

Italian and American progress toward Inclusive Education: common concerns and future directions

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Abstract

Over the past two years, six sets of Italian scholars have responded to questions posed by Giangreco, Doyle and Suter (2012) in a descriptive study about school demographic data pertaining to the inclusion of students with disabilities in Italy. In this reply to those responses, the authors discuss five concerns they share in common with their Italian colleagues: (a) disability identification, labeling and disproportionate placement, (b) the role of the medical model in education, (c) lack of shared definitions about inclusive education, (d) roles and capacity of general education teachers, and (e) micro-exclusions in general education schools and classrooms. The authors conclude with potential future directions to facilitate inclusive educational opportunities and outcomes for all students.

Keywords: Inclusive education; School personnel roles; Disability identification.

Received: April 4, 2014, *Accepted:* May 5, 2014.

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1. Italian and American progress toward Inclusive Education: common concerns and future directions

“Nulla si fa senza volontà!” “Without commitment nothing gets done!” This Italian proverb offers a simple truth, namely that commitment is foundational to the pursuit of achieving any worthy aim, in this case quality inclusive educational opportunities for children and youth with disabilities. This is the reason why, in 2011, the first two authors were drawn to spend a sabbatical semester studying the inclusion of children and youth with disabilities in Italy (Giangreco & Doyle, 2012), a country with a longstanding international reputation for its practice of *integrazione scolastica* and an ongoing commitment to including students with disabilities in general education classrooms (Canevaro & de Anna, 2010; D’Alessio, 2011). We immersed ourselves in Italian culture and schooling, positioning ourselves as learners in an effort to better understand Italian approaches to including students with disabilities and gain insights that we might apply in our own context in the United States.

As one aspect of our sabbatical visit, we collected a convenient and modest set of school demographic data from 16 schools in five regions of Italy (i.e., Lazio, Lombardia, Puglia, Sicilia, Veneto) that we analyzed and shared in *Life Span and Disability* (Giangreco, Doyle, & Suter, 2012). Given our emerging understanding of the Italian education system and its many intricacies, we thought it would be imprudent to make judgments about the meaning of these data through our lens as Americans. Instead, we explained our understanding of these same types of demographic data based on some of our recent research in an American context (e.g., Suter & Giangreco, 2009; Giangreco, Broer, & Suter, 2011; Giangreco, Suter, & Hurley, 2013), posed a series of questions, and invited Italian scholars to share their perspectives about what these data mean to them in the Italian context. We were grateful to receive six replies from a set of respected Italian scholars who study inclusive education and disability-related issues (Di Nuovo, 2012; D’Alessio, 2013; Ianes, Zambotti, & Demo, 2013; Soresi, Nota, Ferrari, Sgaramella, Ginevra, & Santilli, 2013; Vianello, Lanfranchi, & Pulina, 2013; Zanobini, 2013).

2. Common Concerns

The respondents to our original article addressed a wide range of important issues, many more than we can address in this forum. In the following sections

we discuss a selected subset of issues we identified as concerns we share in common with our Italian colleagues. ~~In considering potential future directions related to these common concerns we share in common with our Italian colleagues.~~ In considering potential future directions related to these common concerns it is important to recognize that although both Italy and the United States have national laws ensuring the education of students with disabilities, these legal mandates are implemented differently across and within both of the countries. In other words, there is not one single Italian or American model of school inclusion for students with disabilities, rather there is variation regionally and from school to school. As highlighted by Vianello and colleagues (2013), although the Italian context is characterized by substantial autonomy, there seems to be agreement at multiple levels (e.g., Ministry of Education, researchers, local schools) on a set of foundational points: (a) specialized support teachers are available to the entire class, not exclusively assigned to support a student with a disability; (b) the creation of small special classes where students with disabilities are grouped together should be avoided as much as possible; (c) students with disabilities and those with other special educational needs should be educated in general education classrooms as much as possible; and (d) it is an expected part of a general education teacher's role to support students with disabilities in the general education classroom.

