section.

How autism may affect learning and inclusion:
• While students with autism have individual strengths and areas of challenge, most perform poorly in academic areas. Some may perform well in specific areas such as math or have specific exceptional skills such as memory (Batshaw et al., 1997).
• It may be difficult to assess whether a student with autism is comprehending material or language. Since these students often repeat what they hear, it may be misunderstood as comprehension.
• Some children and youth with autism have difficulty responding to complex language and need brief, clear phrases when communicating.
• Students with autism generally learn best with visual rather than auditory information (Hardman et al., 1990).
• Students with autism generally have limited behaviors and interests. They may be obsessive about routines such as eating the same food or eating at the same time each day. They may become upset if the routine is changed.
• Students with autism may have difficulty forming and maintaining friendships. They may have difficulty engaging in play or seeking comfort when hurt. They may also use toys in manners other than those for which they were designed.
• Students with autism may engage in self-stimulating behaviors such as head banging, rocking, or other self-injurious behaviors. These behaviors may isolate them from their peers, who may not understand what the behavior is trying to communicate.
• Students with autism can benefit greatly from education with non-disabled peers. Studies have shown that major barriers to social functioning may result from lack of opportunity and education as much the autism itself (Batshaw, 1997, p. 443).
• Students with autism are able to acquire new skills throughout their lives and may be able to be self-sufficient as adults.
• Communicating with students with autism may require finding new ways to communicate or learning the way the student communicates.
• Most students with autism benefit from a very structured classroom, clear and consistent expectations, regular and predictable class activities, and positive consequences for acceptable behavior.
• Students with autism enjoy class activities that are fast-paced and broken into simple units, taking shorter amounts of time to accomplish.
• Interactions with peers are important for helping students with autism to learn appropriate social skills. Peers may require assistance in learning effective ways of communicating with and responding to behaviors of the student with autism.

How deaf-blindness may affect learning and inclusion:
Refer to the sections “How hearing impairments or deafness may affect learning and inclusion” and “How visual impairments including blindness may affect learning and inclusion.” Deaf-blindness is a highly specialized field, in part because there are so few people who are deaf and blind. For more information about deaf-blindness, contact the Helen Keller National Center, 111 Middle Neck Road, Sands Point, NY 11050, (516) 944-8900.

How emotional disturbance may affect learning and inclusion:
• Students with emotional disturbances may exhibit behaviors that are not expected in the classroom, including: aggression, verbal threats, destruction of property, use of inappropriate behavior to get attention, irritability, and withdrawal. It is important to note that these behaviors do not occur all the time, but they may occur more than expected for the age of the student and have an impact on the student’s ability to learn (Batshaw et al., 1997).
• Students with emotional disturbances may become easily frustrated with an academic assignment but, instead of asking for help, may act out or withdraw because they lack appropriate social and problem-solving skills.
• Students with emotional disturbances often use inappropriate ways to get attention, such as talking back to adults, refusing to do work, or making jokes. These students may not know the appropriate ways to get attention, and may need to be taught them.
• Some students with emotional disturbances may have difficulty attending to a task or may seem anxious about work. These students may be experiencing feelings such as anger, humiliation, or despair and may require specific praise, support, and encouragement.
• Students with emotional disturbances may have difficulty trusting adults and peers. These students require consistent and fair rules and consequences.
• Students with emotional disturbances are at risk of dropping out of school by adolescence due to repeated academic and social failure (Hardman et al., 1990).
• Students with emotional disturbances can benefit from classes that are highly structured and have clear rules that are consistently enforced.
• Students with emotional disturbances may have poor self-esteem due to academic and social failure.
• Students with emotional disturbances need support to learn appropriate social and problem-solving skills.

How hearing impairment or deafness may affect learning and inclusion:
• Students with hearing impairment or deafness may use alternate forms of communication, including speech reading, sign language, communication boards, computers, and telecommunication devices that change verbal messages into writing.
• Students with hearing impairment or deafness may have difficulty following oral directions. They may require directions to be repeated frequently or communicated non-verbally (Hardman et al., 1990).
• Students with hearing impairment or deafness may experience difficulties with articulation of language. This may make it difficult for them to communicate and socialize with their peers.
• Speech and language are the areas most affected for students with hearing impairment or deafness. The vocabulary of these students is often limited; therefore, language statements (including written statements) are often shorter than those of their peers (Batshaw, 1997).
• Students with hearing impairment may require assistive devices such as hearing aids, which amplify sound, to facilitate oral communication skills.
• Students with hearing impairment or deafness may benefit from close-captioned television, which translates the dialogue from programs into subtitles that are broadcast on the television screen.
• Students with hearing impairment or deafness may use a telecommunication device to communicate over long distances or a teletypewriter and printer to communicate over the phone. They may also use technology such as e-mail to communicate over long distances.
• The social integration of students with hearing impairment or deafness varies. The inability to hear and understand may isolate some students from their peers. Some people with hearing impairments are active in communities specifically intended to provide mutual support among those with hearing impairment or deafness.
• Students with hearing impairment or deafness are often excluded from social activities, and perpetuate the misunderstanding that these students do not want to participate.
• Students with hearing impairments or deafness may need intervention to address difficulties with self-concept and feelings of inferiority.

Students without disabilities can assist with communication and socialization goals by learning the different ways in which students with hearing impairment or deafness communicate.
How mental retardation may affect learning and inclusion:

- Students with mental retardation may have difficulty with problem-solving activities or in learning new concepts. They may have difficulty paying attention, generalizing skills, remembering information, and using language (Hardman et al., 1990).
- Students with mental retardation may have limitations in adaptive behavior that make it difficult to relate to their peers. They may need support to make decisions and to carry out daily living activities such as eating, dressing, and toileting.
- Students with mental retardation may have difficulty with abstract concepts and require new information to be presented in many different ways and reviewed regularly (Hardman et al., 1990).
- Students with mental retardation can learn social skills from interactions with their peers and from modeling and feedback from adults.
- Students with mental retardation should be given specific directions, clear feedback, and praise to motivate and help them recognize success.
- Students with mental retardation may require information to be broken down and presented in small parts.
- Students with mental retardation may learn more slowly than their peers in academics, language, communication, and social skills.
- Students with mental retardation may experience problems with low self-esteem or low self-concept due to difficulty with learning.
- Students with mental retardation at all levels of ability can benefit from regular class education where opportunities for learning with non-handicapped peers is systematically planned and implemented.

How multiple disabilities may affect learning and inclusion:

- Students with multiple disabilities may experience a combination of factors, that relate to learning and inclusion, depending on the severity and types of disabilities.
- The paraeducator should consider how the student with multiple disabilities may be affected by each of those disabilities as, as well as the combination of (e.g., a student with multiple disabilities may experience social isolation from peers due to emotional disturbance and physical isolation from activities with peers due to a visual impairment).

How orthopedic impairments may affect learning and inclusion:

- Students with orthopedic impairments may receive support from several professionals to help facilitate educational goals. In addition to the classroom teacher and the special educator, professionals such as the occupational therapist, physical therapist, school nurse, speech and language therapist, and other health professionals may be involved in creating and delivering services.
- Some students with orthopedic impairments may require assistance to aid in mobility including physical lifting, transferring, or positioning. This needs to be given in ways that ensure dignity for the student and safety for the student and staff.
- Research has indicated that people interact differently with students who have physical challenges. People without disabilities tend to keep more physical distance, end conversations more quickly, feel less comfortable with direct conversations, smile less, have less eye contact, and display greater motor inhibitions. For these reasons, adults need to
provide role modeling for their peers, as well as for students including a positive attitude on the part of the classroom teacher (Hardman et al., 1990).

- Students with orthopedic impairments may require physical accommodations of classroom space to facilitate mobility for wheelchairs, walking aids, or prosthetic devices. Classrooms may also need to be arranged to accommodate the needs of a student returning from surgery.
- Students with orthopedic impairments may require assistive devices to aid in mobility and/or communication. Paraeducators working with these students should receive training in the use of such assistive devices.
- Some students with orthopedic impairments experience frequent school absences due to medical needs. In some cases, instruction may be provided in the student’s home or medical care facility.
- The social and career-related goals of students with orthopedic impairments are generally the same as those of their peers (Batshaw et al., 1997).
- The school’s physical environment may hamper the social and leisure activities of students with orthopedic impairments; therefore, consideration should be given to ensure that these students are able to access all the physical environments their peers can access.
- Students with orthopedic impairments may need classroom accommodations to facilitate educational goals including specific academic accommodations or accommodations for physical activities (e.g., scheduling a writing exercise at a time when the student has greatest control over motor functions).

**How other health impairments may affect learning and inclusion:**

- Students with other health impairments may experience emotional difficulties such as becoming defensive, withdrawn, depressed, anxious or hostile (Institute on Community Integration (UAP), University of Minnesota, 1995).
- Students with other health impairments may develop strong over-dependence on family members.
- Students with other health impairments may be socially isolated from their peers due to frequent absences or specific illness.
- Students with other health impairments may appear inattentive in class.
- Students with other health impairments may become easily tired.
- Students with other health impairments may have low self-esteem.
- Students with other health impairments may have economic difficulties due to extended illness (Hardman et al., 1990).
- Students with other health impairments may require academic and/or physical assistance to perform certain tasks but should be given opportunities to match their skills and abilities to those of their peers as their condition changes.
- Students with other health impairments may need accommodations to their class environment, such as greater access to restrooms and frequent opportunities to eat or drink.
- Students with other health impairments may experience side effects of certain medications. The paraeducator should become aware of when treatments are administered and the potential side effects.
• As with all students, students with other health impairments benefit from a positive, stable class environment that includes activities designed to match individual skill level.

**How specific learning disabilities may affect learning and inclusion:**

• Students with difficulties in visual perception may have trouble discriminating shapes, letters and symbols. Perceptual difficulties may also result from students reversing letters and numbers. These students may have trouble distinguishing left from right and symbols such as a plus sign from a times sign. This makes activities such as copying from the board, reading, spelling, and writing difficult (Hardman et al., 1990).

• Students with difficulties in auditory discrimination may have trouble discriminating among sounds, following multi-step directions, and expressing themselves verbally (Hardman et al., 1990).

• Students with information-processing difficulties may have trouble comprehending what they read or hear. This may result in a student taking more time to answer a question or solve a problem (Hardman et al., 1990).

• Students with memory deficits may have difficulty remembering visual or auditory information, or both. They may have difficulty following directions and may be viewed as being non-compliant (Hardman et al., 1990).

• Students with difficulties in attention may appear to be distracted. They may pay attention to several things without being able to focus on what is most important. Additionally, they may have short attention spans. These students may have difficulty staying on task and attending to classroom rules and routines.

• Students with specific learning disabilities who experience school failure may have difficulties with motivation and may become frustrated, angry, or withdrawn.

• Students with specific learning disabilities often experience reading problems, particularly in the areas of word knowledge and recognition, the use of context clues, background knowledge, and the ability to identify important text in the material (Batshaw, 1997).

• Students with specific learning disabilities often have difficulty in mathematics, especially in the areas of counting, writing numbers, and solving problems (Hardman et al., 1990).

• Students with specific learning disabilities may have difficulties in social skills. They may be socially isolated, have few close friends, and be reluctant to participate in social activities. These students may be overlooked or rejected by their peers due to poor social and academic behavior.

**How speech or language impairments may affect learning and inclusion:**

• Students with speech or language impairments may have difficulty being understood by adults and their peers.

• Students with speech or language impairments may receive direct instruction in speech or to learn or relearn acceptable voice production.

• Students with speech or language impairments may require surgical treatment (e.g., to repair a cleft palate or alter a jaw structure).

• Students with speech or language impairments may use prosthetic appliances such as
- Treatment for students with language impairments generally addresses learning language or relearning language (Hardman et al., 1990).
- Students with speech or language impairments may experience frustration with academic tasks due to difficulties understanding language or communicating.
- Students with speech or language impairments may experience social isolation from their peers due to difficulties with communication.

**How traumatic brain injury may affect learning and inclusion:**
- Students with traumatic brain injury may experience academic, behavioral, and interpersonal difficulties (Batshaw, 1997).
- Students with traumatic brain injury may need assistance with motor tasks, feeding, and communication skills.
- Recovery and outcomes for students with traumatic brain injury depend on schools being prepared to care for these students.
- Students with traumatic brain injury require flexible school services since the student’s recovery may continue over time. For example, an educational approach that works well in October may no longer be effective by January (Batshaw et al., 1997).
- Students with traumatic brain injury may experience significant behavior changes such as inattention, decreased activity level, irritability, impulsivity, frustration, apathy, aggression, and/or social withdrawal (Filley et al., 1987).
- Students with traumatic brain injury often develop problems with their peers as a result of behavior changes and may require counseling or behavior management (Batshaw, 1997).
- Families of students with traumatic brain injury may experience challenges even greater than families of a child with another kind of disability, particularly if the student was under a parent's supervision when the injury occurred. Siblings of students with traumatic brain injury may also experience feelings of guilt that they were left unharmed or failed to protect their brother or sister.
- Families and educators may neglect mild impairments especially if the student with traumatic brain injury recovers well. Educators should be careful not to expect typical achievement if subtle impairments persist. This will help to avoid problems with frustration, and difficulties with learning (Batshaw et al., 1997).

**How visual impairment including blindness may affect learning and inclusion:**
- Students with visual impairments including blindness are unable to rely on their sight for learning and use other senses such as touch and hearing to learn. This includes learning speech by other means than visual imitation.
- Students with visual impairments may have difficulty seeing materials and objects such as a blackboard, overhead, or teacher. These students may need to have special seating arrangements and lighting or magnifiers.
- Students with visual impairments including blindness may use optical aids to facilitate their ability to take in visual information.
- Students with visual impairments including blindness may use a variety of assistive devices to help take in information, including raised-line Braille systems, scanners, auditory media such as reading machines, talking calculators, and audiotapes.
• Students with visual impairments including blindness may need assistance getting from one place to another. They should always be asked first if they require assistance. Maintaining a consistent physical arrangement of the classroom is also important for helping these students gain independence in mobility.

