CHAPTER 5
Supporting Children in Inclusive Programs

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In this chapter information on the following topics can be found:

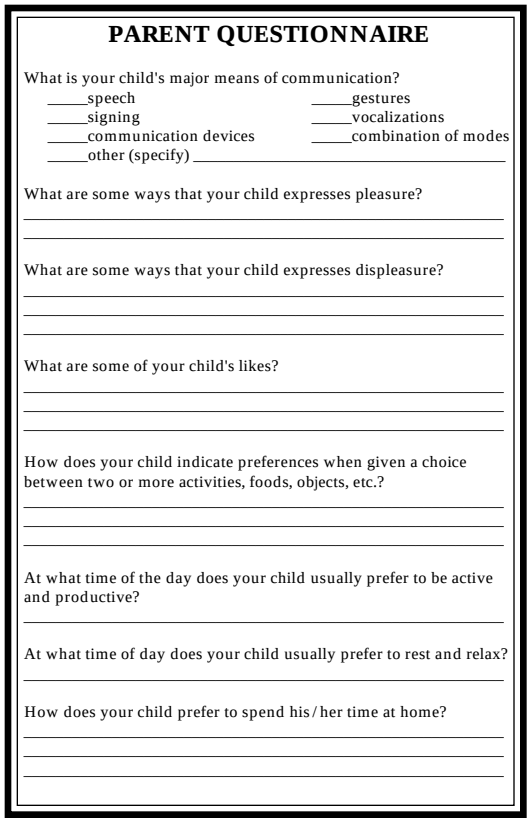
- How to determine supports needed for the inclusive program
- Environmental adaptations and equipment strategies
- Strategies for instructional adaptations
- Adaptations in routines
- Strategies for facilitating communication and social interaction
- Resource list

Determining Supports Needed for an Inclusive Preschool Program

In order for a child with disabilities to become a full participant in a community preschool, attention must be given to the accommodations necessary to meet his/her needs. Children with disabilities may experience physical, sensory, and cognitive challenges, have special health care needs, or present challenging behaviors. Assessments should be conducted to identify potential adaptations and procedures that may be needed to ensure optimal participation, to identify skills the child has developed, and to identify skills and tasks that the child will need to learn. Accommodations must be considered to ensure the child will have access, will be able to participate, and will develop independence. The steps in determining supports needed are as follows:

1. An environmental assessment should be conducted before the child enters the classroom and then periodically once the child is participating in the program.

The environmental assessment is a collaborative effort among the parents and the professional team working with the child. The parents can provide valuable information by observing the community preschool program. They can then offer their suggestions for adaptations, their knowledge of the child's strengths and needs and current procedures the child uses. Completing a questionnaire may provide guidelines for getting parent input (see parent questionnaire example). Teachers and related service staff must also look at the environment to determine possible accommodations for the child's instructional, social and physical participation (see environmental assessment example).



PARENT QUESTIONNAIRE

What is your child's major means of communication?

_____speech _____gestures
_____signing _____vocalizations
_____communication devices _____combination of modes
_____other (specify) _____

What are some ways that your child expresses pleasure?

_____

_____

What are some ways that your child expresses displeasure?

_____

_____

_____

_____

What are some of your child's likes?

_____

_____

_____

_____

How does your child indicate preferences when given a choice between two or more activities, foods, objects, etc.?

_____

_____

_____

_____

At what time of the day does your child usually prefer to be active and productive?

_____

_____

At what time of day does your child usually prefer to rest and relax?

_____

_____

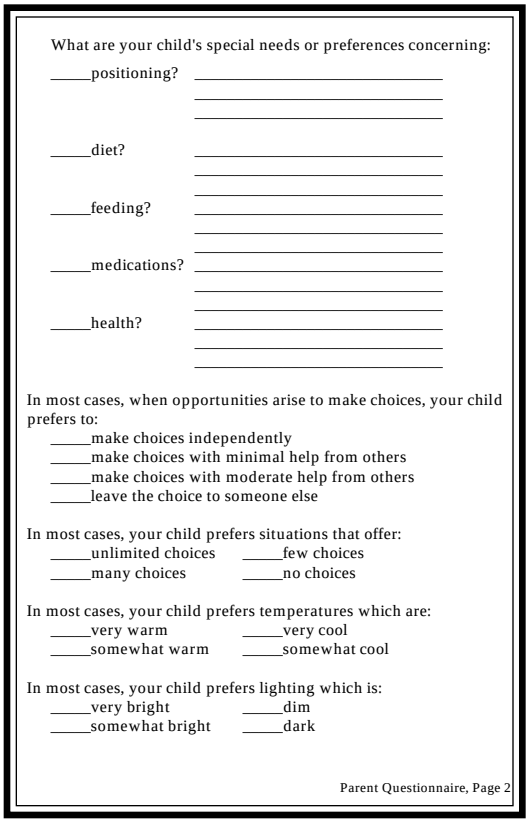
How does your child prefer to spend his/her time at home?