As a matter of clarification, in response to valid points raised by D'Alessio (2013) and Soresi *et al.* (2013), by presenting only a small set of school-level service delivery data in our original study we did not mean to suggest that the types of structural issues illuminated by such data (e.g., personnel utilization) were the exclusive or most important areas of need related to improving access to inclusive schooling. Rather, school service delivery information was a readily accessible data set that could reasonably be collected during our sabbatical visit. We consider such service delivery data to be only one important piece of a much larger and complex puzzle that constitutes inclusive schooling (e.g., attitudes, discrimination, teacher preparation, classroom practices, supports) as highlighted in the replies to our study.

2.1 Concern 1: Disability Identification, Labeling and Disproportionate Placement

Who is disabled? Which students need extra support in schools? These seem like straightforward questions, but of course they are not; they are intertwined with a multitude of societal, political, financial, and educational issues. As Di Nuovo (2012) and D'Alessio (2013) point out, disability is socially constructed and therefore is defined differently around the world. Access to individualized supports based on disability labeling represents one of the most fundamental

differences among countries, thus it poses challenges in making international comparisons (D'Alessio & Watkins, 2009). Italy and the United States are prime examples of such differences.

In recent history Italy has certified approximately 2% of its school-aged population as disabled and eligible to access special education services (Vianello *et al.*, 2013), whereas the United States identifies approximately 13% (U.S. Department of Education, 2013a). Despite the smaller percentage of students certified as disabled in Italy, several of the respondents expressed concern that the percentages in Italy continue to increase. It is important to recognize that in Italian schools nearly 67% of students with certified disabilities are classified as having intellectual disabilities (Vianello *et al.*, 2013). Whereas in US schools, only about 7% of students identified as disabled and eligible for special education are classified as having intellectual disabilities (U.S. Department of Education, 2013a; 2013b). As pointed out by Vianello and colleagues (2013), in Italy the term “disability” refers to a subset of students with special educational needs, only those that might be characterized as the “most severe” (p. 220).

In both Italy and the US access to additional, often specialized, supports and services remains linked to disability labeling. This approach may inadvertently encourage the labeling of students as disabled in order to provide them with access to needed support services. Ironically, while disability labeling was put in place in an effort to help students, it may actually contribute to stereotyping and perpetuate discrimination against some individuals with disability labels (Di Nuovo, 2012).

Given the Italian practice of assigning support teachers to classrooms where students with disabilities are placed, Di Nuovo (2012) expressed concern that in some situations more students with learning disabilities (LD not certified as “disabled” in Italy) are being disproportionately placed in general education classes where a student who has a disability is enrolled so that those students with learning disabilities can have access to a support teacher in the classroom and others agreed (Vianello *et al.*, 2013). As stated by Ianes and colleagues “... it is very common for LD students to study in classes where a support teacher is present” (2013, p. 67). However, they pointed out that this is not necessarily deliberate. There are so many support teachers it is hard to place a student with learning disabilities in room where a support teacher is not assigned.

In the US context, historically the purposeful placement of a disproportionately high percentage of students with disabilities and other special needs in the same schools (e.g., regional special classrooms for students with severe disabilities) and classes (e.g., placing a small group of students with disabilities in one general education class rather than distributing them across classes) has been referred

to as violation of *natural proportions* (Brown, Nisbet, Ford, Sweet, Shiraga, York *et al.*, 1983). When Brown and colleagues (1983) argued against the contrived and disproportionate congregation of students with disabilities and in favor of a more naturally occurring distribution, their focus was on students with severe and multiple disabilities, who in the 1980s were slowly being shifted from special education (disability-only) schools to regular schools and classes. National data are not available in either Italy or the US documenting the extent to which students with disabilities and other special or nonstandard needs might be disproportionately grouped together in general education classes. This remains a fertile opportunity for future research to explore the impact of natural proportion placements versus those that violate the naturally existing proportions to varying extents.