• Students with visual impairments including blindness may be unable to imitate peers’ physical mannerisms and have difficulty developing body language that is socially appropriate (Batshaw, 1997).

• A student with a visual impairment including blindness may be misunderstood by a person with sight because their visual cues may not be consistent with what they say.

• The social integration of students with visual impairments including blindness varies. The inability to take in information visually may isolate certain students from their peers.

• Students with visual impairments including blindness are often automatically excluded from social activities, which perpetuates the misunderstanding that they do not want to participate (Hardman et al., 1990).

• Students with visual impairments including blindness may need intervention to address difficulties with self-concept and feelings of inferiority.

References


University of Minnesota, College of Education and Human Development Institute of Community Integration. (1995). Module six: Working with individuals who are medically fragile or have physical disabilities Minneapolis, MN: Author.
# CHILD DEVELOPMENT

Children develop in predictable stages of cognitive, physical/sensory, social/emotional and language development. This development does not necessarily proceed evenly and is affected by such factors as: heredity and the environment. The following chart describes some general characteristics of developing children:

## 5 Year Old

<table>
<thead>
<tr>
<th>Physically:</th>
<th>Emotionally:</th>
<th>As a Learner:</th>
<th>With Others:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• has good general motor control</td>
<td>• affectionate with others</td>
<td>• has short attention span</td>
<td>• capable of having, keeping friends</td>
</tr>
<tr>
<td>• girls usually about a year ahead of boys in physical development</td>
<td>• fluctuates between dependency and growing independence</td>
<td>• language is growing more complex</td>
<td>• is mainly a family member: likes to help parents</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• displays some infantile articulation in speech</td>
<td>• impatient for turn</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• anger may be displayed in temper tantrums</td>
<td>• aware of rivalry with others for attention</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• very curious</td>
<td>• tends to be poor group member because of tendency to be tattletale</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• purposeful and constructive: decides on actions before beginning them</td>
<td>• can be demanding in groups</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• creative and imaginative</td>
<td>• has difficulty recognizing ownership: pulls, grabs, or takes from others</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• enjoys experimenting with new materials</td>
<td>• talks freely: may have difficulty listening to others because of eagerness to share own experience</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 6 Year Old

<table>
<thead>
<tr>
<th>Physically:</th>
<th>Emotionally:</th>
<th>As a Learner:</th>
<th>With Others:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• easily fatigued: needs up to eleven hours sleep</td>
<td>• craves praise: rejects correction</td>
<td>• full of curiosity</td>
<td>• wants to play with other children</td>
</tr>
<tr>
<td>• lacks development of small muscles</td>
<td>• easily discouraged</td>
<td>• interested primarily in self</td>
<td>• likes to play with other children</td>
</tr>
<tr>
<td>• very active</td>
<td></td>
<td>• lives in the present</td>
<td>• likes group play, but may have difficulty accepting adult direction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• has difficulty making decisions</td>
<td>• wants to be first</td>
</tr>
</tbody>
</table>
| | | • little concept of time | |}

- difficulty sitting still, has limited eye-hand coordination
- has sense of humor
- cries, has tantrums
- fears being late to school
- enjoys listening to stories, poems
- reaching reading readiness stage: reads pictures, printed symbols
- is sometimes quarrelsome, rude, rebellious
- likes family outings
- is beginning to be aware of own race
- is eager to win adult approval
### 7 Year Old

<table>
<thead>
<tr>
<th>Physically:</th>
<th>Emotionally:</th>
<th>As a Learner:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- in a period of slow, steady</td>
<td>- has more control of large</td>
<td>- improved in eye-hand coordina-</td>
</tr>
<tr>
<td>growth</td>
<td>muscles than small</td>
<td>tion, but not yet ready for close,</td>
</tr>
<tr>
<td>- has uneven, incomplete</td>
<td></td>
<td>fine work</td>
</tr>
<tr>
<td>muscle development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- confused by sudden changes:</td>
<td>- sets unrealistic goals, then</td>
<td>- concerned about treatment</td>
</tr>
<tr>
<td>needs time to adjust to new</td>
<td>feels frustrated</td>
<td>received from others</td>
</tr>
<tr>
<td>situations</td>
<td>moody</td>
<td>- has sense of humor</td>
</tr>
<tr>
<td>- easily overstimulated</td>
<td>pretends not to hear when</td>
<td></td>
</tr>
<tr>
<td></td>
<td>too much guidance is offered</td>
<td></td>
</tr>
<tr>
<td>- inquisitive and curious</td>
<td>- learns most readily through</td>
<td>- likes to demonstrate ability to</td>
</tr>
<tr>
<td>- has short attention span</td>
<td>concrete experiences, active</td>
<td>make choices</td>
</tr>
<tr>
<td>- has established speech</td>
<td>participation</td>
<td>- can help plan simple, immediate</td>
</tr>
<tr>
<td>habits: enjoys talking</td>
<td>- draws upon experience to</td>
<td>activities</td>
</tr>
<tr>
<td>- ability to think clearly</td>
<td>solve problems</td>
<td>- has increased ability to</td>
</tr>
<tr>
<td>exceeds ability to express</td>
<td>- understands some words</td>
<td>generalize, organize, classify,</td>
</tr>
<tr>
<td>thoughts</td>
<td>without direct experience</td>
<td>reason</td>
</tr>
<tr>
<td>- developing ability to express</td>
<td>- developing independence in</td>
<td></td>
</tr>
<tr>
<td>can share personal</td>
<td>thinking, working</td>
<td></td>
</tr>
<tr>
<td>experiences with small groups</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| With Others:                    |                                  |                                  |
|---------------------------------|-----------------------------------|                                  |
| - wants group involvement, yet  | - careless of others’ property,   | - appreciates contributions of   |
|   individualist and self-       |   but protective of own things    |   others                         |
|   centered                      | - wants approval and assurance    | - shows race and group           |
| - competitive: likes to be first| - of adults and peers, but also    |   consciousness                  |
| - likes to imitate peers, adults|   wants to feel independent       | - eager to please                |
|                                  |   begins to join playground       |                                  |
|                                  |   games                           |                                  |

### 8 Year Old

<table>
<thead>
<tr>
<th>Physically:</th>
<th>Emotionally:</th>
<th>As a Learner:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- growing slowly, steadily;</td>
<td>- improved muscular coordina-</td>
<td>- shows much interest in develop-</td>
</tr>
<tr>
<td>arms are lengthening, hands</td>
<td>tion, but still has better</td>
<td>ing eye-hand coordination skills</td>
</tr>
<tr>
<td>are enlarging</td>
<td>control over large muscles</td>
<td>- energetic, but tires easily</td>
</tr>
<tr>
<td>- sometimes awkward</td>
<td>than small</td>
<td>- has high accident rate due to</td>
</tr>
<tr>
<td>because of uneven growth</td>
<td>developmentally ready to see</td>
<td>tendency to be daring</td>
</tr>
<tr>
<td>- restless and fidgety</td>
<td>both near and far</td>
<td></td>
</tr>
<tr>
<td>- when angry or tired, acts</td>
<td>- needs much praise, encour-</td>
<td>- likes to giggle: does so with-</td>
</tr>
<tr>
<td>careless and noisy</td>
<td>agement</td>
<td>out much provocation</td>
</tr>
<tr>
<td>- very eager: has more</td>
<td>- eager to be considered</td>
<td>- may have many fears, such as</td>
</tr>
<tr>
<td>enthusiasm than wisdom</td>
<td>grown up</td>
<td>fear of being alone or of dark</td>
</tr>
<tr>
<td>- self-critical: is maturing in</td>
<td>- wants prestige: may seek it</td>
<td>- needs to be protected from</td>
</tr>
<tr>
<td>capacity for self-evaluation</td>
<td>through boasting</td>
<td>overstimulation in environment</td>
</tr>
<tr>
<td>- wants to be good</td>
<td>- more dependent on parent(s)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and less so on teacher</td>
<td></td>
</tr>
<tr>
<td>- more independent in reading</td>
<td>- likes to work on projects,</td>
<td></td>
</tr>
<tr>
<td>ability; begins to read faster</td>
<td>construct things</td>
<td></td>
</tr>
<tr>
<td>silently than orally</td>
<td>- wants to make things beyond</td>
<td></td>
</tr>
<tr>
<td></td>
<td>actual ability</td>
<td></td>
</tr>
<tr>
<td>- has made gains in vocabulary,</td>
<td>- tells tall tales, but can dis-</td>
<td></td>
</tr>
<tr>
<td>sentence structure</td>
<td>tinguish reality from fantasy</td>
<td></td>
</tr>
<tr>
<td>- has increased attention span</td>
<td>- likes jokes, riddles</td>
<td></td>
</tr>
<tr>
<td>- becoming aware of detail</td>
<td>- fond of comics, radio,</td>
<td></td>
</tr>
<tr>
<td>- can do very little abstract</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thinking</td>
<td>People of long ago and far away</td>
<td>Adventure stories, fairy tales, singing, rhythms, collections of all kinds</td>
</tr>
<tr>
<td>----------</td>
<td>---------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>• likes variety in school day</td>
<td>• can initiate, plan activities</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>With Others:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• likes to talk</td>
<td>• wants to look like others</td>
<td>• behaves in contradictory ways, such as fighting with best friend</td>
</tr>
<tr>
<td>• likes to be with people</td>
<td>• has increased ability to work, play in groups</td>
<td>• likes to argue</td>
</tr>
<tr>
<td>• desires approval of peers, adults</td>
<td>• likes school</td>
<td>• very sensitive to criticism from adults</td>
</tr>
<tr>
<td>• prefers to work, play with those of own sex</td>
<td>• alert, friendly, interested in people</td>
<td>• dislikes being told what to do: prefers subtle hint</td>
</tr>
<tr>
<td>• chooses own friends; tends to have a best friend</td>
<td>• desires to be part of the group</td>
<td>• able to accept some responsibility</td>
</tr>
<tr>
<td>• likes to take part in same activities that friends do</td>
<td>• enjoys dressing up, playing with friends</td>
<td></td>
</tr>
</tbody>
</table>

**9 Year Old**

<table>
<thead>
<tr>
<th>Physically:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• eyes are now ready for close, detailed work</td>
<td>• has good eye-hand coordination: is ready for crafts, shopwork, maps, other detailed work</td>
<td>• uses both large and small body muscles</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• tends to assume awkward body postures</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emotionally:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• becomes irritable, exhausted from working or playing too hard</td>
<td>• makes extreme, quick emotional shifts: can swing from fair play to aggression, from humor to hostility</td>
<td>• embarrasses easily</td>
</tr>
<tr>
<td>• strives to improve skills; has spirit of competition</td>
<td>• worries about health, schoolwork, report cards, failure</td>
<td>• annoyed by small details of living, such as keeping track of belongings, being neat</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• thinks own things are best: family, class, teacher, school</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>As a Learner:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• desires to build body of knowledge about such things as social studies, science, sports records, television</td>
<td>• finds pleasure in using own skills: in reading for information, writing to communicate own ideas, organizing to improve own work</td>
<td>• compares grades with classmates: blames own poor scholarship on outside factors</td>
</tr>
<tr>
<td>• notices life sequence, studies people for evidence of change</td>
<td>• discriminates between meanings of words</td>
<td>• prefers reading silently for pleasure, orally for information</td>
</tr>
<tr>
<td>• observes, thinks critically of self and world</td>
<td>• becoming more creative in thought, written language</td>
<td>• often forgets to bring books, supplies from home</td>
</tr>
<tr>
<td>• finds homework interesting if allowed to offer own thoughts</td>
<td>• plans activities in detail</td>
<td>• likes music, wants to take instrumental lessons</td>
</tr>
<tr>
<td>• objects to interruption of favorite school activities</td>
<td>• enjoys written work</td>
<td>• prefers individual instruction from teacher</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>With Others:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• likes most activities of school day</td>
<td>• supports importance of group over individual</td>
<td>• is rowdy one moment, polite the next</td>
</tr>
<tr>
<td>• identifies self as part of group</td>
<td>• strives to live by own group's goals</td>
<td>• evaluates self, others by own standards: ignores adult opinions</td>
</tr>
<tr>
<td>• periodically practices good manners</td>
<td>• is likely to pick on others or be picked on by peers</td>
<td>• enjoys frightening, spaying on, hiding from, scuffling with friends</td>
</tr>
<tr>
<td>• desires information about family background</td>
<td>• doesn't stay long with any activity</td>
<td></td>
</tr>
<tr>
<td>• stresses fair play within competition: judges teachers, friends accordingly</td>
<td>• engages in more giggling, whispering, secretive conversations than before</td>
<td>• can enjoy games as spectator as well as participant</td>
</tr>
<tr>
<td>• shows more interest in activity than in people doing the activity</td>
<td>• likes to help friends</td>
<td></td>
</tr>
</tbody>
</table>
### 10 Year Old