_____

_____

_____

_____



What are your child's special needs or preferences concerning:

_____positioning? _____

_____

_____

_____diet? _____

_____

_____

_____feeding? _____

_____

_____

_____medications? _____

_____

_____

_____health? _____

_____

_____

In most cases, when opportunities arise to make choices, your child prefers to:

_____make choices independently
_____make choices with minimal help from others
_____make choices with moderate help from others
_____leave the choice to someone else

In most cases, your child prefers situations that offer:

_____unlimited choices _____few choices
_____many choices _____no choices

In most cases, your child prefers temperatures which are:

_____very warm _____very cool
_____somewhat warm _____somewhat cool

In most cases, your child prefers lighting which is:

_____very bright _____dim
_____somewhat bright _____dark

Parent Questionnaire, Page 2

In most cases, your child prefers environments where there is:
_____lots of variety in activity from day to day
_____moderate degree of change in activity
_____low degree of chance in daily activity
_____activity that is the same day to day

Most of the time, your child prefers to be:
_____alone
_____with a small group
_____with one other person
_____with a large group
_____very active
_____moderately active
_____relaxed

_____independent
_____supervised
_____dependent

Most of the time, your child prefers to be involved in:
_____fast-paced activities
_____moderately-paced activities
_____slow-paced activities
_____highly repetitive activities
_____moderately repetitive activities
_____non-repetitive activities

_____highly structured situations
_____moderately structured situations
_____loosely structured situations
_____unfamiliar new surroundings
_____familiar surroundings

Most of the time, your child prefers environments that are:
_____noisy
_____moderately noisy
_____quiet
_____highly visually stimulating
_____moderately visually stimulating
_____not visually stimulating

_____very active
_____moderately active
_____limited in action

If you can think of any other particular preferences that your child may have regarding environmental conditions, likes and dislikes, etc., please list them below.

_____
_____

Adapted from: Program guidelines for serving students with severe multiple disabilities and/or deaf-blindness in Kansas, Kansas State Board of Education (1989).

Parent Questionnaire, Page 3

ENVIRONMENTAL ASSESSMENT

CLASSROOM:
teacher/student ratio _____
table and chair size _____
toys and materials _____
general philosophy _____
furniture arrangement _____
accessibility to outside _____
floor space _____
accessibility into the classroom _____
bed for naps _____

BATHROOM:
height of sinks _____
tiolet size _____
access to soap and paper towels _____
changing table _____
supplies such as wipes, gloves, bags _____
_____
disposal of waste _____

LUNCHROOM:
lunch routine such as passing out food _____
_____
table and chair size _____
utensils, cups, and plates _____
_____
types of food _____
routes around tables _____
number of children per table _____
space at table per child _____
wheelchair accessible _____

PLAYGROUND:
surfaces _____
playground equipment such as slides, swings, etc.
_____
_____
sand toys, balls, riding toys, etc. _____
_____

OTHER: _____
_____

WIN Grant

2. The child should be assessed by an evaluation team. The Individualized Educaton Program (IEP), including the child's strengths and needs based on standardized and non-standardized testing, will be formulated before beginning the school district's educational program. Curriculum based assessments such as the Carolina Curriculum for Preschoolers with Special Needs, Assessment, Evaluation, Programming Systems for Infants and Children (AEPS), and the Hawaii Early Learning Profile (HELP) provide additional information on the skills that the child can perform and those that should be addressed.

3. The next step is to identify the performance discrepancies or potential problem areas as compared to a typically developing peer's participation in the environment. Thompson, et. al. suggests consideration of the following components when making those identifications:

- Strategies for accommodating the child's needs for specialized positioning and handling approaches and techniques.
- Adaptive equipment initially needed in the setting. Keeping in mind that the adaptive devices should only be used if they are necessary, are developmentally appropriate, function in a consistent and predictable way, are easily cleaned and stored, are pleasing in appearance and color, and are economical to obtain and replace.
- Classroom and facility routes for arrival, departure, playground, bathroom and transitions within the classroom.
- Accommodation for snack and other mealtimes, such as food substitutions, feeding techniques, adapted eating and drinking utensils, and food preparation.
- Toileting routines, procedures and assistance.
- Strategies for including the child's objectives and needs into the existing classroom routines and activities.
- Special health care routines and procedures.
- Assistive devices that might support the child's inclusion and issues related to the use, introduction and care of equipment.
- Playground participation including adaptation to equipment, routines and activities.
- Modification in the child's daily schedule in relation to the typical classroom schedule.
- Strategies and approaches to support and teach socially appropriate behaviors.
- Overall level of ongoing support needed by the child to be a full participant in the classroom in the most natural manner. (Thompson, B., Wickham, D., Wegner, J., Mulligan-Ault, M., Shanks, P., & Reinertson, B., 1993).