A contemporary concern is emerging in the US related violating natural proportions as some schools explore co-teaching models. In some cases schools are placing a disproportionately high percentage of students with disabilities or other special needs in particular classrooms to justify the assignment of a special education teacher to co-teach in those classrooms. This violates the natural proportions of students with and without special needs, thus creating new, self-inflicted challenges that may be more likely to occur under such conditions (e.g., stigma, concentration of students with more intensive needs, lower group expectations, difficulty meeting students' educational and social needs, fewer communication/language models, additional stress on school personnel).

An insidious problem associated with certifying students as disabled to access services, is that it assumes that the problems resulting from the disability are located exclusively within the person who has been labeled as having a disability. More contemporary conceptualizations of human diversity, while acknowledging the differing characteristics of individuals along many dimensions (e.g., sensory, physical, intellectual, social/behavioral), focus more on the person-environment fit and the nature of supports needed for a person participate in typical environments (Wehmeyer, Buntinx, Lachapelle, Luckasson, Schallock, Verdugo *et al.*, 2008). So while is important for students with disabilities to learn new skills, it is equally important for various aspects of the environment to change (e.g., peoples' attitudes, organizational structures, classroom practices, personnel utilization) in ways that allow universal access with individually appropriate supports.

2.2 Concern 2: *The Role of the Medical Model in Education*

In part, the differences in disability identification and support services in Italy and the US arise from variations in how the medical and allied health systems intersect with education. What the countries share in common is an ongoing need to clarify roles and collaborate across disciplines, agencies, and services providers.

In Italy, the determination of disability, which is later used by schools as a basis to provide support services, is not made by schools but by local health agencies using the World Health Organization's (2001) *ICF-International Classification of Functioning, Disability and Health*. Ianes and colleagues (2013) explain that a predominantly medical model still is in place related to diagnosis and eligibility for special education services in Italian schools. This differs from the US where a medical determination of disability may be just one aspect of a school-based team determining eligibility for special education services.

In Italy, specialized support services (e.g., physical therapy, occupational therapy, speech/language pathology) typically are not provided at or by schools, but rather during nonschool hours. Italian law does allow for students with severe disabilities to receive some of these therapy services during part of the school day (e.g., the first hour or two of the school day), but they are typically provided away from school at a health clinic or agency that provides services to individuals with disabilities. Ianes and colleagues (2013) expressed concern that some students with disabilities do not attend school part of the day because of this medical model of therapeutic and rehabilitative service delivery; they reported that 16.3% of students with disabilities "visited specialist or health centres for rehabilitative or therapeutic activities during school time" (p. 65). The extent to which these services support students' education is unknown and the extent of collaboration between schools and these medical/health-related agencies varies from school to school and student to student.

In the US, under the *Individuals with Disabilities Education Act* (2004), specialized support services (referred to as "related services") such as physical therapy, occupational therapy, and speech/language pathology, are provided at school if they are deemed to be educationally relevant and necessary, meaning that they are required in order for a student to access education and/or gain meaningful benefit from education (Giangreco, 2000; 2001). The manner in which these services are provided during the school day varies from isolated, pull-out services to integrated and consultative services in the classroom; the educational relevance, necessity, and impact of these services on the education US students with disabilities remain significant unanswered research questions.

In the US, even though the school is responsible to determine eligibility for special education and related services, potentially overlapping roles between physical/mental health agencies and schools continues to create confusion and perpetuate service fragmentation. For example, parents seeking specialized or additional supports for their children in schools often turn to physicians, special health clinics, and other allied health professionals to write prescriptions or recommend services that are sent to schools with the expectation of implementation based on assumption of the perceived authority of medical/allied health professionals.

Medical and other health professionals who are external to the school team (e.g., associated with nonschool clinics and organizations) are often not well positioned to make educationally relevant and necessary recommendations because they typically do not have sufficient contextual information (e.g., student's educational goals, school staffing, classroom practices, potential overlap with other services).