<table>
<thead>
<tr>
<th>Physically:</th>
<th>Emotionally:</th>
<th>As a Learner:</th>
<th>With Others:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- has boundless energy</td>
<td>- displays uneven growth of different body parts</td>
<td>- responds very positively to praise</td>
<td>- has broadening interests</td>
</tr>
<tr>
<td>- shows increased skill in use of hands</td>
<td>- often has poor posture</td>
<td>- sometimes overcritical, changeable, uncooperative</td>
<td>- curious about how things work</td>
</tr>
<tr>
<td>- displays eye-hand coordination far beyond that of earlier childhood</td>
<td>- tires easily and is awkward and restless, due to rapid, uneven growth</td>
<td>- resents being nagged, condemned, talked down to</td>
<td>- eager to explore; enjoys attacking problems</td>
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<td></td>
<td></td>
<td></td>
<td>- likes to read</td>
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<td></td>
<td></td>
<td></td>
<td>- willing to read extensively to solve problems</td>
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<td></td>
<td></td>
<td></td>
<td>- wants to improve own ability, master skills</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>- has increasing attention span</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- enjoys realistic and factual materials in books</td>
<td>- begins to understand that there are problems in outside world</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- likes to take part in discussions</td>
<td>- develops realistic sense of own strengths and weaknesses, likes and dislikes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- is beginning to understand sequencing in historical events</td>
<td>- begins to realize importance of expressing own ideas in clear, comprehensive way</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- understands some geography</td>
<td>- likes adventure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- collects stamps, models, stray pets</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>- shows increasing interest in community, nation, world</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>- has best friends of same sex</td>
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<td></td>
<td></td>
<td></td>
<td>- likes games in which girls play against boys</td>
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<td></td>
<td></td>
<td>- desires admiration, approval of own age group</td>
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<td></td>
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<td></td>
<td>- interested in gangs or clubs with secret words, codes</td>
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<td></td>
<td>- will join in a discussion of an individual club member's shortcomings</td>
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<td></td>
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<td></td>
<td>- engages in roughhousing, pointless laughter, practical jokes, silly antics</td>
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<td></td>
<td></td>
<td></td>
<td>- tends to rebel at suggestions from adults</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>- responds readily to affection and humor from adults</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>- tends toward hero worship</td>
</tr>
</tbody>
</table>

### 11 Year Old

<table>
<thead>
<tr>
<th>Physically:</th>
<th>Emotionally:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- possesses much energy; is restless</td>
<td>- experiences fulfillment from succeeding in risk-taking play</td>
</tr>
<tr>
<td>- grows rapidly in weight, height (especially girls)</td>
<td>- is curious about personal relationships</td>
</tr>
<tr>
<td></td>
<td>- experiences growth plateaus followed by uneven development of body parts, often causing awkwardness</td>
</tr>
<tr>
<td></td>
<td>- is less fearful than before of physically demanding games</td>
</tr>
<tr>
<td></td>
<td>- takes shorter rest periods than before</td>
</tr>
<tr>
<td></td>
<td>- develops pimples; perspires profusely</td>
</tr>
<tr>
<td></td>
<td>- shows evidence of physical maturity (physically, girls are often a full year ahead of boys)</td>
</tr>
<tr>
<td></td>
<td>- wants to express affection: can find an outlet for this in caring for pets</td>
</tr>
<tr>
<td></td>
<td>- is growing in development of feelings and judgements that are more stable, less self-serving</td>
</tr>
</tbody>
</table>

As a Learner:
- interested in books on adventure, mystery, science, nature
- shows progress in generalizing, making deductions
- shows increased skill in problem solving
- interested in other people's ideas
- has greater understanding of concepts of time, place
- has highly developed sense of rhythm, sound discrimination, associative memory
- shows interest in and works effectively with concrete materials such as clay, paints, wood

With Others:
- is eager to get along in peer groups
- considers peer approval more important than adult approval
- wants prestige in own group
- wants to dress like friends, adopts fads
- wants to belong to clubs with rules
- reacts favorably to understandable authority
- interested in rivalry, competition
- likes team games
- respects good sportsmanship
- interested in earning money for special wants
- is beginning to understand interdependence of people

Characteristics of the twelve and thirteen-year-old as a learner are not given below since, generally speaking, changes in this area after age eleven are not nearly as rapid as before. Children between the ages of eleven and fifteen share certain mental characteristics. They think more logically. They can make deductions. They develop higher math skills. They combine ideas and see contradictions more easily. Children in this age range do continue, however, to experience changes physically, emotionally, and socially.

**12 Year Old**

Physically:
- fatigues more easily than in past few years
- sleeps less deeply than before
- is able to sit quietly for increasingly longer periods of time
- shows definite signs of the beginning of puberty

Emotionally:
- restricts showing affection for parents
- worries about schoolwork, exams
- expresses anger verbally more often than before
- cries less often
- conceals hurt feelings
- shows less jealousy, except toward siblings
- shows maturing sense of humor
- growing cautious about expressing emotions

With Others:
- likes team aspect of games
- gets along better with friends and parents than in past few years
- shows increasing tact with siblings
- likes teachers
- more critical of self than before
- finds role model of same sex

**13 Year Old**

Physically:
- experiencing full-blown puberty
- more likely to be overweight than underweight
- often has tremendous appetite

Emotionally:
- spends much time in daydreaming, fantasy
- very concerned with physical appearance
- accepts self less than during previous year
- tends to worry about health

With Others:
- takes risks that may include minor delinquency
- has difficulty balancing demands of peers, adults
- has conflicts with parents more than ever before
- girl changes friends often; seeks to belong to peer group
- boy seeks best friends of same sex
- shows disapproval of nonconforming peers
§ 300.2 Applicability of this part to State, local, and private agencies.

(a) States. This part applies to each State that receives payments under Part B of the Act.

(b) Public agencies within the State. The provisions of this part—

(1) Apply to all political subdivisions of the State that are involved in the education of children with disabilities, including—

(i) The State educational agency (SEA);

(ii) Local educational agencies (LEAs), educational service agencies (ESAs), and public charter schools that are not otherwise included as LEAs or ESAs and are not a school of an LEA or ESA; and

(iii) Other State agencies and schools (such as Departments of Mental Health and Welfare and State schools for children with deafness or children with blindness); and

(2) Are binding on each public agency in the State that provides special education and related services to children with disabilities, regardless of whether that agency is receiving funds under Part B.

(c) Private schools and facilities. Each public agency in the State is responsible for ensuring that the rights and protections under Part B of the Act are given to children with disabilities—

(1) Referred to or placed in private schools and facilities by that public agency; or

(2) Placed in private schools by their parents under the provisions of §300.403(c).

(Authority: 20 U.S.C. 1412)

§ 300.3 Regulations that apply.

The following regulations apply to this program:

(a) 34 CFR part 76 (State-Administered Programs) except for §§125–126, 137 and 76.650–76.662.

(b) 34 CFR part 77 (Definitions).

(c) 34 CFR part 79 (Intergovernmental Review of Department of Education Programs and Activities).

(d) 34 CFR part 80 (Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments).

(e) 34 CFR part 81 (General Education Provisions Act—Enforcement).

(f) 34 CFR part 82 (New Restrictions on Lobbying).

(g) 34 CFR part 85 (Government-wide Debarment and Suspension (Nonprocurement) and Government-wide Requirements for Drug-Free Workplace (Grant)).

(h) Publications in this part—34 CFR part 300 (Assistance for Education of Children with Disabilities).

(Barony: 20 U.S.C. 1221e-3(a)(1))

§300.4 Act.

As used in this part, Act means the Individuals with Disabilities Education Act (IDEA), as amended.


§ 300.5 Assistive technology device.

As used in this part, Assistive technology device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to maintain, or improve the functional capabilities of a child with a disability.

(Authority: 20 U.S.C. 1401(1))

§ 300.6 Assistive technology service.

As used in this part, Assistive technology service means any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device.

The term includes—

(a) The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child’s customary environment;

(b) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;

(c) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;

(d) Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;

(e) Training or technical assistance for a child with a disability or, if appropriate, that child’s family; and

(f) Training or technical assistance for professionals (including individuals providing education or rehabilitation services), employers, or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of that child.

(Authority: 20 U.S.C. 1411(2))

§ 300.7 Child with a disability.

(a) General. (1) As used in this part, the term child with a disability means a child evaluated in accordance with §§300.530–300.536 as having mental retardation, a hearing impairment including deafness, a speech or language impairment, a visual impairment including blindness, serious emotional disturbance (hereafter referred to as emotional disturbance), an orthopedic impairment, autism, traumatic brain injury, an other health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.

(2)(i) Subject to paragraph (a)(2)(ii) of this section, if it is determined, through an appropriate evaluation under §§300.530–300.536, that a child has one of the disabilities identified in paragraph (a)(1) of this section, but only needs a related service and not special education, the child is not a child with a disability under this part.

(ii) If, consistent with §300.26(a)(2), the related service required by the child is considered special education rather than a related service under State standards, the child is determined to be a child with a disability under paragraph (a)(1) of this section.

(b) Children aged 3 through 9 experiencing developmental delays. The term child with a disability for children aged 3 through 9 may be the decision of the State and LEA and in accordance with §300.313, include a child—

(1) Who is experiencing developmental delays, as defined by the State and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development; and

(2) Who, by reason thereof, needs special education and related services.

(c) Definitions of disability terms. The terms used in this definition are defined as follows:

(i) Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3, that adversely affects a child’s educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a child’s educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in paragraph (b)(4) of this section.

(ii) A child who manifests the characteristics of “autism” after age 3 could be diagnosed as having “autism” if the criteria in paragraph (a)(1)(i) of this section are satisfied.
(2) Deaf-blindness means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

(3) Deafness means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, that adversely affects a child's educational performance.

(4) Emotional disturbance is defined as follows:

(a) The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance;

(5) An inability to learn that cannot be explained by intellectual, sensory, or health factors.

(b) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

(6) Inappropriate types of behavior or feelings under normal circumstances.

(c) A tendency to develop physical symptoms or fears associated with personal or school problems.

(7) The term includes schizophrenia.

The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.

(5) Hearing impairment means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but that is not included under the definition of deafness in this section.

(6) Mental retardation means significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance.

(7) Multiple disabilities means concomitant impairments (such as mental retardation-blindness, mental retardation-orthopedic impairment, etc.), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. The term does not include deaf-blindness.

(8) Orthopedic impairment means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by congenital anomalies (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).

(9) Other health impairment means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the environment; that--

(a) Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, and sickle cell anemia; and

(b) Adversely affects a child's educational performance.

(10) Specific learning disability is defined as follows:

(a) General. The term means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

(b) Disorders not included. The term does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

(c) Speech or language impairment means a communication disorder, such as stuttering, impaired articulation, a language disorder, or a voice impairment, that adversely affects a child's educational performance.

(d) Traumatic brain injury means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

(13) Visual impairment including blindness means an impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.

(Authority: 20 U.S.C. 1401(d)(A) and (B); 1401(28))

§ 300.8 Consent. As used in this part, the term consent has the meaning given that term in § 300.500(b)(1).

(Authority: 20 U.S.C. 1415(a))

§ 300.9 Day; business day; school day.

As used in this part, the term--

(a) Day means calendar day unless otherwise indicated as business day or school day;

(b) Business day means Monday through Friday, except for Federal and State holidays unless holidays are specifically included in the designation of business day, as in

(1) School day means any day, including a partial day, that children are in attendance at school for instructional purposes;

(2) The term school day has the same meaning for all children in school, including children with and without disabilities.

(Authority: 20 U.S.C. 1221e–3)

§ 300.10 Educational service agency.

As used in this part, the term educational service agency—

(a) Means a regional public multiservice agency;

(1) Authorized by State law to develop, manage, and provide services or programs to LEAs; and

(2) Recognized as an administrative agency for purposes of the provision of special education and related services provided within public elementary and secondary schools of the State;

(b) Includes any other public institution or agency having administrative control and direction over a public elementary or secondary school; and

(c) Includes entities that meet the definition of intermediate educational unit in section 602(23) of IDEA as in effect prior to June 4, 1997.

(Authority: 20 U.S.C. 1401(4))

§ 300.11 Equipment.

As used in this part, the term equipment means—

(a) Machinery, utilities, and built-in equipment and any necessary
Unit 4 Forms

Characteristics of Children and Youth with Various Disabilities

- Knowledge Review
- Cooperating Teacher Practicum Summary
- Evaluation Form
31. Which of the following choices is true?
   a) all children and youth can learn given appropriate supports
   b) most children and youth can learn, with the exception of those students who have severe disabilities
   c) children and youth without disabilities can learn from children and youth with disabilities
   d) a and c only
   e) b and c only

32. Which of the following choices is true?
   a) all children and youth with the same disability label have the same individual characteristics
   b) children and youth with disabilities have more in common with other children and youth with disabilities than they do with their non-disabled peers
   c) children and youth with disabilities have more in common with than differences from their non-disabled peers
   d) a and b only
   e) a and c only

33. Categorizing students with disabilities by label (e.g., learning disabled, mentally retarded, autistic) is:
   a) a benign practice with no harmful effects
   b) required by law to receive special education services
   c) potentially harmful to students
   d) a and b only
   e) b and c only

34. Which of the following is not a good strategy for presenting information to a student with autism:
   a) provide information broken into smaller parts
   b) provide information visually and auditorially
   c) use brief clear phrases when communicating
   d) change class routines often to avoid boredom
35. In order for a student to be classified as having an *emotional disturbance* under the federal definition, he or she:
   a) must exhibit marked behavior problems over a long period of time
   b) must exhibit behavior problems because of communication difficulties or autism
   c) must be considered socially maladjusted
   d) must have behavior problems regardless of how it affects his or her school work

36. Which is true for students who have *hearing impairment or deafness*:
   a) They all communicate through the use of sign language.
   b) Their written statements are generally shorter than those of their peers without hearing impairments or deafness.
   c) Their articulation are similar to those of their peers without hearing impairments or deafness.
   d) They have extraordinary visual abilities.