4. Once the needs of the child are discussed, action plans should be developed. Specific strategies should be designed for participation. Some of these strategies to be considered include:
   a. providing a paraprofessional who provides adult support to the child as well as the entire class.
   b. training staff in child specific needs such as tube feeding or positioning.
   c. providing related services with in the classroom (i.e. the speech pathologist planning a dramatic play activity for the entire class).
   d. implementing a peer buddy system.
   e. assessing partial participation strategies.
   f. modifying skills or activities.
   g. modifying the physical environment.
   h. using adaptive devices.

Accommodations for Increasing Student Participation

Environmental Adaptations

Routes for movement

Young children with disabilities frequently require assistance in moving and may use a wheelchair, a walker, adult support, or other method for mobility. Some children may need the environment organized in a way such that running in the classroom is discouraged and confusion reduced. Planning needs to occur concerning the routes the child will take to classroom areas, the bathroom, the lunchroom, the playground, and arrival and departures from the building. Some guidelines for determining routes for movement are: determine where the child will be throughout the day and the routes taken by the class, identify the routes for a wheelchair, identify areas that might be difficult or dangerous for a child with physical challenges, and plan strategies for organizing a child's movement through space. Some

specific environmental accommodations include:

- clear pathways.
- tables organized in the classroom for wheelchair mobility and access.
- doors kept shut.
- bean bags chairs arranged in the story area.
- cubicle or coat hooks assigned on the end of the row and near the door.
- areas defined by a carpet or carpet squares or shelves.

Positioning

Positioning involves providing the child with external supports to help him / her compensate for lack of stability (Campbell 1982). Many children with severe and multiple disabilities require good positioning to facilitate motor function, promote normal muscle tone, stabilize body parts, and maintain alignment of the body. For example, supportive seating adapted to allow for head movement and provide trunk support might give a child the chance to practice head control during story time. However during meal time, working on head control and finger feeding might be too demanding on the child, so the additional head support may be needed. Positioning and adaptive equipment can be used to further musculature problems. Also a variety of positions should be used for increasing function and independence. The staff working with the child should be trained in positioning and handling techniques. Suggestions for inservice training, safety, and skill development regarding positioning are as follows:

- Ask therapist to demonstrate ways to handle the child based on principles of good body mechanics and prevention of staff injuries.
- Develop a procedure and a schedule for checking the child's position through out the day to ensure correct and timely changes in position.
- Take videotapes and / or photographs of the child in positioning equipment, car

rying positions, and transferring positions so that reviews can be done, new staff trained and visual reminders of procedures provided.

- Involve occupational and physical therapists in developing strategies for positioning within the classroom environment.
- Provide all staff with opportunities to handle and position the child in order to become comfortable in working with a child with disabilities.
- Ask parents or caregivers for their suggestions on positioning strategies based on their experiences, previous school or therapy received or the home environment.
- Determine how positioning can be achieved through the use of an adult or peer's body, specially designed furniture or equipment, or supportive material such as towel rolls, pillows or wedges, depending on the available resources and the child's needs.

It should be emphasized that the position of a child should be as natural as possible and similar to the way in which other children in the classroom might be positioned. The position that is selected should enable the child to participate with the class. Keep the child at the same level as the other children as much as possible. When an activity is conducted on the floor, position the child on the floor with the appropriate supports such as an adapted chair or adult body. Select the best time of the day for certain equipment to be used. For example, a child might be able to participate well when placed in a stander at the water table, however, the child would not be able to interact as well in the stander during a circle activity when the other children are on the floor. When carrying the child, try to hold the child in a manner that allows him or her to visually inspect the environment and socialize with others while helping to build strength. Also consider the child's choice and preferences when implementing positioning and handling strategies. Allow the child to select positions and areas to which the child would like to move and play. Remember to

give the child the opportunity to perform as much of the movement as possible, even if this slows down the process.