While the ways in which the medical model and education intersect in Italy and the US are different, both countries continue to experience challenges with coordination between the health, mental health, and educational systems. D'Alessio (2013) argues strongly for rejecting ideologies, such as traditional medical models, that unnecessarily pathologize difference and contribute to abilist constructions of difference (Medeghini, D'Alessio, Marra, Vadalà, & Valtellina, 2013). This perspective encourages us to continually scrutinize our approaches and view individual differences as an expected and accepted aspect of human diversity.

2.3 Concern 3: Lack of Shared Definitions about Inclusive Education

In both Italy and the US, there continues to be lack of agreement about the meaning of terminology such as: inclusion, inclusive education, and integration. Which is better? Which is more progressive? Are they the same or different? Do these terms refer to primarily students with disabilities or do they include others? To which should we aspire (or something else)? There continues to be debate about these questions between and within countries.

In the US, the *Individuals with Disabilities Education Act* (2004) does not use terms such as inclusion, inclusive education, or integration. Rather, it relies on the concept placing students with disabilities in the "least restrictive environment", meaning that "to the maximum extent appropriate, children with disabilities... are educated with children who are nondisabled... special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplemental aids and services cannot be achieved satisfactorily" (Code of Federal Regulations, 2006, 300.114). Ironically, while meant to encourage inclusion, the second part of the least restrictive environment mandate, at times, has been used to justify the continued segregation of some students, especially those with the most severe disabilities (Giangreco, Dymond, & Shogren, in press; Taylor, 1988). Across the US, far too many students who have intellectual disabilities and other developmental disabilities are placed in self-contained special education classes or schools, and thus are denied opportunities to build relationships with their peers without disabilities as well as access to general education classrooms and curricula taught by qualified general education teachers.

D'Alessio (2013) argues that the historic policy of *integrazione scolastica* in Italy is not necessarily inclusive, while some others perceive the term as a synonym for inclusion. She encourages the examination of “attitudinal, structural and organizational barriers that prevent the most effective special education delivery services to promote inclusive-oriented schools” (p. 98). Her perspectives are rooted in a disability studies and human rights perspectives articulated in the *UNESCO Policy Guidelines on Inclusive Education* (2009), the *United Nations Convention on the Rights of Persons with Disabilities* (2006).

Regardless of the terminology one favors, Ianes and colleagues (2013) expressed concern that integration/inclusion for some students with disabilities in Italy may be regressing (p. 77). Zanobini (2013) expressed a related concern that students with disabilities are excluded from student assessment protocols, which may contribute to low expectations. Similar concerns exist in the US, where subgroups of students, especially those with intellectual disabilities and other severe disabilities, remain substantially excluded from general education opportunities (Doyle & Giangreco, 2013).

While both Italy and US have a history of national legislation supporting the education of students with disabilities and their access to general education environments and curriculum, such laws alone are not sufficient to ensure quality educational opportunities. It is difficult to make substantive progress toward equitable opportunities and supports for students with disabilities and other needs unless the adults supporting those students (e.g., teachers, administrators, families, self-advocates, community members) have shared meaning associated with the language they are using to discuss the ideas and practices they are seeking to advance.

2.4 Concern 4: Roles and Capacity of General Education Teachers

Each of the aforementioned concerns is inextricably linked to roles and capacity of the general education system and its perceived responsibilities to support all students. Problems arise when the only way students can gain access to otherwise unavailable supports is to be labeled disabled and when access to such specialized services may inadvertently distance a student from the benefits associated with being taught in an inclusive classroom by a qualified regular education teacher alongside classmates without disabilities. Di Nuovo (2012) explains that students with specific learning disabilities (referred to in Italy as DSA, *Disturbo Specifico dell'Apprendimento*) typically are not certified as disabled, yet these students often need additional instructional supports. Whereas in the US students with “specific learning disabilities” are identified as “disabled” under the Individuals with Disabilities Education Act (IDEA) (2004) and constitute, by far, the largest subcategory of disability at approxi-

mately 40% of students who labeled disabled (U.S. Department of Education, 2013b).