37. The most common form of a *learning disability* is:
   a) difficulty in math
   b) deficits in social interactions
   c) reading disability
   d) language and processing disorder

38. Which of the following characteristics are not part of the federal definition of *mental retardation*?
   a) deficits in adaptive behavior
   b) can be caused by a brain injury any time during the preschool or school years
   c) subaverage intellectual functioning
   d) adversely affects a child’s educational performance

39. Based on the federal definition, the term *speech or language impairment* means a communication disorder such as:
   a) stuttering or impaired articulation
   b) those that adversely affect a child’s education performance
   c) voice impairment
   d) language impairment
   e) all of the above

40. Which of the following is not one of the thirteen disability categories under the federal definitions?
   a) other health impairment
   b) deaf-blindness
   c) attention deficit hyperactivity disorder
   d) traumatic brain injury
   e) orthopedic impairment
Cooperating Teacher Practicum Summary

Unit 4: Characteristics of Children and Youth with Various Disabilities

I. Brief Summary of the Unit

This unit provides participants with knowledge about the various characteristics of certain disabilities (e.g., autism, emotional disturbances, learning disabilities, mental retardation). It also provides the paraeducator with basic information about how disability characteristics may affect student learning. Throughout the unit, the uniqueness of each student is emphasized.

The content addressed in Unit 4 includes:

- Characteristics of children and youth across a variety of disability categories
- How disability characteristics may affect learning and inclusion of students with disabilities

II. Practicum Requirements

1. a) The paraeducator will consult with his or her cooperating teacher to identify one area of disability that the paraeducator would like to learn more about.

   b) The paraeducator will use the Additional Training Needs checklist (located in Unit 1 Practicum Requirements #3) to record a plan that outlines which disability category will be explored, when the paraeducator will collect the information about it, and how the paraeducator will collect information.

   c) The cooperating teacher will indicate that the paraeducator has completed the practicum requirement by marking a check in the box by #1 above.

Note to the Cooperating Teacher: It may be helpful for you to review the required readings for this unit. The readings are available in the paraeducator's Participant Manual.
Unit 4 Evaluation Form
Characteristics of Children and Youth with Various Disabilities

Participant name (optional): ___________________________ Date: __________

Directions: Please check the box next to the statement that best reflects your opinion regarding the following questions.

1. How important were the objectives for this unit?
   - [ ] very important
   - [ ] important
   - [ ] somewhat important
   - [ ] not important

2. How relevant were the required readings for this unit?
   - [ ] very relevant
   - [ ] relevant
   - [ ] somewhat relevant
   - [ ] not relevant

3. How understandable were the required readings for this unit?
   - [ ] very understandable
   - [ ] understandable
   - [ ] somewhat understandable
   - [ ] not understandable

4. How useful were the activities for this unit?
   - [ ] very useful
   - [ ] useful
   - [ ] somewhat useful
   - [ ] not useful

5. How understandable were the activities for this unit?
   - [ ] very understandable
   - [ ] understandable
   - [ ] somewhat understandable
   - [ ] not understandable

6. How would you rate the quality of the materials for this unit?
   - [ ] very high quality
   - [ ] high quality
   - [ ] fair quality
   - [ ] poor quality
7. How relevant were the practicum requirements for this unit?
   - very relevant
   - relevant
   - somewhat relevant
   - not relevant

8. How understandable were the practicum requirements for this unit?
   - very understandable
   - understandable
   - somewhat understandable
   - not understandable

9. What was the most important or useful thing that you learned from this unit?

10. Please use the rest of this page to make suggestions for improving the objectives, required readings, activities, and practicum requirements for this unit.
Unit 5:

Roles and Responsibilities of Paraeducators and Other Team Members

Eileen CichoskiKelly
Participant's Overview

Unit 5: Roles and Responsibilities of Paraeducators and Other Team Members

Brief Description of Unit

This unit provides a general description of the roles and responsibilities of paraeducators and other team members who work with students with disabilities. It will provide information and activities to assist paraeducators to clarify their own role and responsibilities and understand the roles and responsibilities of others.

Hours of Instruction (In class format)

3 hours of instruction

Unit Objectives

Key: K = Knowledge, S =Skill (Knowledge objectives are addressed through readings and class activities; skill objectives are addressed through practicum activities.)

1. Paraeducators will know the roles and responsibilities of paraeducators. (K)
2. Paraeducators will know how various roles and responsibilities facilitate quality education for students with disabilities. (K)
3. Paraeducators will know the roles and types of responsibilities of other team members who work with students who have disabilities. (K)
4. Paraeducators will demonstrate their knowledge of their roles and responsibilities. (S)

Preparing for the Unit

Required Reading

Participant Preparation for Unit 5:
- Read the required readings prior to the class.
- Based on required readings, write two questions that are relevant to you or your situation for discussion in class.
• Bring writing materials for note-taking and activities to class.
• Bring your Participant’s Manual to class.
• Review the practicum requirements for Unit 5.

Practicum Requirements

This unit has two required practicum activities, which are designed to be completed at the end of the course within a time frame established by the instructor. The paraeducator and cooperating teacher will collaborate to complete these activities. An accompanying practicum checklist of the activities to be completed and skills to be observed is found at the end of the manual. In the event that a practicum requirement is not appropriate for a paraeducator’s specific situation, alternate activities may be substituted based on negotiation with the cooperating teacher. The negotiated requirement must be approved by the course instructor.

Evaluation of Participant Learning

Participants are evaluated in three ways: (1) Knowledge Review quiz, (2) attendance and participation in class activities, and (3) completion of practicum requirements. In order to facilitate learning of required readings, participants will take the Knowledge Review quiz at the end of each class session and will receive immediate feedback in class. Participants are encouraged to review questions before class so they can be aware of them during class. This can improve a participants success on the quizzes.

Suggested Supplemental Resources

Books and Articles


Web Sites & Addresses
National Resource Center for Paraprofessionals in Education and Related Services:
web.gc.cuny.edu/dept/case/nrcp/

Center for Advanced Study in Education
The City University of New York
365 Fifth Avenue, Room 3300
New York, NY 10016
212-817-1832

Related Service Research Project:
http://www.uvm.edu/~uapvt/RSRP.html

American Occupational Therapy Association (AOTA)
www.aota.org

American Physical Therapy Association (APTA)
www.apta.org

American Speech-Language-Hearing Association (ASHA)
www.asha.org

National Association of School Psychologists (NASP)
www.naspweb.org

American Foundation for the Blind
11 Penn Plaza, Suite 300
New York, NY 10001
212-502-7600
800-AFB-LINE

Association for the Education and Rehabilitation of the Blind & Visually Impaired (AER)
206 North Washington Street, Suite 320
Alexandria, VA 22314
703-823-9690
Unit 5 Required Readings

Roles and Responsibilities of Paraeducators and Other Team Members

The required reading for this unit (CichoskiKelly, 2000), provides an overview of paraeducator roles and responsibilities as well as those of other team members (e.g., classroom teacher, special educator, parent, related services providers). There is other material that discusses the issue "How Much Should Paraeducators Do?"
Roles and Responsibilities of Paraeducators and Other Team Members

Eileen Cichoski-Kelly

Center on Disability and Community Inclusion
The University Affiliated Program of Vermont, Burlington, VT
April, 2000

Roles and Responsibilities for Paraeducators
Paraeducators who work with students with disabilities in inclusive settings have a variety of roles depending on the unique needs of the students with whom they work. It is important to note that paraeducator roles are subject to state and local regulations and policies; therefore the examples listed below may not pertain to all paraeducators. Examples of paraeducator roles in five main areas include but are not limited to the following:

Implementation of teacher-planned instruction
- implementing plans created by a teacher or supervisor under the direct supervision of such a person;
- monitoring and providing assistance to students during classroom activities;
- supporting students using instructional modifications for lessons prepared by the class teacher;
- assisting the class teacher with scoring of student work;
- checking for work completion;
- reinforcement of skills taught previously;
- communication with student team members about a student’s program;
- attending student team meetings to share and receive information about a student’s progress or program;
- recording and charting data; and
- preparing instructional materials.

Supervision of students
- at lunchtime;
- at playground and recess;
- as they arrive and depart on buses;
- between classes; and
- in transition between classes.

Clerical and general duties
- operating media materials (e.g., video machines, film projectors);
- creating bulletin board displays;
- photocopying materials;
- taking attendance;
• maintaining daily logs;
• maintaining records;
• ordering and inventoring supplies; and
• setting up and cleaning up after class activities.

Behavioral and social support
• implementing behavioral management plans developed by the teacher or team;
• communicating with team members about a student’s program and behaviors;
• observing, recording, and charting a student’s behavioral responses; and
• facilitating peer interactions.

Supporting Individual student needs
• assisting with individualized student plans in community learning settings;
• carrying out instructional plans for individual students;
• assisting with personal care, including feeding, toileting, and hygiene support;
• assisting students with unique motor or mobility needs; and
• assisting students with unique sensory needs.

Facilitative Characteristics of Paraeducator Roles:
The various roles that paraeducators perform should be designed to facilitate the quality of education for the students with whom they work. Examples of ways that paraeducator roles may facilitate education include but are not limited to the following for the five role areas presented in the previous section.

Implementation of teacher-planned instruction role
• allows for additional learning opportunities for students;
• allows the student additional chances to practice with immediate adult feedback, such as:
  a) by correcting student errors as they occur; and
  b) by giving students encouragement on academic and behavioral goals;
• facilitates teacher-developed instruction for a small group of students or individual students;
• provides individual review time for students; and
• provides additional support for monitoring and evaluating student progress.

Supervision of students role
• allows for safety of students; and
• provides opportunities for social support of students.

Clerical and general duties role
• frees up the teacher from clerical tasks; and
allows the teacher additional time to assess, plan, and teach students and work with parents and other team members.

**Behavioral and social support role**
- provides greater reliability of data (given multiple adult observations of student progress);
- provides additional role models to support and reinforce students’ behavioral goals; and
- allows for individual attention and support of students.

**Supporting individual student needs role**
- allows teacher additional time to assess students;
- allows teacher additional time to plan and teach;
- allows for increased student learning opportunities;
- provides individual attention to students;
- provides assistance with student’s personal care and their unique mobility and sensory needs; and
- allows for additional learning environments (e.g., community settings).

**Roles and Responsibilities of Other Team Members Who Work with Students Who Have Disabilities**

Paraeducators of students who have disabilities may work with a variety of other team members. The roles presented in this section represent ideal practices, but there is some controversy over team members’ roles for supporting students with disabilities in general education classes. Therefore, there may be some differences between the information presented here and what the paraeducator observes at his or her school. Examples of the roles of other team members include but are not limited to the following:

**Classroom Teacher**
**Definition:** Trained and certified general education teacher who teaches groups of children and youth in one or more curricular areas. Such groups include a wide range of students including those with disabilities.

**General educator roles:**
- plans, implements, and evaluates instruction for and assesses the students in his or her class;
- adapts learning activities for students, including those with disabilities;
- takes responsibility for the education of each member of the class;
- directs the classroom activities of paraeducators;
- communicates with parents regarding student progress; and
- sets the rules, guidelines, and expectations for the classroom.

**Special Educator**
**Definition:** Trained and certified professional who provides specially designed instruction (directly or indirectly) for children and youth with disabilities in the general education classroom.
General classroom special educator roles in relation to students with disabilities:
• functions collaboratively with the classroom teacher to assess, plan, implement, and evaluate instruction for students with disabilities in the general education classroom;
• adapts curriculum, materials, and equipment;
• incorporates individual educational goals for students in classroom activities and interactions;
• oversees the implementation of students' individualized educational programs (IEPs);
• provides academic assessment and observations of student performance;
• provides consultation and training to members of students' educational teams;
• directs the class activities of paraeducators; and
• communicates with parents regarding student progress.

Family Member
Definition: The family is typically represented by one or more parent or any adult who serves in a primary caregiving or decision-making position for the student (e.g., parents, grandparents, aunts, uncles, siblings). Family members also include surrogate parents, foster parents, stepparents, guardians, advocates, or any individual who is legally responsible for the student.

Family member roles:
• provides information regarding family values and cultural norms;
• provides information regarding the student’s interests, preferences, and priorities;
• provides information regarding the student’s strengths and needs;
• provides an understanding of the student’s future;
• participates in determining appropriate educational; placement and individually appropriate goals for the child; and
• communicates with members of the student’s educational team.

Student Definition: A person with a disability who is the focus of the team’s activities.

Student roles:
• provides information regarding personal values and cultural norms;
• provides information regarding personal strengths and needs;
• provides information about personal goals and vision for the future;
• provides information regarding personal interests and preferences;
• selects individually important priorities for annual goals; and
• provides feedback about educational placement, services and programs.

Related Service Provider
Definition: Related services refers to transportation and other developmental, corrective, and support services required to assist a child with a disability to benefit from special education. Related services include speech-language pathology and audiology services; psychological services; physical and occupational therapy; recreation, including therapeutic recreation; early identification and assessment of disabilities in children; counseling services,
including rehabilitation counseling; orientation and mobility services; and medical services for diagnostic or evaluation purposes. Related services also include social work services in schools, school health services, and parent counseling and training (Federal Register, Section 300.24, pp. 12423,12424).

Selected Related Services Roles:

Speech Language Pathologist
Definition: Trained and certified professionals concerned with evaluation, treatment, prevention, and research in human communication and its disorders. Speech-language pathologists (SLPs) provide services for individuals of all ages, from infants to the elderly with speech and language disorders. They diagnose and evaluate speech problems such as stuttering and articulation and language problems. SLPs work with students who have hearing disabilities, learning disabilities, language impairments, and speech articulation and phonologic difficulties (Dennis, Edelman, Giangreco, Rubin, & Thomas, 1999). Speech-language pathologists may also function on a child’s educational team as special educators or related service providers.