Equipment

Equipment specifically designed for positioning can be made or purchased. Generally if a piece of equipment is for a specific child and is needed for their educational programming, then the school district is responsible for the purchase. The center may purchase equipment or materials that are shared by many of the children such as a ramp or toys. The purchasing of equipment needs to be negotiated between the school district and the community center. Easily obtained materials that can be used to assist in positioning and modify equipment include; towel rolls, pillows, blankets, and styrofoam packing materials. Wedges and bolsters are examples of manufactured products used for positioning. Sandbags and weights are sometimes used to help children maintain a position or to stabilize their bodies. It is important in inclusive classrooms to consider the degree to which the equipment may be intrusive. Following are some suggestions for dealing with adaptive equipment in the inclusive setting:

- Identify a core set of materials and equipment to have on site.
- Assess with each use the appropriateness of the positioning equipment as well as the need. Children grow and their need for different pieces of equipment changes. Check with the staff to see if a particular piece of equipment is working.
- Identify storage area for the equipment when not in use.
- Teach the staff to use the equipment safely, adjust the equipment, and secure the child in the equipment.
- Decrease the intrusiveness of the equipment by planning ahead for its use.

Instructional Adaptations

In special education literature, curriculum adaptation and instructional strategies are based upon the assumption that not all children need to be doing the same thing at the same time; varying types and degrees of participation is appropriate; and curriculum and school activities should be adjusted to accommodate the child's individual needs. Early childhood special educators advocate that instructional goals and objectives need to be embedded within the normally occurring routines and contexts of home, day care, and kindergarten or preschool. Because children with disabilities need intentional instruction, it is important in inclusive settings to make adaptations that focus on maintaining an intense level of instruction, purposeful participation in activities, and educational achievement.

The adaptation process involves determining the nature of adaptations and supports needed, defining how instruction will occur, and addressing how to maximize instructional inclusion of the child with disabilities into the preschool classroom. This process needs to be used by the team so that IEP objectives are familiar to all staff, opportunities to incorporate instruction related to those objectives occurs, and advance planning can be done. Even with planning, a modification may not work or a change in plans may occur, in which case the staff needs to develop skills for modifying and adapting the curriculum activities at the time of need. Three concepts provide general guidelines for instructional adaptations:

Same activities and materials- different objectives

Sometimes the same materials and activities can be used for multiple objectives depending on the needs of the child. While the typical peer is working on a classification concept of sorting objects by size, a child with a disability could be participating in the same activity but be working on labeling the objects, reaching and grasping the objects or turn taking with the peer. For both children, social opportu-

nities are provided as they work on their individual objectives.

Same activity, materials and objective - adaptive responding

The child with a disability may understand a concept, but have difficulty with the speech or motor component of the activity. For example, a child with disabilities may be able to discriminate shapes, but can not physically sort them. Using eye gaze the child might be able to indicate what shape goes on next. If the peer is also learning to sort shapes and takes a turn, then both children have the same objective, but different means for expressing them.

Same activity, same or different objectives - adapted materials

Sometimes it is necessary to physically adapt instructional or play materials to facilitate the child's participation. The following is a list of some ways to adapt materials, thus increasing stability, ease of handling, accessibility and/or distinctiveness:

- add Velcro, tape, Dycem or other nonslip material to assist in the prevention of items from sliding on surfaces.
- increase or decrease the size of the materials.
- arrange materials on lower shelves for easier access.
- provide materials which have multi-sensory components (tactile, visual, olfactory, gustatory and auditory).
- use adaptive devices such as a mouthstick or universal cuff to hold paint brushes or markers.
- use a vertical surface to place materials within a child's visual field, to reduce glare on materials or to place materials within a child's movement pattern.
- provide materials which have a strong contrast to surrounding materials or work surfaces

- add handles or attach a string to materials, so that those items can be picked up or retrieved.

Adaptations in Routines

Health care routines

Some children with disabilities may have specialized health care needs that require specialized equipment, medications, and/or health care procedures during the school or day care period. Examples of health care procedures include shunt monitoring, colostomy care, gastrostomy tube feeding, nasogastric tube feeding, nutrition monitoring, catheterization, suctioning, breathing treatments, tracheostomy care, seizure monitoring and ventilator use. Accommodating children with health care needs can be very frightening for staff who are unfamiliar with the procedures. The following ideas assist in staff preparation and establishing procedures so that all staff can become comfortable with procedures:

- Obtain medical records and the child's medical history. Note any physical limitations, medications, treatments, and endurance problems of the child. Parent permission and consents will need to be signed in order to obtain medical information from the source.
- Access a registered nurse to be part of the team to serve as a liaison to the physician, instruct staff on procedures, monitor child progress, develop guidelines for staff to follow on procedures, and monitor staff performing those procedures.
- Develop emergency care plans such as the person to contact in case of an emergency, agency numbers to contact including physician, plan for medical equipment failure, specific instructions for seizures, staff training to identify possible signs of distress, etc. (see emergengy procedures example)
- Teach all staff first aid and Cardiac Pulmonary Resistation (CPR).
- Develop a specific health care plan. (see health care plan example)

- Teach staff universal precautions such as using gloves, gowns, masks, etc. to protect a person from blood or body fluids and to prevent the spread of infection. Proper disposal of the materials should also be included.
- Identify licensing regulations to determine procedures and safeguards needed in childcare and preschool settings. These might include procedures for **s**taff hygiene, facility cleanliness and infection control.
- Administer procedures at regularly scheduled time. As much as possible select times that are least disruptive to the classroom schedule and do not interfere with social opportunities.
- Make sure materials and equipment are stored safely.
- Involve the family in procedures to establish consistency between home and school, to keep current information on file, and to communicate additional needs such as sending equipment, need for more supplies and child progress.