Zanobini (2013) points out that a recent Italian law (Law 170, 2010) now recognizes the support needs of students with specific learning disabilities, but does not address their needs under the national disability legislation because Italians are committed to the practice of general classroom teachers educating students with specific learning disabilities. The expectation is clear that the inclusion of students with learning disabilities is expected in regular classes through improved teaching strategies delivered by general education teachers (e.g., personalized learning plans with appropriate accommodations; Ianes *et al.*, 2013). Even with the passage of this recent legislation in Italy, it has not been uniformly implemented nationwide, just as the *Individuals with Disabilities Education Act* has not been uniformly implemented in the US.

These issues have spawned important conversations in Italy as educators wrestle with distinguishing between students who are considered “disabled” and those who have other “special needs” that might arise from non-health characteristic reasons (e.g., immigration, non-dominant language, atypical family circumstance, socioeconomic status). Zanobini (2103) suggests referring to such needs as “non standard” (p. 88) rather than “special needs”. She points out that in some circumstances teachers may “encounter more difficulties managing cultural, linguistic, and social differences than differences linked to the presence of some disability” (p. 88). This perspective supports the points raised by D’Alessio (2013) that inclusive education is a much broader concept that extends beyond students with identified disabilities. Some of our earlier research has encouraged us to view the active engagement of the classroom teacher with his or her students who have disabilities (or other nonstandard needs) as one of the most important elements of creating classroom environments that are conducive to learning for all students (Giangreco, Broer, & Edelman, 2001); this continues to be an ongoing challenge in need of attention.

2.5 Concern 5: Micro-Exclusion

National statistics meant to capture elusive terms, such as inclusion and integration, often focus on discrete and narrow components without adequately capturing their nuances. For example, in the US, the physical placement of a student with a disability in a general education classroom is a primary marker of what many American educators might consider or refer to as “inclusive education”. Yet, it is quite clear that general education class placement, while a necessary component, does not equal inclusion. Students with disabilities can be physically placed in general education classes and yet be excluded within

the classroom either physically or programmatically, often both (Giangreco, Carter, Doyle, & Suter, 2010).

D'Alessio (2011; 2013) concurs from an Italian perspective that mere placement is not enough to be included and that micro-exclusions occur when an individual student is separated within the classroom. A classic scenario in US schools occurs when a student with a significant disability (e.g., autism, intellectual disabilities, multiple disabilities) is placed in a general education classroom and then spends a substantial amount of time physically separated from classmates at the back or side of the classroom, working primarily with a one-to-one assistant; such arrangements, while quite common, have been exposed as problematic for students (Giangreco, 2010).

Micro-exclusions are also evidenced in both countries when students with disabilities receive a substantial amount of their instruction from someone other than the classroom teacher. Zanolini (2013) expressed concern that when the “*insegnante di sostegno*” (support teacher) does much of the instruction of students with disabilities in the classroom it can interfere with classroom teachers becoming instructionally engaged with their students who have disabilities. This concern parallels data collected in the US where paraprofessionals (assistants) providing a substantial amount of instruction to students with disabilities are the personnel who have been identified as potentially, although inadvertently, interfering with teachers' instructional engagement with the students with disabilities who are placed in their classes (Giangreco, Edelman, Luiselli, & MacFarland, 1997; Giangreco, Broer, & Edelman, 2001; Giangreco, 2013).

Ianes and colleagues (2013) expressed their concern about two other variations of micro-exclusion: (a) homogeneous grouping of students with some type of special need *within* classrooms (consist with our earlier stated concern about violating natural proportions), and (b) “pull-out phenomenon”, where students are separated from the general education classroom to receive instruction, which they characterized as “both established and widespread” (p. 60). In these micro-exclusion variations, instruction is provided by an “*insegnante di sostegno*” (support teacher).