Speech-Language Pathologist Roles:
Designing, implementing, and evaluating comprehensive treatment plans to:
• help individuals correctly produce speech sounds;
• assist with developing control of the vocal and respiratory systems or correct voice production;
• assist children and adolescents with language problems such as following directions, answering and asking questions, conveying information to others, understanding and using words and grammar, and understanding and using language in a variety of social contexts;
• assist individuals, to increase their fluent speech and cope with stuttering;
• assist individuals who have had strokes or other brain trauma to relearn language and speech skills;
• help individuals to use augmentative and assistive systems of communication;
• counsel individuals with speech and language disorders and their families;
• advise individuals and the community on how to prevent speech and language disorders (adapted from ASHA, 9/97);
• adapt curriculum, materials’ and equipment;
• incorporate a student’s individual educational goals into classroom activities and interactions;
• provide consultation, collaboration, and training to members of a student’s educational team;
• direct the class activities of paraeducators; and
• communicate with parents regarding student progress.
Physical Therapist
Definition: The American Physical Therapy Association (1998) defines physical therapists as:

“health care professionals who evaluate and treat people with health problems resulting from injury or disease. The physical therapist assesses joint motion, muscle strength and endurance, function of the heart and lungs, and performance of activities required in daily living, among other responsibilities (APTA web site, http://www.apta.org).

Physical Therapist roles (include but are not limited to):
• addresses functional mobility in order to permit freedom of movement to the greatest extent possible within the educational setting;
• addresses positioning to identify the best positions for learning and for prevention of further disability;
• oversees gross-motor skill performance and coordination in order to allow full participation in the educational program;
• addresses adaptive equipment needs for access and for participation;
• addresses physiological functions related to strength and endurance to allow participation in a full day of educational activity;
• adapts curriculum, materials, and equipment;
• incorporates a student’s individual educational goals into classroom activities and interactions;
• provides consultation, collaboration and training to members of the student’s educational team;
• directs the class activities of paraeducators; and
• communicates with parents regarding student progress.

Occupational Therapist
Definition: The American Occupational Therapy Association (AOTA) (1997) defines an occupational therapist as:

“health professional that utilizes the application of purposeful goal-directed activity in the assessment and treatment of persons with disabilities. In an educational setting, Occupational Therapy uses activity and adapted surroundings to facilitate the student’s independent function and to decrease the effects of the handicapping condition on the student’s ability to participate in the educational process” (pp.1-2).

Occupational Therapist Roles:
• participates in screening and evaluation of student needs;
• adapts and teaches daily living skills;
• determines effective adaptive equipment needs;
• provides training in the use of adaptive equipment and materials;
• assists in identifying and accessing resources;
• provides services that complement the work of the physical therapist;
• adapts curriculum, materials, and equipment;
• incorporates a student’s individual educational goals into classroom activities and interactions;
• provides consultation, collaboration, and training to members of the student’s educational team;
• directs the class activities of paraeducators; and
• communicates with parents regarding student progress.

School Psychologist
Definition: Trained and certified professional who helps teachers, parents, and students to understand, prevent, and solve problems. As a specialty within the profession of psychology, school psychology is founded on respect for the dignity and worth of each student and a commitment to understanding human behavior for the purpose of promoting human welfare. School psychologists are trained to function in a wide range of roles to support the education of students with disabilities (Dennis et al., 1999. p. 57).

School Psychologist Roles:
• administers and interprets standardized tests to determine student eligibility for special education services;
• provides observations of student’s school functioning;
• assists with the design, implementation, and evaluation of interventions and behavior change plans;
• supports schools in restructuring and organizational issues;
• conducts psychological and psycho-educational assessments;
• provides individual and group counseling for students;
• collaborates with educators to provide specific skill-building activities for students;
• provides support for parents, including support groups and counseling;
• provides supervision and training to other school psychologists;
• provides consultation, collaboration, and training to members of the student’s educational team;
• directs the class activities of paraeducators; and
• communicates with parents regarding student progress.

References
American Occupational Therapy Association, 4720 Montgomery Lane, P.O. Box 31220, Bethesda, MD 20824-1220, (301) 652-2682, or via Internet at www.aota.org.

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How Much Should Paraeducators Do?

Paraeducators are asked to engage in a wide range of activities in schools. Although all of their varied roles are important, they differ widely in complexity. Some paraeducator roles can be done with minimal direction such as taking class attendance, helping prepare materials with the teacher, or assisting in clean-up when the day is done. Others require specific, short-term training, but are still the kind of roles that can be done without the need for intensive training. These may include tasks such as learning how to operate the school’s new photocopy machine, learning the bus boarding procedures, or student-specific tasks, such as helping a student put on a brace or assisting a student who uses a wheelchair. These tasks require some new skills that usually can be learned quite quickly from a person who already knows the task well.

There are other tasks that require extensive background knowledge, such as how to assess a student’s level of performance, select appropriate learning objectives, write a good lesson plan, effectively provide instruction, manage groups of students, collect and interpret data on student learning, adapt curriculum, modify instruction, and adapt materials. These are examples of skills that teachers, special educators, and related services providers spend years learning and developing. Yet sometimes paraeducators are asked to do some of these tasks, should they? Are you asked to do some of these tasks?

Regardless of a paraeducator’s level of formal education or experience, which we know varies widely, the Individuals with Disabilities Education Act (IDEA) allows for paraprofessionals to assist in providing special education and related services to students with disabilities and requires that they be appropriately trained and supervised. The professional literature suggests that many paraprofessionals have been asked to do many tasks for which they are unprepared and untrained.

This can put paraprofessionals in some difficult situations. Paraeducators often feel that they have limited control over their roles. If a teacher or special educator asks them to do something, they try to do it — it’s part of the job. At the same time many paraprofessionals feel valued when professional educators ask them to do important instructional tasks and they try their best to do a good job even if they don’t have the background or training. Many paraeducators take on these tasks as challenges. They use their personal creativity and work ethic to do whatever they can. Sometimes paraeducators feel like they are in over their heads, but they aren’t sure what to do.
1. As a paraeducator, have you ever been asked to do what you consider teacher-level work that you feel you are not really prepared to do?

2. Did you worry that if you didn’t do it that it would negatively affect your job or your relationship with the teachers?

3. Did you ever wonder whether you were really doing the right thing when you’ve made important decisions about a student’s program?

4. How do you feel about the tasks you have been asked to do?

What is an appropriate role for a paraeducator varies. It’s a good idea to discuss these issues with your team in an effort to figure out what makes sense in your situation, what training you need, and how you will be supervised. These simple steps are designed to make your own job experience more satisfying and ensure that the students you work with get what they need!
Unit 5 Forms

Roles and Responsibilities of Paraeducators and Other Team Members

- Knowledge Review
- Cooperating Teacher Practicum Summary
- Evaluation Form
Knowledge Review

Unit 5: Roles and Responsibilities of Paraeducators and Other Team Members

Name: ____________________________________________

Date: ____________________________________________

Site: _____________________________________________

Instructor: _________________________________________

Directions: Read each question and circle the letter corresponding to the one item that you think is the best answer.

41. Which of the following are roles of paraeducators?
   a) clerical duties
   b) implementation of teacher-planned instruction
   c) planning and adapting curriculum
   d) providing behavioral and social support
   e) a, b, and d only
   f) b, c, and d only

42. Which of the following is not an appropriate role for a paraeducator?
   a) supervising students during transitions between classes
   b) administering and scoring individual academic assessments
   c) recording student data
   d) reinforcing skills taught previously

43. Which of the following are appropriate examples of paraeducator “supervision” roles?
   a) supervises during arrival and dismissal times
   b) supervises transitions between classes
   c) supervises administration of prescription medication
   d) a, b, and c only
   e) a and b only

44. Which of the following are examples of paraeducators “supporting individual student needs”?
   a) feeding a student who requires assistance
   b) dressing a student who requires assistance
   c) helping a student use bathroom facilities
   d) all of the above
   e) a and b only
45. Paraeducators can facilitate quality education for students with disabilities in all of the following ways except:
   a) allowing the teacher additional time to assess students
   b) by providing students with additional review of class material
   c) providing additional social support for students
   d) by creating lessons that are specifically tailored to a student’s unique interests and needs

46. When paraeducators fulfill their roles, they facilitate quality education for students with disabilities by:
   a) creating additional time for teachers to work directly with students who have disabilities
   b) serving as the primary instructor for the student
   c) making specialized adaptations for the student
   d) serving as the primary liaison with the family
   e) all of the above

47. Paraeducators may work under the direction of one or more professionals in a school, including:
   a) class teacher, and special educator
   b) related service provider
   c) parent, class teacher and special educator
   d) a and b only
   e) b and c only

48. The people who are mainly responsible for adapting learning activities for students, including those with disabilities, in the classroom are:
   a) classroom teachers
   b) special education teachers
   c) paraeducators
   d) a and b only
   e) a, b, and c

49. Which of the following is not a “related services” provider:
   a) speech-language pathologist
   b) classroom teacher
   c) special educator
   d) physical therapist
   e) occupational therapist
   f) b and c only

50. Which of the following professional disciplines partially defines itself as: “a health professional that utilizes the application of purposeful goal-directed activity in the assessment and treatment of persons with disabilities”?
   a) physical therapy
   b) occupational therapy
   c) speech language pathology
   d) school nurse
   e) none of the above
Cooperating Teacher Practicum Summary

Unit 5: Roles and Responsibilities of Paraeducators and Other Team Members

I. Brief Summary of the Unit

This unit will provide the participants with knowledge about the roles and responsibilities of paraeducators and other team members who work with students with disabilities in inclusive settings. The paraeducators will learn that due to the unique needs of individual students their roles may vary in each situation.

The content addressed in Unit 5 includes:

- Roles and responsibilities of paraeducators (e.g., implementing teacher-planned instruction, supervision of students, clerical duties and general duties, behavioral and social support, supporting individual student needs)

- Roles and responsibilities of other team members (e.g., teacher, parent, special educator, related services provider)

II. Practicum Requirements:

1. Paraeducators will use the roles checklist below to identify, with their cooperating teacher, those roles that they are currently performing for the students with disabilities with whom they work. Paraeducators may wish to use the list they created in the class activity (A2 Paraeducator Roles Activity). Any roles they are performing that do not appear on the checklist should be listed at the bottom, and paraeducators and cooperating teachers should discuss why those roles are appropriate to include in the paraeducators' tasks. (Note: reference to the roles of other team members may be useful when discussing the appropriateness of additional tasks.) The cooperating teacher will indicate that this requirement has been completed by checking the box next to the number “1” above.
Paraeducator Roles Checklist

Implementation of Teacher-Planned Instruction
- Implements plans created by and under the direct supervision of a teacher, special educator, or related service provider.
- Monitors and provides assistance to students during classroom activities.
- Supports students using instructional modifications for lessons prepared by the class teacher or special educator.
- Assists the class teacher with scoring student work.
- Checks for work completion.
- Reinforces skills taught previously.
- Communicates with team members about a student’s program.
- Attends team meetings to share and receive information about a student’s progress or program.
- Records and charts data.
- Prepares instructional materials.

Supervision of students
- Supervises students at lunchtime.
- Supervises students at playground and recess.
- Supervises students’ arrival and departure on busses.
- Supervises students between classes.
- Supervises transitions between classes.

Clerical and general duties
- Operates media (e.g., video machines).
- Creates bulletin board displays.
- Photocopies materials.
- Takes attendance.
- Maintains daily logs.
- Maintains records.
- Orders and inventories supplies.
- Sets up and cleans up for class activities.

Behavioral and social support
- Implements behavioral student support plans developed by the teacher or team.
- Communicates with team members about a student’s program and behaviors.
- Observes, records and charts students’ behavioral responses.
- Facilitates peer interactions.

Supporting individual student needs
- Assists with individualized student plans in community learning settings.
- Carries out instructional plans for individual students.
☐ Assists students with personal care, including feeding, toileting, and hygiene support.
☐ Assists students with unique motor or mobility needs.
☐ Assists students with unique sensory needs.

Additional tasks performed by the paraeducator:

________________________________________________________________________________________
________________________________________________________________________________________

2. The paraeducator will use goals identified in class activity A3 (Inclusion Facilitation Activity) to choose one goal that the paraeducator and cooperating teacher agree will enhance the facilitation of inclusion for students with disabilities. (If the paraeducator did not participate in class activity A3, she or he should refer to that section and complete the activity now.) The goal of this activity is to look for a “match” between the paraeducator’s role and the needs of the students. The cooperating teacher will observe the paraeducator “practicing” the agreed upon goal and will give feedback regarding the paraeducator’s strengths and areas where improvement is needed. After the observation, the cooperating teacher and paraeducator will determine if the goal has been demonstrated satisfactorily and indicate that it has by checking the practicum requirement box. If the goal has not been demonstrated satisfactorily, objectives will be written below and an observation date set for the paraeducator to demonstrate additional objectives.

☐ Goal to demonstrate: ______________________________________________________________________

________________________________________________________________________________________

☐ Date for initial observation: ______________________________________________________________________

☐ Feedback regarding observation of goal: ______________________________________________________________________

________________________________________________________________________________________

☐ Additional objectives required to meet the goal (if any): ______________________________________________________________________

________________________________________________________________________________________

☐ Date for observation: ______________________________________________________________________

Note to the Cooperating Teacher: It may be helpful for you to review the required readings for this unit. The readings are available in the paraeducator’s Participant Manual.
Unit 5: Evaluation Form
Roles and Responsibilities of Paraeducators
and Other Team Members

Participant name (optional): _________________________  Date: ____________

Directions: Please check the box next to the statement that best reflects your opinion regarding the following questions.

1. How important were the objectives for this unit?
   - very important
   - important
   - somewhat important
   - not important

2. How relevant were the required readings for this unit?
   - very relevant
   - relevant
   - somewhat relevant
   - not relevant

3. How understandable were the required readings for this unit?
   - very understandable
   - understandable
   - somewhat understandable
   - not understandable

4. How useful were the activities for this unit?
   - very useful
   - useful
   - somewhat useful
   - not useful

5. How understandable were the activities for this unit?
   - very understandable
   - understandable
   - somewhat understandable
   - not understandable

6. How would you rate the quality of the materials for this unit?
   - very high quality
   - high quality
   - fair quality
   - poor quality
7. How **relevant** were the practicum requirements for this unit?
   - very relevant
   - relevant
   - somewhat relevant
   - not relevant

8. How **understandable** were the practicum requirements for this unit?
   - very understandable
   - understandable
   - somewhat understandable
   - not understandable

9. What was the most important or useful thing that you learned from this unit?

10. Please use the rest of this page to make suggestions for improving the objectives, required readings, activities, and practicum requirements for this unit.
Unit 6:

Paraeducators Implementing Teacher-Planned Instruction

Linda Backus & Eileen CichoskiKelly
Participant's Overview

Unit 6: Paraeducators Implementing Teacher-Planned Instruction

Brief Description of Unit

This unit provides information paraeducators will need in order to assist with teacher-planned instruction. This includes (a) accessing and understanding important student information, (b) understanding the components of an effective lesson plan, (c) creating strategies for teaching students, and (d) under supervision, implementing this information in the practicum setting.