EMERGENCY PROCEDURES

- Assure that personnel know specific signs of distress
- Provide designated personnel with training in emergency care
- Designate community personnel (EMT, fire, police utilities, ambulance, hospital) to be notified of possible student needs
- File a summary of health conditions and needs at families choice of local hospital or doctors office
- Devise in-school alert system and post in all areas where child may be during the day
- Plan how to contact emergency personnel, the family, and health care providers (post telephone numbers in various locations)
- Review procedures with ALL personnel on a regular basis

Information obtained from an inservice presented by Dr. Kathy Gee on Teaching Students with Severe, Multiple Disabilities and Specialized Health Care Needs, (1994).

HEALTH CARE PLAN

- Summary of special health care needs (procedures and medications)
- Student specific procedural guidelines (signed by physician and parents)
- Safety measures
- Supplies checklist (daily and emergency)
- Forms for documenting procedures
- Education and training of appropriate personnel
- Designation of personnel to give training
- Designation of backup personnel
- Classroom and school modifications (assessibility and mobility)
- Identify contraindications for specific activities
- Special equipment storage and maintenance

Information obtained from an inservice presented by Dr. Kathy Gee on Teaching Students with Severe, Multiple Disabilities and Specialized Health Care Needs, (1994).

Mealtime and snack

Children with disabilities may need assistance with eating and drinking. They may require adapted utensils, and / or need special food preparation. Muscle tone, primitive reflexes, food texture, poor positioning, stress factors in the mealtime environment, structural abnormalities of the mouth, and dysfunctional eating patterns and behaviors are factors which may cause the child problems at mealtimes. Intervention strategies focus on modifications in positioning, food selections, adaptive equipment, environmental factors and child specific training.

Area: Positioning

Considerations: Look at the support needed for stability. The position needs to be upright and as similar to the other children as possible.

Area: Foods and Liquids

Considerations: Check on the texture of foods such as purees, solid or something in between. Consider transitions to solid foods, food temperature preferences, the child's ability to make choices, and liquid consistency. Be aware of chewing and swallowing problems and the risk of choking or aspiration.

Area: Adaptive Equipment

Considerations: Determine need for any adaptations based on child's need. There are a variety of cups with handles, straws or cut out edges. There are a variety of spoons such as nylon, thick plastic, rubber coated or built up handles. Other adaptations may include; a universal cuff to assist in holding a utensil, plates and bowls with raised edges for increased scooping, and Dycem to stabilize the plate or bowl.

Area: Environmental

Considerations: Things to think about include lighting, noise level, temperature, space needed, and relaxation techniques.

Area: Child Specific Training

Considerations: A child may need oral motor stimulation, jaw control, lip closure techniques or activities to reduce gag reflex or facilitate swallowing. Partial participation and teaching methods for developing independence will need to be explored.

A team approach is useful in determining the mealtime routine and the feeding needs of the child. Specific feeding assessments may need to be done in order to establish functional goals and expectations. The following suggestions are strategies for facilitating inclusion of children with disabilities into the mealtime activities:

- Involve therapy staff who have special training in oral motor function, feeding skills and adaptive equipment such as occupational therapists and / or speech language pathologists.
- Encourage parent input on how they feed their child at home and any suggestion they might have for the classroom.
- Consult with a nutritionist on a child's weight gain, fluid intake, food preferences, snack and mealtime food recommendations, etc.
- Use snack time as an opportunity for practicing skills such as social interaction, communication, fine motor skills, self care routines, postural control, and preacademic skills.
- Allow the child to be as independent as possible by using partial participation, task analysis, graduated guidance or finger foods at times.

- Make sure to normalize the process of eating so that the child eats in the same place as the other children, is on the same level at the same table, and uses the least amount of adaptive devices.
- Use the child's augmentative communication system (if applicable) at the table to communicate wants, choices and social comments.
- Be aware of any food allergies or foods to be avoided due to specific physical disabilities.
- Use creative solutions to problems such as if the child needs a longer lunchtime to eat, let a friend stay with the child for social interactions; or if a child is hungry before lunchtime, permit a snack sometime in the morning; or if there is too much stimulation in the lunchroom, have the child sit at the end of the table in the quietest part of the room with a friend.