While some of our Italian colleagues identified pull-out instruction as a well-known concern related to students with identified disabilities, Ianes and colleagues (2013) expressed alarm about the extent to which students with learning disabilities (LD, DSA in Italy) experienced pull-out instruction from class; they reported that “roughly 10% of LD students spend some significant part of school time separated from the rest of the class” (p. 65). They consider the extent to which pull-out services are creeping into practice for a segment of students with learning disabilities as problematic, resulting in undesirable homogeneous group-

ping of students with exclusively some type of special/non-standard need and reduced access to the benefits of the regular classroom.

Ianes and colleagues (2013) expressed additional concern that the amount of time spent in pull-out instruction increases as students get older and that this affects students with severe disabilities more extensively than those with mild disabilities. This parallels longstanding concerns in the US about pull-out instruction (Rea, McLaughlin, & Walther-Thomas, 2002). Although overall the percentage of US students with disabilities placed in general education classes has steadily increased over time, as these students with disabilities get older they spend less time in regular education classrooms, especially those with low-incidence disabilities (McLeskey, Landers, Williamson, & Hoppey, 2012; United States Department of Education, 2013b). A recent study conducted in Vermont reported that approximately 75% of all instruction provided by special education teachers to students with disabilities in inclusion-oriented schools was in a pull-out format (Giangreco, Suter, & Hurley, 2013). Italian research indicates that "... students with disability leave the classroom less often when active, cooperative, and metacognitive didactic methodologies are employed..." and "... students who spend all of their time in class obtain better results both in terms of learning and social development..." (Ianes *et al.*, 2013, p. 59). Combined, these data and perspectives highlight ongoing concerns about the extent to which students with disabilities are being excluded from and within general education classrooms.

3. Future Directions

While many people in both Italy and the US may be justified in feeling positively about the progress made toward including more students with disabilities in general educational classrooms in certain regions and schools, it is vital to recognize that such progress is temporal and relative -- much work remains to be done to ensure fully inclusive, equitable, and quality educational opportunities and outcomes for all students. While we can celebrate our collective successes, we must simultaneously be vigilant to guard against complacency that impedes progress, leads to stagnation, or in the worst-case scenario results in back sliding.

During our visit to Italy we were repeatedly impressed by the: (a) pervasive attitude of welcoming students with disabilities and other nonstandard needs, (b) expectation of their presence in general education classes, (c) expectation that general education classroom teachers should work directly with students who have disabilities in their classroom, and (d) sense that what is considered "normal" was wide. Each of these pillars is foundational to a positive future direction for

students with disabilities and other nonstandard needs. They represent antidotes to approaches that: (a) use testing and team meetings as vehicles to remove students with disabilities and other nonstandard needs from the classroom, (b) place the burden on students and families to earn their way into inclusive environments by meeting moving and ultimately arbitrary targets, (c) allow for micro-exclusions and corresponding low expectations, and (d) unnecessarily or excessively pathologize disability-related and nonstandard differences.

The path to the future will be paved by removing barriers to inclusion. While it is incumbent on us, as an educational community, to provide quality opportunities for teaching and learning, future directions should be at least as much about changes in the attitudes, expectations, and practices of people without disabilities as it is about skill development for students with disabilities and other nonstandard needs. In other words, the focus should be on improving the person-environment fit, rather than focusing exclusively or predominantly on student characteristics. Employing approaches such as Universal Design for Learning (Rose, Meyer, & Hitchcock, 2005) and personal learning plans for all students (Zanobini, 2013) are consistent with such future directions.