Hours of Instruction (In class format)

3 hours of instruction

Unit Objectives

Key: K = Knowledge, S = Skill (Knowledge objectives are addressed through readings and class activities; skill objectives are addressed through practicum activities.)

1. Paraeducators will know the components of the educational program for the students with whom they work, including:
   a) annual goals and objectives from the IEP (individualized education program);
   b) extent of participation in general education curriculum;
   c) supports to be provided to or for a student. (K)
2. Paraeducators will know parts of an effective lesson plan. (K)
3. Paraeducators will know the basic instructional strategies they may be asked to implement. (K)
4. Given supervision and prior preparation by the teacher or special educator, paraeducators will demonstrate effective implementation of teacher-planned instruction. (S)

Preparing for the Unit

Required Readings
Participant Preparation for Unit 6:
- Read the required readings prior to class.
- Based on the required readings, write two questions that are relevant to you or your situation for discussion in class.
- Bring writing materials for note-taking and activities to class.
- Bring your Participant’s Manual to class.
- Review the practicum requirements for Unit 6.

Practicum Requirements

This unit has two required practicum activities, which are designed to be completed at the end of the course within a time frame established by the instructor. The paraeducator and cooperating teacher will collaborate to complete these activities. An accompanying practicum checklist of the activities to be completed and skills to be observed can be found at the end of the manual. In the event that a practicum requirement is not appropriate for a paraeducator’s specific situation, alternate activities can be substituted based on negotiation with the cooperating teacher. The negotiated requirement must be approved by the course instructor.

Evaluation of Participant Learning

Participants are evaluated in three ways: (1) Knowledge Review quiz, (2) attendance and participation in class activities, and (3) completion of practicum requirements. In order to facilitate learning of required readings, participants will take the Knowledge Review quiz at the end of each class session and will receive immediate feedback in class. Participants are encouraged to review questions before class so they can be aware of them during class. This can improve a participant’s success on the quizzes.

Suggested Supplemental Resources

Books and Articles
Web Sites
Association for Supervision and curriculum development: www.ascd.org

The Educational Resources Information Center (ERIC): www.accesseric.org
(go to “Search ERIC database” for “instructional strategies.”)

Videotapes
Washington, DC: ASCD. Tapes 1-5
Unit 6 Required Readings

Paraeducators Implementing Teacher-Planned Instruction

The first reading by Backus & Cichoski-Kelly (2000), provides a broad overview of information paraeducators may need when implementing instruction. We are assuming that lesson planning is the responsibility of the teacher. However, in carrying out those plans, paraeducators can benefit from knowing how lessons are planned, how goals are identified, and how goals can be carried out within a curriculum, along with understanding strategies for teaching.

The second reading by Giangreco & Cravedi-Cheng (1998) provides information about student learning styles and teaching methods. Although these suggestions are tailored for teachers, they are also useful tools for parents, paraeducators, and other service providers. They are written so as to refer to commonly encountered daily situations in which "good teaching methods" might be employed.
Paraeducators Implementing Teacher-Planned Instruction

Linda Backus and Eileen CichoskiKelly

Center on Disability and Community Inclusion
The University Affiliated Program of Vermont, Burlington, VT
April, 2000

Important Information and skills needed for Instruction

Paraeducators should know the components of the educational program for the students with whom they work, including: a) the annual goals and objectives from a student’s IEP (individualized education program); b) the extent of the student’s participation in the general education curriculum, and c) the “supports” to be provided for the student. In addition, knowing the parts of a lesson plan will allow you to implement instruction effectively. Last, this section provides information about strategies for implementing instruction. Some paraeducators will work with students who are not eligible for special education; all of the following components are still important (except for information from the IEP).

What a child is to be taught (the curriculum) and how a child is to be taught (instruction) are determined according to: the general education curriculum (the content and skills taught to students without disabilities, determined by the school’s curriculum standards) and the specific, individually determined skills needed by the student. These skills are determined by the student’s educational planning team and written as annual goals and objectives in the IEP. In part, the IEP includes the specific annual goals for the student, the objectives for meeting those goals, and the supports the student needs in order to achieve his or her goals or access education.

Decisions about what content or skills to teach a student, what is individually important to him or her, what instructional strategies to use, and what supports might be necessary for the student to succeed are made as part of the IEP process for students with disabilities. These decisions are made by each student’s team and are based on a number of factors, including the student’s strengths and needs, the student’s assessment, an understanding of effective instructional practices, state standards, and the expectations of the general education curriculum.

Prior to engaging in instruction paraeducators should know the extent to which a student participates in the general education curriculum. There are many options for how a student can participate within the general education curriculum. These include: 1) participating in a manner that is the same as other students, 2) multi-level curriculum, 3) curriculum overlapping.
General "supports" are those that are provided to or for a student so that he or she may have access to education. They are sometimes referred to as accommodations or management needs. General supports may be provided by teachers, related services staff, and/or paraeducators to meet student needs in at least five categories, such as personal needs (e.g., feeding, dressing); physical needs (e.g., therapeutic positioning, environmental modifications); teaching others about a student (e.g., a special communication system or emergency procedures); sensory needs (e.g., braille, hearing aid); and access and opportunities (e.g., providing literacy materials, mobility training, vocational experiences).

Your role as a paraeducator is to assist the educators in implementing instruction that reflects the priority learning outcomes articulated in the student’s IEP, and within the general education curriculum. If you are unsure about the student’s goals or your instructional responsibilities, you should speak with your direct supervisor.

**Components of effective lesson plans**

As a paraeducator, you should be implementing instruction designed by qualified professionals. Instructional plans, or lesson plans, provide a framework to guide instruction. They will give you crucial information that you will need to teach your students. Although they vary in format, lesson plans generally include a number of components, including: the specific objectives or purpose of the lesson; a description of the materials to be used (e.g., textbooks and pages, supplies, computer programs, equipment); information on how to instruct (e.g., via demonstration, practice, activities); suggestions for grouping students; suggestions for how to respond to correct and incorrect answers; and information about how to evaluate student progress (e.g., via quiz, test, performance).

**Effective instructional strategies:**

Although a student’s goals, objectives, and supports have been determined by the student’s educational team and the special or general educator has developed a lesson plan, the components of actual instruction are important to know. The following are some suggestions for ways to teach new skills.

- Good teaching methods benefit all students, including students with and without disabilities. Common methods include: modeling, demonstrating, holding class discussions, practicing, using guided discovery, conducting experiments, taking field trips, using multi-media technology, employing questions, handling manipulative materials, using games, and giving corrective feedback.

- Make sure the learning environment contributes to maximizing student attention on the learning task(s) at hand. You can do this by minimizing distractions, maintaining eye contact, periodically checking (or asking questions) to find out if the material is being understood. If the student is not paying attention, try another way or check with your supervisor about other ideas.
• When presenting new information, always provide some information regarding why the information is important and what the student will be expected to do. It is also helpful to explain or show what a completed product or skill should look like. These are called advanced organizers. Using them helps people retain new skills.

• Always know why you’re teaching the material and try to relate it to previously learned information or significant information in the student’s life. When you are finished with a lesson, always briefly review what was learned. This aids in remembering the steps and the skills learned.

• Paraeducators can use various ways to demonstrate skills and tasks that reflect the student’s learning style. This is known as modeling. Demonstrations should be clear, simple, and broken down into sequential steps. After the demonstration or modeling, the student should be given a chance to model the step and should be given feedback before going on to the next step. Combining visual cues or verbal directions can enhance the instruction. Allowing the student time to practice the skill, once acquired, especially in more than one setting, will help him or her retain the new skill or knowledge.

• It is important to give students feedback on how they are doing. The best kind of feedback is immediate, points out the positive, is specific, and points out a way to improve. The more specific, the better. For instance, instead of saying, “Good job, Sally,” try stating exactly what Sally did that was good: “Sally, you learned that new strategy for long division so well that you can now move on to two digits!”

• When a student makes an error, it is good practice to point it out in a nonjudgmental way and give the student more information or help until the lesson is learned. Try not to complete the task for the student. Whenever a student makes a mistake, there are a number of responses that you may use to help the student succeed at the task:
  • indicating “Try again”
  • expanding on the information provided
  • simplifying the problem
  • asking leading questions
  • modeling the correct response
  • modeling then doing
  • simplifying the model
  • providing physical assistance (the least amount necessary)

More specialized instruction:
If students are not progressing adequately with the teaching methods listed above, more precise methods may be helpful (Giangreco & Cravedi-Cheng, 1998). The methods selected by the teacher should take into consideration the goals, the student’s learning style and characteristics, and the most status-enhancing (and least disruptive) to teach any skill.

Reference
Quick-Guide #7

Instructional Strategies

Michael F. Giangreco and Lia Cravedi-Cheng

Quick-Guides to Inclusion 2:
Ideas for Educating Students with Disabilities

Michael F. Giangreco, Ph.D.
Series Editor
Dear Team Member,

Everybody is concerned about the quality of instruction offered by our schools because, in one way or another, it affects everyone in our community. The reflection, problem solving, and action required to address a specific student’s learning needs help us gain new insights and skills we can apply to help other students learn.

Many general and special educators used to assume that general education teachers could not successfully teach students with disabilities, so those students were sent to special education classes. In far too many cases, they encountered low expectations and had limited access to peers without disabilities, too much instructional “downtime,” and questionable curriculum. In a small number of situations, students did receive better instruction that was data-based, replicable, and guided by sound principles of learning, which was sometimes referred to as “systematic instruction.”

Although more systematic instruction may have been technically stellar, too frequently it 1) was applied to questionable curriculum content, 2) was applied out of context, 3) limited students’ access to typical places, activities, and relationships, and 4) ignored students’ learning styles. Placing students in inclusive classes sets the stage to address these problems, but it is not enough. Many people have suggested using systematic instruction in general education classrooms, but it hasn’t fit as well as it has when used in special education classes. Our challenge is to apply these time-tested ideas about good teaching in new and contextually viable ways. These are instructional strategies you already know. Remember, the principles of teaching and learning don’t change just because someone puts a label on a child; these methods just need some adaptation so you can meet the unique needs of the child.

Good Luck!

Michael and Lia
1. Know Each Student's Characteristics and Learning Styles
2. Choose Meaningful Learning Outcomes
3. Establish Shared Expectations
4. Use Good Teaching Methods
5. Use More Good Teaching Methods
6. Use Even More Good Teaching Methods
7. Plan How to Address Learning Outcomes in Classroom Activities
8. Provide Sufficient Learning Opportunities, and Be Consistent
9. Collect Data on Student Learning
10. Use Data to Make Instructional Decisions
Know Each Student's
Characteristics and Learning Styles

It may seem almost too obvious to mention, but good instruction begins by knowing the student's characteristics and learning styles across a variety of dimensions. Often education teams unproductively focus too much on a student's disabilities or perceived impairments. Although those characteristics may be too important to ignore, it is more helpful to consider students' attributes and abilities when you design instruction and select environments conducive to learning. For example, knowing that a student is blind eliminates certain visual approaches to instruction but doesn't provide constructive information on which to build. Conversely, knowing that a student who is blind has good tactile discrimination abilities is much more useful from an instructional standpoint.

You may draw information about students' characteristics and abilities from many potential sources such as parent interviews, reports from support service specialists, direct observations, and conversations with last year's teacher—but nothing can replace the knowledge you will gain through ongoing, personal teaching interactions with students.

Ask yourself what you know about each student's abilities and characteristics in these categories:

1. Cognitive (e.g., has good categorization and memory skills)
2. Physical (e.g., has consistent motor control over head movements side to side, has functional use of right hand)
3. Sensory (e.g., can orient toward the source of sounds, prefers using materials with smooth textures)
4. Social/Emotional (e.g., has an even temperament, is very sociable, enjoys interactions with peers)
5. Motivational (e.g., is motivated by participation in games and activities)
6. Interactional (e.g., prefers working in small groups)
7. Creative (e.g., likes drawing and performing in plays, likes folk music)

Use these categories to design instruction that builds on each student's strengths and preferences.
Choose Meaningful Learning Outcomes

Even the best instructional strategies are of limited value unless they are applied to helping students learn something important. Therefore, selecting meaningful learning outcomes is an essential precondition of quality instruction. So what are important learning outcomes? State and local school officials are addressing this ever-evolving question more frequently than ever before. Working with community members, they are establishing educational standards designed to reflect learning outcomes that are considered important for all children. People here in our home state, Vermont, have been developing local standards based on Vermont's Common Core Framework for Curriculum and Assessment (Vermont Department of Education, 1996). The Common Core consists of two main categories of standards: 1) Vital Results (i.e., communication, reasoning and problem solving, personal development, and civic/social responsibility) and 2) Fields of Knowledge (i.e., arts, language, and literature; history and social sciences; and science, mathematics, and technology). Local schools in Vermont use this framework to develop curricula that address local and state standards.