Toileting issues

Independence in self help skills is frequently a goal of children with disabilities. Toileting is a functional task that involves motor abilities, cognitive awareness, integration of sensory stimuli and development of self-concept. Preschool children with disabilities may be in diapers, in the process of being toilet regulated or learning to use the toilet. Assessment in toileting skills involves determining readiness, determining elimination patterns and assessing related skills such as clothing adjustments, wiping, flushing and handwashing. The following suggestions are for facilitating toileting procedures in an inclusive setting:

- Ask parents to discuss the child's special routines and habits concerning toileting, diapering or assisting in toilet use. Share this information with staff in team meetings and written recommendations.
- Review licensing requirements for the center and make sure program strategies are in compliance with state health regulations. This includes following precau-

tions related to the prevention of infectious diseases.

- Develop a procedure and schedule for toilet use or diaper changing. Include designated staff responsibilities. A data collection sheet and pencil can be posted in the bathroom in a inconspicuous place, so that documentation can be made and information accumulated on self-help skills and regulation. (see data collection form in chapter 5 appendix).
- Involve therapy staff such as occupational therapists, physical therapists and teachers to assist in dressing skills, positioning, toilet adaptations, and toilet training procedures.
- Teach the child to be as independent as possible by having the child do all the components of the task analysis of skills related to toileting that he/she is capable of performing.
- Plan to normalize the process of toileting for the child as much as possible such as using the same bathroom, using a toilet insert and/or side railings to allow for stability in the existing toilet stalls, having an adapted toilet chair in the same area as the other toilets, changing diapers while standing if able, and going to the bathroom with the rest of the class as part of the routine (realize that the child may need to go more often).
- Practice individual child objectives such as grasping a paper towel, holding the diaper, following directions, pushing pants down or weight bearing for transfers.
- Respect the child's right to privacy.

Playground participation

Few playgrounds are accessible to children with significant physical challenges. Purchasing adaptive playground equipment or adapting a current playground may be expensive and involve long term project planning. Swings are easy to adapt and may not be so taxing financially. A ramp may be another relatively in-

expensive way to access a merry go round or a platform with games such as a wheel or activity items. Direct personal assistance is likely to be necessary to position the student on equipment and assist the child in using the equipment. Two person lifts may be the safest way to transfer a child to a piece of equipment. Peer assistance to promote participation in play activities is another way to involve the children. Specific games can also be designed for inclusion during outside play such as the parachute, tag, flying kites and blowing bubbles.

Facilitating Communication and Social Interactions

Communication Issues

An essential developmental task is the ability to communicate in a meaningful way. A predominant reason for referral to early childhood special education programs is communication disorders and delays. Communication may be verbal or nonverbal, symbolic or nonsymbolic, and intentional or nonintentional. Regardless of the child's communication mode, the focus of communication should be on functional use across environments. For individuals with disabilities, communication is important because it allows them to have some level of independence and control over their environment. Systematic planning is essential so that functional language use within the classroom is identified during naturally occurring opportunities, and other opportunities for language use can be created. For example, at circle time opportunities to stimulate communication can be found in activities such as group instruction, choral and individual responding, peer greetings, calendar, songs, routine opening activities and participatory finger plays. The following list displays concepts that should guide our approach to communication intervention for young children with disabilities:

- All behavior communicates. The goal of communication intervention is to identify current communication and build functional communication from it, rather

than focusing on just changing the behavior.

- A multimodal approach is desirable. Total adoption of one form of communication at the exclusion of alternatives reduces the chance of communicative intent. Therefore, alternative forms of communication are encouraged and accepted.
- An environmental focus is needed. By acknowledging that environmental factors influence communication production, more functional communication skills can be learned through functional and meaningful activities in the natural context of the environments.
- Interactions should serve as the context for interventions. These opportunities for interactions should not occur with just adults, but should include typically developing peers.
- Communication strategies and facilitation of communication skills should be provided as an integrated service throughout the child's day. Be alert to the many naturally occurring opportunities to promote communication skill development that are available throughout the day.
- A child-oriented approach to communication intervention focuses on the child's motivation to communicate and views the child as an active participant. This also places more emphasis on the child's strengths and less on the deficits.

Multimodal approach

Communication modes refer to the categories of behavior used to communicate. These modes include eye gaze, vocal modes (vocalizations and speech production), gestural modes body movements, pointing, sign and conventional gestures), and graphic modes (photographs, line drawings and symbols). Many students will use a combination of modes to communicate. For example, for some students, speech is their first means of communication and other systems such as a picture board may be used to help make the oral communication more understand-

able, or the other system may serve as a means of circumventing word retrieval or oral language formulation problems. Another example may be a student with a limited verbal vocabulary might use an augmentative communication system and use signs to express communicative intentions.