When tackling future challenges with optimism, an essential trait for effective problem-solvers (Parnes, 1997), the path toward a better future can appear simple and easy, we recognize that some aspects may be complex and difficult. Another notable aspect of the Italian journey toward inclusive education and a guidepost for future progress has been their collective willingness to expect the change process to be messy and embrace this disequilibrium as necessary to accomplish substantial change (Canevaro & de Anna, 2010). Italy passed legislation in the 1970s that provided few opportunities for maintaining the status quo; the only option was to move forward through the tangle that was created by a rapid change for which everyone reportedly was not ready (Vitello, 1991). As Canevaro and de Anna suggested (2010), the presence of students with disabilities and the requirement to include them provided the conditions that facilitated progress in a way that would not have been possible using an incremental approach where students were only included once everyone was prepared and felt ready. To advance requires the presence of students with disabilities; certainly there will be challenging times, yet it seems logical that the only way to advance our inclusive practices is to pursue them in context.

This context-based future will require ongoing attention to the curriculum, instruction, supports, and inclusive models of service delivery (e.g., school organization, personnel utilization, multi-tiered systems of support) in the form of empirical research and individualized data-based decision-making in ways that retain the underlying values embedded in the respective legislation and constitutions of both countries (Giangreco & Doyle, 2011).

This will require changes in teacher and school administrator preparation at universities to ensure that all school personnel have the foundational knowledge and skills to work with the full range of students with and without disabilities they will encounter in the classroom (D'Alessio, 2013; Soresi *et al.*, 2013; Zanobini, 2013). As we pursue this multi-pronged future agenda, we must listen more often and more carefully to the perspectives of self-advocates and families (Broer, Doyle, & Giangreco, 2005; D'Alessio, 2013; Ianes *et al.*, 2013).

As we consider future directions in both Italy and the US, the discussion needs to extend beyond graduation or compulsory schooling, but to important post school outcomes (e.g., health, social networks, employment, community engagement, culturally normative residential living options) (Di Nuovo, 2012; Soresi *et al.*, 2013). Soresi and colleagues (2013) eloquently stated a problem that persists for too many adults with disabilities and their families:

At the end of compulsory school, many students with impairments are unfortunately placed in private vocational schools, or in special classes in health centers or in other social care contexts that, in our view, represent a sort of “institutionalization”. For many of them a “restriction” phase to their social participation starts which lasts across all the lifetime. This is the most insidious threat and the strongest “betrayal” to the inclusion principle: to let people with disabilities and their families benefit from inclusion for a few years and then force them, just when work inclusion should follow school inclusion, to accept special and separate treatments (p. 207).

Ultimately, we cannot settle for quality inclusive schooling followed by an unduly restricted adult life. The impact of inclusive schooling will not be fully realized until it leads to inclusive adult lives, where education yields more and better outcomes for our students with disabilities and other nonstandard needs. Zanobini (2013) suggests using quality of life indicators to assess progress toward meaningful post-school outcomes; we have long shared this view (Dennis, Williams, Giangreco, & Cloninger, 1993).

4. Conclusion

While the collective commitment that led us to study inclusive education efforts in Italy is foundationally important, commitment alone is not sufficient. Meaningful progress requires a vision of a better future, along with cyclical and persistent analysis, planning, and action. By exploring our common ground, we hope to encourage actions that contribute to the valuing of individuals with disabilities as full citizens and their access to the full range of educational opportuni-

ties, with appropriate supports, available to their peers without disabilities in fully inclusive environments.

Finally, we wish to extend our appreciation to our Italian colleagues for publicly sharing their perspectives, concerns, and ideas for advancement. By doing so, these national leaders have expanded and elevated what has been an ongoing intra-national conversation in Italy, primarily in the Italian language, to an international conversation in English that allows more educators and advocates around the world to benefit from their wealth of experiences and insights. Even places with well-deserved reputations for their progressive efforts related to inclusive schooling, such as those in Italy, benefit from critical self-reflection and self-analysis in order to sustain and advance their practices and policies. As Soresi and colleagues (2013) remind us, as we aspire toward being truly inclusive we must shift away from a focus on the “special”. We thank our Italian colleagues for engaging in this conversation and helping us to learn from Italy’s journey, which continues to serve as a beacon of inclusive schooling possibilities -- it still has much to teach us.

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