Although standards are helpful in ensuring that all students, including those with disabilities, receive a well-rounded education, one of the hallmarks of special education is providing individualized education. Sometimes appropriate individualization requires selecting learning outcomes that extend beyond the boundaries of the traditional curriculum. When selecting individually important learning outcomes, you should consider criteria such as 1) functionality, 2) frequency of use, 3) age appropriateness, 4) ongoing and future usefulness, 5) student preference, 6) parental priority, and 7) immediacy of need. Our time to work with students is limited, so it is critical that we teach learning outcomes that are important to each student and valued in the greater community.
Establish Shared Expectations

A common source of anxiety for classroom teachers is understanding what others, such as parents, administrators, and special educators, expect of them. Classroom teachers frequently ask “Do you expect me to teach students with disabilities most or all of what I teach the other students without disabilities?” Whether administrators, special educators, and parents answer “yes” or “no,” it is important to ensure that everyone shares a common expectation of what students with disabilities should learn and who will be responsible for which part of the teaching process. Certainly the adults involved in teaching the children need to talk about this, but far too often students are left out of this loop inappropriately. To provide good instruction, educators must choose challenging but reasonably attainable goals for their students and make students aware of these expectations. Students should receive an ever-increasing voice in designing their own learning activities. Self-advocating and making choices of this sort are critical aspects of personal development.

You and the rest of the team should start by identifying a small, individualized set of learning priorities—often ones that are rooted in student- and family-centered perspectives. Next, agree on a larger set of additional learning outcomes that make up an overall educational program based on local or state standards. These learning outcomes may include goals that extend beyond what is typically part of the general curriculum. Many students with disabilities also need to receive general supports and services that allow for their participation in class.

It may be helpful if you use a one- to two-page Program-at-a-Glance to summarize the student’s educational program in three parts: 1) priorities, 2) other learning outcomes, and 3) general supports. Clarifying expectations by using this type of concise listing can assist you in planning and scheduling; serve as a helpful reminder of the student’s individualized needs; and provide an effective way to communicate the student’s needs to special subject teachers such as art, music, and physical education teachers.
The vast majority of students with disabilities respond favorably to many of the same teaching methods that are effective with students who do not have disabilities. These common methods include modeling and demonstrating, holding class discussions, practicing, guiding discovery, conducting experiments, taking field trips, offering participatory activities, using multimedia technology, employing question-asking strategies, handling manipulative materials, using educational games and play, demonstrating positive and negative examples, giving corrective feedback, and assigning individual or small-group projects.

Challenges arise when students do not progress adequately when you have used typical instructional methods. In such cases, you must augment instruction with more precisely applied methods. Guidelines #5 and #6 contain instructional methods that you can apply within the context of typical class activities. Don’t be intimidated by the technical names that come from the field of applied behavior analysis (Alberto & Troutman, 1995; Snell & Brown, 1993) because you will recognize that you have used many or all of these strategies before. Choose from these methods based on 1) which method or combination of methods is most likely to be effective based on your knowledge of the student’s characteristics, 2) which learning outcomes you have identified, and 3) which method you can apply in the most status-neutral or status-enhancing way in typical settings.

If you’ve ever taught a child to tie shoelaces or do long division, you may have used task analysis. Task analysis involves breaking a skill down into its component parts to help students learn the skill. Sometimes these components are fairly large chunks of behavior; at other times they are very small. Each step in a task analysis has a built-in prompt for the next step. If you find that a student has a problem with only one particular part of a skill, then that may be the only part that you need to teach through task analysis. (See Guidelines #5 and #6 for more methods.)
If you've ever taught a child how to dress himself, you've probably used some form of chaining, such as continuous chaining (all steps of the task analysis are taught), forward chaining (steps are taught from the beginning of the sequence until the student makes an error; instruction proceeds only after the step is mastered), and backward chaining (the last step only is taught until it is mastered; the teacher then moves backward through the sequence, adding one step at a time until reaching the beginning). When using backward chaining to teach a child to zip her coat, you would complete all the steps except pulling the zipper the last few inches. Ask her to pull the zipper the last few inches, then ask her to pull the zipper from near the bottom, then ask her to join the two parts of the zipper together and to zip the coat by herself.

If you've ever taught a child how to ride a bike, cross the street, or dial a telephone, you may have used errorless learning. Errorless learning refers to guiding a student through a task by using sufficient prompts so that the student successfully finishes the task as quickly as possible while making as few errors as possible. The teacher interrupts errors as they occur and provides guidance. As the student becomes more proficient, guidance is faded. Errorless learning provides repeated opportunities for practicing a skill correctly and is useful for tasks in which errors could be dangerous (e.g., crossing the street).

If you've ever taught a child how to read a clock face, you may have used cue redundancy. Cue redundancy involves exaggerating the relevant dimension of a cue to help the child discriminate between it and other cues. For example, when teaching the difference between a clock's hour and minute hands by using cue redundancy, length (not color or shape) is the relevant dimension that you would exaggerate by making the hour hand very short and the minute hand very long. You would gradually change the hands to more typical lengths. (See Guideline #6 for more methods.)
If you've ever taught a child how to compose a story, you've probably used shaping. When you use shaping, you simply reinforce increasingly proficient approximations of the target skill. For example, teachers expect increasing detail, description, spelling accuracy, and proper use of grammar in students' compositions. Shaping is a developmental process of starting at the student's current level and moving forward at her own pace.

If you've ever taught a child early handwriting skills, you've probably given prompts and cues. Prompts and cues include full physical guidance, partial physical guidance, modeling, verbal directions, questions, reminders, encouragement, and visual cues. You can provide prompts and cues prior to or following student responses and should fade prompts and cues as quickly as possible. For example, using dotted lines and letter shapes in handwriting instruction is a cue that you can fade.

If you've ever taught a child to say "thank you" in response to receiving something, you've probably used time delay. Time delay refers to the pairing of two cues simultaneously (zero delay), one cue to which you know the student will respond correctly and another cue (often natural) to which you would like the student to respond. For example, when teaching a young child to say "thank you," you want him to respond to the natural cue of receiving an object. You can start teaching this by simultaneously pairing the natural cue (receiving something) with the extra cue: "Say 'thank you.'" When he repeats "thank you," you can insert a time delay (e.g., a couple of seconds) between the natural cue and the extra cue and gradually increase the delay. When the time delay is long enough, he will respond with "thank you" before receiving the extra cue. Fade extra cues at the same time that you increase the time delay (e.g., replace "Say 'thank you'" or "What do you say?" with an expectant look). Time delay can be especially helpful for teaching students who are not imitative.
Plan How to Address Learning Outcomes in Classroom Activities

Planning an inclusive lesson requires the teacher to piece together creatively many bits of knowledge. This begins by identifying individual learning outcomes for each student in the group, whether the group is large or small. Although students with disabilities may have the same learning outcomes as their peers without disabilities during some activities, frequently their learning outcomes are different. They may be slightly or significantly different in scope or in content within the same curriculum area (e.g., social studies). At other times a student’s learning outcomes may come from a different curriculum area than the activity that they are completing. For example, a student may be participating in a science experiment but focusing on communication and literacy outcomes such as “describes an observation verbally and in writing.” When it’s not obvious, you can use variations of the Osborn-Parnes Creative Problem-Solving Process (Giangreco, Cloninger, Dennis, & Edelman, 1994; Parnes, 1981) to figure out which individualized learning outcomes are suited to particular class activities.

Once you have identified the class activity and learning outcomes, you should ask a series of basic questions to plan the lesson. First, ask “What will I do as a teacher?” Your answer should include factors such as environmental arrangements, student groupings, materials used, directions given, and extra cues provided. Second, ask “What does it look like when the student responds correctly?” You should look for observable behavior(s) rather than a single type of correct response. Third, ask “What will you do if the student responds correctly, does not respond, or responds incorrectly?” You must be prepared for these possibilities and may need to include in your lesson such components as feedback, reinforcement, correction procedures, prompts, more time for responding, or additional opportunities for responding. Fourth, ask “How will you describe, measure, and document student progress so that it can be used to facilitate learning?” Remember, instruction is a cyclical, continuing process.

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Most students require frequent opportunities to interact with content or to practice a skill in order to learn it. In fact, sometimes students with disabilities need even more opportunities than their peers without disabilities. As you think about how to address learning outcomes in classroom activities, you should also think about the various opportunities you can provide for students to experience those outcomes. For example, if a student has the learning outcome “initiatiest interactions with peers,” it would be important for you to consider appropriate times when the student could practice that skill within an activity or series of activities planned for the day or the week. If students work in pairs or in small groups, they will have appropriate and naturally occurring opportunities. You can use an activity/goal matrix to help identify learning opportunities (Giangreco, Cloninger, & Iverson, 1998). Remember, it is also okay to ask for help. There are people in your school or community who can help you identify opportunities for students to practice target skills.

Just as students need multiple opportunities to interact with content and need to practice skills at different times and in different situations, students also need to experience consistency. If you have decided to cue or to reinforce a skill in certain ways, you and other classroom staff (and maybe even students) need to feel comfortable enough with those procedures to use them consistently. To be truthful, this is sometimes difficult; you may make mistakes, but that’s unavoidable. What matters is that you are thinking consciously about your teaching methods and are doing your best to be consistent. As you consider how to provide consistent learning experiences, think beyond the immediate classroom staff to special area teachers, office staff, cafeteria staff, and schoolmates. Pursue this extent of consistency only in situations in which it is critical. Some naturally occurring variation in learning experience and reinforcement can facilitate generalization across settings, people, and cues, which is desirable for optimal achievement.
Teachers often have an intuitive sense of how their students are progressing. In order to validate those impressions, it is important to gather additional information through some form(s) of systematic data collection. Encourage your colleagues to value data collection because it provides an index of professional accountability and serves as a vital step in the teaching/learning cycle.

To measure progress, you must first focus on the learning outcomes you have identified for the student and translate them into behaviors that you can observe and document. You then need to select a method for evaluating the behaviors. There are many ways to do this, and you probably already use a number of them. Quizzes, tests, projects, observations, demonstrations, and work samples are all useful measures of progress. These various indicators can tell you information such as 1) the percentage of accuracy the student has achieved, 2) the frequency with which the student uses a skill, 3) the rate at which the student accomplishes a task, 4) the quality of work the student generates, 5) the length of time a student's attention can be sustained, 6) the number of steps in a series (i.e., from a task analysis) the student can successfully complete, and 7) the way that the student's quality of life has improved as a result of working toward certain learning outcomes.

The data collection methods you choose and the information for which you look should be directly related to the student's learning outcomes. For example, think back to the learning outcome mentioned in Guideline #8: "initiates interactions with peers." Given that stated outcome, you might want to observe the student to measure the frequency of interactions with classmates during small working groups. A student's team should agree on data collection methods, and a variety of team members, including the student, should collect data.

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Available through Paul H. Brookes Publishing Co., Baltimore: 1-800-635-3775

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Unit 6 Activity Sheets

Paraeducators Implementing Teacher-Planned Instruction
Learning Outcomes and General Supports Activity Sheet

Directions: Code each item below as "LO" for learning outcomes or "GS" for general supports.

A student:

_____ identifies three different types of clouds.
_____ expresses "more."
_____ needs to be fed food and drinks.
_____ needs to be physically moved from place to place.
_____ makes choices when given options.
_____ needs to be physically repositioned at regular intervals.
_____ expresses feelings.
_____ follows instructions.
_____ initiates social interactions
_____ needs to have hearing aids monitored (e.g., batteries, settings).
_____ needs enlarged materials.
_____ dresses and undresses by him or herself.
_____ receives assistance to manage his or her personal belongings.
_____ engages in leisure activities.
_____ receives access to materials in his or her native language
_____ calculates single-digit facts.
_____ defines ten new vocabulary words.
_____ needs time limits extended or waived.
_____ needs class notes recorded in any form.
_____ uses a computer to complete written assignments.
_____ tells time to the quarter hour.
_____ identifies each of the European countries.
Unit 6 Forms

Paraeducators Implementing Teacher—Planned Instruction

- Knowledge Review
- Cooperating Teacher Practicum Summary
- Evaluation Form
Name: 

Date: 

Site: 

Instructor: 

Directions: Read each question and circle the letter corresponding to the one item that you think is the best answer.

51. To effectively implement instruction for students with disabilities, a paraeducator should know:
   a) the students' annual goals from their individual educational program
   b) the students' extent of participation in the general education curriculum
   c) the supports that need to be provided to or for the students
   d) a and b only
   e) a, b, and c only

52. Which of the following are important parts of a lesson plan to know about when implementing instruction?
   a) definitions of correct and incorrect responses
   b) consequences for correct and incorrect responses
   c) specific diagnosis of the student's disability
   d) a and b only
   e) a, b, and c

53. When implementing a lesson plan it is important to know:
   a) how the students should be arranged
   b) what materials will be needed
   c) the objectives for all students
   d) how data about student performance will be collected
   e) all of the above

54. What is it called when you teach a child to zip his or her coat, for example, by starting with mastery of the last step and progressing to the previous step until the whole skill is learned?
   a) errorless learning
   b) shaping
   c) prompting
   d) backward chaining
   e) time delay
55. Which of the following statements is true? Students with disabilities:
   a) always require instructional approaches to learning that differ from those of their peers without disabilities.
   b) can benefit from the same instructional approaches as their peers without disabilities and never need instructional approaches that are more specialized.
   c) can benefit from many of the same instructional approaches as their peers without disabilities, though they may need more specialized approaches if they do not progress adequately using typical approaches.
   d) need about half of their instruction to be the same as that of their peers without disabilities and about half specialized.