Strategies to stimulate communication

Following are four approaches which have been developed and used to stimulate communication.

Van Dijk Technique

This technique is not a sequence of specific communication activities, but a methodology that establishes structure of all of the child's daily activities. This program works well with children with severe multiple disabilities. Van Dijk's program is composed of four levels called resonance, co-active, imitation and gestures. Activities within each level are designed to encourage the child to develop the concepts of self and environment, and environment and representation of it. At the basic level, an example of application is as follows: a. begin movement or activity (give input 5-10 repetitions), b. stop and wait for a response to indicate continuation of the activity, c. after 10 seconds ask "Do you want more . . . "(input or continuation of the activity), wait 5-10 seconds for the designated response (vocalization, body movement, eye gaze etc.), d. if there is a response repeat or if there is no response assume the child is indicating finished.

Facilitated communication

There is much controversy surrounding this method. However, it is likely that this method may be presented as an issue when working with children with disabili-

ties especially autism. Facilitated communication can be defined as a method of communication for individuals who are nonverbal or limited verbally, including those with autism, cerebral palsy or other developmental disabilities. This method involves a facilitator providing a physical support to the student which enables the student to point on a communication board or device in response to questions. The background and philosophy of this method can be found in literature.

Whole language

This approach has been used in early childhood special education classes and early childhood classes. The whole language approach focuses on children learning communication skills from each other and from their experiences with favorite stories and early literacy activities. Language development is promoted through a variety of activities throughout the day that center around common themes and encourage multi-sensory experiences with the language concepts. Some of the components of whole language in early childhood education include the use of classic children's literature, universal themes, holistic language development, and the development of whole class bonding activities.

Augmentative communication systems and assistive technology

Augmentative and alternate communication refers to techniques that supplement or serve as an alternative to speech. Assistive technology includes any kind of adaptive aid that helps a child with disabilities perform activities and functions. These devices help children with disabilities to speak, hear, see, write, and function in their environments. The reasons to use an augmentative communication system or assistive technology include: to promote greater participation in the school setting, promote social interaction, reduce frustration associated with communicative failure, facilitate language development , and enhance language comprehension and

production. In order to effectively use any augmentative system with a child, the adult needs to know the potential usage capabilities of that system and also the vocabulary related for the child's system. Some examples of devices which have worked well for children include: the Wolf, MacCaw and Introtalker. These are communication devices which have voice output when the child pushes a picture or photograph. There are many augmentative communication systems; therefore, it is important to consult with an assistive technology specialist , the speech-language pathologist and other related service staff.

Verbal communication

Some language stimulation techniques, which can encourage and facilitate increased verbal communication are as follows:

Self Talk

Describe out loud to the child what you are seeing, hearing or doing, as the activity is happening. For example “I see the bus coming”, I put the plate away”.

Parallel Talk

Describe out loud to the child what he/she is seeing, hearing and doing as he/she does it. For example: “You are throwing the ball”, or “in goes the car”.

Description

Use labeling or explaining phrases or statements. For example: “That’s a big ball”, “The water is cold” or “There’s a fire truck”.

Repetition

Repeat exactly what the child says modeling the correct articulation. For example: if the child says “widdle wed wabbit”, you say “little red

rabbit".

Expansion

Repeat the child's simple phrase in a more complex way. This indicates your understanding of the child's statement and at the same time gives the child a good model. This also adds complicity to the child's speech. For example: if the child says, "doggy run", you say' "Yes the doggy is running".

Expansion Plus

Expand the child's response to an adult sentence as above, then add an additional related comment. For example: the child says "Car go" and you would say "The car is going. It is a red car".

Communication Facilitation Strategies

These strategies can be used to facilitate communication in children with or without disabilities by manipulating the environment, planning activities and using child-initiated activities. These strategies can readily be implemented in daycare and preschool settings.

1. Facilitating Spontaneous Language: The teacher can arrange the environment to increase interest and elicit communication. Some strategies include: using new and novel materials, using materials that are visible but out of reach, "forgetting" the materials or routine, and creating situations that require the child to seek assistance.

2. Focused Stimulation: This includes over representing the targeted language response in the environment and using the target form in speech at a high frequency in varied formats. For example, the children are learning colors so the

color purple is introduced through a peanut butter and jelly book, purple playdough, purple blocks, purple toys etc., as well as the word "purple" being used to describe the items used.