56. Providing feedback is an important skill in helping a student learn something new. Which of the following is not a characteristic of effective feedback?
   a) using a standard phrase every time a student makes a correct response (e.g., "good job")
   b) providing specific information about what was correct
   c) providing feedback frequently
   d) providing feedback in a positive way as immediately as possible

57. Organizing materials, maximizing student attention, providing advanced organizers, and relating new information are all:
   a) techniques for adapting materials
   b) ways to effectively prepare for teaching something new
   c) strategies for assessing new skills
   d) IEP goals for a student

58. Exaggerating the significant elements of a task to make it easier for a student to learn is called:
   a) error correction
   b) cue redundancy
   c) least intrusive prompts
   d) task analysis

59. Breaking down tasks into their smaller component parts to facilitate learning is termed:
   a) task analysis
   b) incidental learning
   c) accommodations
   d) shaping

60. Who should develop the activities and lesson plans for the student(s) with disabilities with whom you work?
   a) the general educator
   b) the special educator
   c) the paraprofessional
   d) either a or b, but the process should be decided upon by the student's team
Cooperating Teacher Practicum Summary

Unit 6: Paraeducators Implementing Teacher-Planned Instruction

I. Brief Summary of the Unit

This unit provides the participants with knowledge they will need in order to assist with teacher-planned instruction. This includes: a) accessing and understanding important student information, b) understanding the components of an effective lesson plan, and c) strategies for teaching students. The practicum provides an opportunity to demonstrate these implementation skills and tailor them to the classroom.

The content addressed in Unit 6 includes:

- The components of the educational program for students with disabilities:
  a) annual goals and objectives from the Individual Education Program
  b) extent of participation in general education curriculum
  c) supports to be provided to for a student
- Basic instructional strategies and components of effect lesson plans

II. Practicum Requirements

1. With the supervision of the cooperating teacher, the paraeducator identifies the following educational program components for one student (listing all components and summarizing them below). The student’s name and other identifiable information should be omitted when submitting this to the instructor.

Student Educational Program Components

IEP goals: ___________________________________________________________
                                        __________________________________________________________
                                        __________________________________________________________
                                        __________________________________________________________

General education goals: _____________________________________________
                                        __________________________________________________________
                                        __________________________________________________________
General supports: 

Lesson plans and teaching strategies to be used: 

Types of accommodations to be used: 

☐ 2. The paraeducator will meet with his or her cooperating teacher and review the lesson plan skill list below. The paraeducator and cooperating teacher will decide on five or more skills that the paraeducator will demonstrate during the implementation of a teacher-developed lesson. The cooperating teacher and the paraeducator will arrange a time for the cooperating teacher to observe the paraeducator performing the selected skills. The cooperating teacher will indicate that the paraeducator has completed the skills by marking a check in the box next to the number “2” above.

Lesson Plan Skill List
The paraeducator should select five or more of the following (by marking a check in the box next to the skill) to be observed by the cooperating teacher.

☐ Initiates the lesson appropriately.
☐ Maintains student attention.
☐ Plans materials and steps in advance.
☐ Gives students an overview and goal of the activity.
☐ Gives students clear, sequential directions.
☐ Presents new information.
☐ Relates new information to previously learned information.
☐ Demonstrates the new skill.
☐ Uses a variety of prompts consistently and appropriately.
☐ Uses visual cues.
☐ Uses gestural cues.
☐ Uses physical cues.
☐ Gives students specific feedback in a positive manner.
☐ Corrects student errors appropriately.

Note to the Cooperating Teacher: It may be helpful for you to review the required readings for this unit. The readings are available in the paraeducator’s Participant Manual.
Unit 6 Evaluation Form
Paraeducators Implementing Teacher-Planned Instruction

Participant name (optional): ___________________________ Date: ___________

Directions: Please check the box next to the statement that best reflects your opinion regarding the following questions.

1. How **important** were the objectives for this unit?
   - very important
   - important
   - somewhat important
   - not important

2. How **relevant** were the required readings for this unit?
   - very relevant
   - relevant
   - somewhat relevant
   - not relevant

3. How **understandable** were the required readings for this unit?
   - very understandable
   - understandable
   - somewhat understandable
   - not understandable

4. How **useful** were the activities for this unit?
   - very useful
   - useful
   - somewhat useful
   - not useful

5. How **understandable** were the activities for this unit?
   - very understandable
   - understandable
   - somewhat understandable
   - not understandable

6. How would you rate the **quality** of the materials for this unit?
   - very high quality
   - high quality
   - fair quality
   - poor quality
7. How **relevant** were the practicum requirements for this unit?
   - very relevant
   - relevant
   - somewhat relevant
   - not relevant

8. How **understandable** were the practicum requirements for this unit?
   - very understandable
   - understandable
   - somewhat understandable
   - not understandable

9. What was the most important or useful thing that you learned from this unit?

10. Please use the rest of this page to make suggestions for improving the objectives, required readings, activities, and practicum requirements for this unit.
Practicum Requirements
Practicum Requirements
for

(Participant's Name)

I__________________________, verify that ______________________________
(cooperating teacher) (paraeducator)
has satisfactorily completed all practicum requirements checked on
this listing.

Signature of the Cooperating Teacher  Date
Practicum Requirements
Unit 1: Collaborative Teamwork

☐ 1. a) The paraeducator will inform the cooperating teacher of the two or three collaborative skills that he or she identified in the Unit 1 Lesson: "Draw an Ideal Team Member Activity." The paraeducator will record those skills below:

1. 
2. 
3. 

b) The paraeducator will demonstrate the skills he or she identified in interactions with team members.

c) The cooperating teacher will indicate that the paraeducator has demonstrated the identified skills by marking a check next to each completed skill above.

☐ 2. The paraeducator will meet with the cooperating teacher to make a plan for how the paraeducator will be connected to the team for students with whom they work (e.g., planning a regular communication strategy for giving and receiving information). The paraeducator will record the plan below:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
The paraeducator will meet with the cooperating teacher to identify any additional training, information, or resources needed. The paraeducator will record training needs on the checklist below, indicating for each unit: what the training needs are, when the needs will be addressed, and how the needs will be addressed (e.g., workshop, resource, consultation).

Name ____________________________

Additional Training Needs: (what, where, & how)

Unit 1

Unit 2

Unit 3

Unit 4

Unit 5

Unit 6
Practicum Requirements
Unit 2: Inclusive Education

☐ 1. The paraeducator will consult with his or her cooperating teacher to review the Hindering/Facilitating Worksheet completed in class (Hindering/Facilitating Activity).

a) The paraeducator and the cooperating teacher will discuss what can be done to facilitate the categories listed on the worksheet, and they will choose two categories that the paraeducator will work on in the school (e.g., ways to promote peer interactions and facilitate inclusion with classmates).

b) The paraeducator and the cooperating teacher will outline steps indicating how the paraeducator will work on the chosen categories in the school. The steps will be recorded below:

Category 1: ____________________________________________

_________________________________________________________________

Category 2: ____________________________________________

_________________________________________________________________

c) The cooperating teacher will indicate that the paraeducator has completed the steps for each category by marking a check next to the completed steps above.
Practicum Requirements
Unit 3: Families and Cultural Sensitivity

The practicum for this section has two categories of activities, each of which reflects a major portion of the content. These categories are:

(a) learning about confidentiality protocols and policies;
(b) clarifying family-school communication procedures.

For the practicum, select one activity in each of the categories to complete. (Note: The category of confidentiality has only one activity.) The paraeducator will discuss each with his/her cooperating teacher.

Confidentiality:

1. The paraeducator will find and read the following documents in his/her school:
   - the list of who has access to special education records
   - the district's requirements for confidentiality
   - the notification to parents concerning the Family Educational Rights Privacy Act;
   - the building's policies regarding communicating with parents of students.

   After the paraeducator has completed reading the lists, summarize their key points as they affect the paraeducator's position and discuss these with the cooperating teacher.

Family-school collaboration:

2. The paraeducator will find out from his/her classroom teacher and special educator the types of communication methods used for the student(s) with whom she/he works and describe the protocols for each. For instance, are daily "logs" sent home? Weekly progress reports? Once a month memos, daily phone calls, newsletters, etc.?

3. The paraeducator will decide with his/her team what information the team needs from the paraeducator on a daily basis (about student progress) in order to make effective, clear home-school communications. The paraeducator should try to emphasize what the student has done correctly and be especially sensitive to cultural and language issues that might affect communication.

4. The paraeducator will make a list of home-school communication guidelines for his/her own records along with a list or copies of home-school communication vehicles (newsletters, memos, phone calls, etc.). The paraeducator will share this with his/her cooperating teacher for approval.

3. The cooperating teacher will indicate that the paraeducator has completed the activities by marking a check next to the completed activities above.
Practicum Requirement
Unit 4: Characteristics of Children and Youth with Various Disabilities

☐ 1. a) The paraeducator will consult with his or her cooperating teacher to identify one area of disability that the paraeducator would like to learn more about.

   b) The paraeducator will use the Additional Training Needs checklist (located in Unit 1 Practicum Requirements #3) to record a plan that outlines which disability category will be explored, when the paraeducator will collect the information about it, and how the paraeducator will collect information.

   c) The cooperating teacher will indicate that the paraeducator has completed the practicum requirement by marking a check in the box by #1 above.
Practicum Requirements
Unit 5: Roles and Responsibilities of Paraeducators and Other Team Members

☐ 1. Paraeducators will use the roles checklist below to identify, with their cooperating teacher, those roles that they are currently performing for the students with disabilities with whom they work. Paraeducators may wish to use the list they created in the class activity (A2 Paraeducator Roles Activity). Any roles they are performing that do not appear on the checklist should be listed at the bottom, and paraeducators and cooperating teachers should discuss why those roles are appropriate to include in the paraeducators’ tasks. (Note: reference to the roles of other team members may be useful when discussing the appropriateness of additional tasks.) The cooperating teacher will indicate that this requirement has been completed by checking the box next to the number “1” above.

Paraeducator Roles Checklist

Implementation of Teacher-Planned Instruction
☐ Implements plans created by and under the direct supervision of a teacher, special educator, or related service provider.
☐ Monitors and provides assistance to students during classroom activities.
☐ Supports students using instructional modifications for lessons prepared by the class teacher or special educator.
☐ Assists the class teacher with scoring student work.
☐ Checks for work completion.
☐ Reinforces skills taught previously.
☐ Communicates with team members about a student’s program.
☐ Attends team meetings to share and receive information about a student’s progress or program.
☐ Records and charts data.
☐ Prepares instructional materials.

Supervision of students
☐ Supervises students at lunchtime.
☐ Supervises students at playground and recess.
☐ Supervises students’ arrival and departure on busses.
☐ Supervises students between classes.
☐ Supervises transitions between classes.
Clerical and general duties
☐ Operates media (e.g., video machines).
☐ Creates bulletin board displays.
☐ Photocopies materials.
☐ Takes attendance.
☐ Maintains daily logs.
☐ Maintains records.
☐ Orders and inventories supplies.
☐ Sets up and cleans up for class activities.

Behavioral and social support
☐ Implements behavioral student support plans developed by the teacher or team.
☐ Communicates with team members about a student’s program and behaviors.
☐ Observes, records and charts students’ behavioral responses.
☐ Facilitates peer interactions.

Supporting individual student needs
☐ Assists with individualized student plans in community learning settings.
☐ Carries out instructional plans for individual students.
☐ Assists students with personal care, including feeding, toileting, and hygiene support.
☐ Assists students with unique motor or mobility needs.
☐ Assists students with unique sensory needs.

Additional tasks performed by the paraeducator:

☐ 2. The paraeducator will use goals identified in class activity A3 (Inclusion Facilitation Activity) to choose one goal that the paraeducator and cooperating teacher agree will enhance the facilitation of inclusion for students with disabilities. (If the paraeducator did not participate in class activity A3, she or he should refer to that section and complete the activity now.) The goal of this activity is to look for a “match” between the paraeducator’s role and the needs of the students. The cooperating teacher will observe the paraeducator “practicing” the agreed upon goal and will give feedback regarding the paraeducator’s strengths and areas where improvement is needed. After the observation, the cooperating teacher and paraeducator will determine if the goal has been demonstrated satisfactorily and indicate that it has by checking the practicum requirement box. If the goal has not been demonstrated
satisfactorily, objectives will be written below and an observation date set for the paraeducator to demonstrate additional objectives.

☐ Goal to demonstrate: __________________________________________________________

___________________________________________________________________________

☐ Date for initial observation: ________________________________________________

☐ Feedback regarding observation of goal: ______________________________________

___________________________________________________________________________

☐ Additional objectives required to meet the goal (if any):

___________________________________________________________________________

___________________________________________________________________________

☐ Date for observation: _______________________________________________________

___________________________________________________________________________
Practicum Requirements
Unit 6: Paraeducators Implementing Teacher-Planned Instruction

☐ 1. With the supervision of the cooperating teacher, the paraeducator identifies the following educational program components for one student (listing all components and summarizing them below). The student's name and other identifiable information should be omitted when submitting this to the instructor.

Student Educational Program Components

IEP goals:  

General education goals:  

General supports:  

Lesson plans and teaching strategies to be used:  

Types of accommodations to be used:  

☐ 2. The paraeducator will meet with his or her cooperating teacher and review the lesson plan skill list below. The paraeducator and cooperating teacher will decide on five or more skills that the paraeducator will demonstrate during the implementation of a teacher-developed lesson. The cooperating teacher and the paraeducator will arrange a time for the cooperating teacher to observe the paraeducator performing the selected skills. The cooperating teacher will indicate that the paraeducator has completed the skills by marking a check in the box next to the number "2" above.

Lesson Plan Skill List
The paraeducator should select five or more of the following (by marking a check in the box next to the skill) to be observed by the cooperating teacher.

☐ Initiates the lesson appropriately.
☐ Maintains student attention.
☐ Plans materials and steps in advance.
☐ Gives students an overview and goal of the activity.
☐ Gives students clear, sequential directions.
☐ Presents new information.
☐ Relates new information to previously learned information.
☐ Demonstrates the new skill.
☐ Uses a variety of prompts consistently and appropriately.
☐ Uses visual cues.
☐ Uses gestural cues.
☐ Uses physical cues.
☐ Gives students specific feedback in a positive manner.
☐ Corrects student errors appropriately.