3. Story Reading: The book is used as a medium for conversation in which modeling, labeling, asking open-ended questions and expanding on the child's responses can be emphasized. When done in a group setting, turn taking responses can be emphasized, thus allowing for children who need a longer processing or word retrieval time.

4. Dramatic Play: This activity facilitates language. Teacher modeling and role prompting procedures can be used to facilitate peer interaction, vocabulary and sharing through use of a variety of dramatic play themes such as camping, beauty shop, bakery and post office.

5. Sensory Table: This table appeals to many children and can include a changing variety of materials such as sand, water, rice, soap flakes and noodles. Communication can be emphasized in this area through the sharing of materials, cooperative and dramatic play, and expanding the child's vocabulary.

Strategies for Facilitating Social Interaction

Preschool children with disabilities have a potential risk for problems in the development of social skills and peer interactions. Several studies (Spicuizza 1991, Odom & McEvoy 1988, Honig & McCarron 1987), have indicated that an integrated setting and proximity to typical peers is not sufficient in building social skills, facilitating emotional development, and promoting interactions with typically developing peers. Without adult intervention, typically developing peers are more likely to se-

lect other typical preschoolers as playmates rather than preschoolers with disabilities (McGee, Paradis & Feldman 1993, Beckman 1983).

Intervention strategies can be categorized into environmental arrangements, child specific interventions and peer-mediated interventions. Environmental arrangements include components such as limiting the actual play space or number of children in a play area, analyzing the nature of the toys or play activity, and mixing the children developmentally. Child specific interventions focus on the child with the disability, such as teaching the child eye contact, smiling, turn taking and sharing. Also the other children may be involved by being prompted to join in an ongoing activity in which the child can practice social skills. Peer-mediated intervention activities involve teaching the typically developing peers to initiate and maintain social interactions with the student with disabilities. The following section provides specific suggestions for facilitation of communication and social interaction between children.

1. Invite and Encourage Participation

Young children may not know how to initiate and sustain interactions with a child with disabilities. The children are aware of and display curiosity in the child who does not speak or move in the same way as they do. The following strategies to consider involve the manner used to invite children and the use of materials and activities to foster meaningful participation in interactions.

- Use a warm and accepting manner with children
- Encourage frequent and brief interactions when initially introducing a child to his or her peers.
- Invite a child to become involved in an ongoing activity with their classmate
- Suggest that a child select an activity that will include their classmate
- Facilitate meaningful participation in a natural and helpful manner

The attitude and style in which an adult interacts with the child with a disability is modeled by the other children in the classroom. An accepting and friendly manner conveys a desirable reason to interact, makes the child more approachable, and develops interest in the child as a person. A starting point for interactions is to encourage brief interactions. The adult or peer buddy may offer the initial invitation; or the child with a disability may be taught to wave, say an approximation of the greeting, or have greetings on a communication board or device. Another concept is to offer the children in the classroom opportunities to participate in an activity with their classmate. This places the focus on the activity rather than on the interaction, thus allowing the children to become familiar with the peer in an indirect and more natural manner.

The role of the adult facilitator is to teach the peers how to assist their friends without doing the activity for them, while also ensuring that both children are active and learning from the activity. This can be done by providing information about the child with a disability and interpreting the nonverbal communication, so that the peer can start to recognize the behavior of the child as communicative. The adult must be observant and responsive in order to support sustained interactions between children.

2. Answer the Children's Questions

It is common for the children to ask questions about the child and his or her disabilities. Common questions include: "Is she a baby because she wears diapers?", "Why can't she talk?", "Why can't he walk?". Questions like these should be viewed as opportunities for facilitating understanding, developing positive relationships and fostering positive attitudes about people with disabilities. The following are strategies for answering questions:

- Answer questions in a straight forward and honest manner.

- Contribute to a child's understanding of disabling conditions and acceptance of a child with a disability.
- Answer in a manner a young child can understand.
- Convey respect for the child.

There are several important aspects of the four strategies. Whenever a child asks a question be sure to give them accurate information. This helps the child to understand the classmate's disability and separates the child from the disability. The developmental level of the child must be considered when answering that child's question about disabling conditions. A lengthy or complicated answer may be even more confusing. Choose words and concepts the child can relate to. An example may be toilet training. Have the child remember when he or she was learning to go to the bathroom independently. Make references to reasons a child with a disabilities is still wearing diapers such as not being able to sit on the toilet or not being able to tell someone the need to go to the bathroom. Remember that the child with a disability is a child and should be seen as an individual with abilities and interests.

3. Offer Meaningful Content to Conversations on Behalf of the Child

Positive reciprocal interactions are the basis for friendships. These interactions are facilitated by children discussing the things they have in common. A child who is nonverbal may miss interaction opportunities unless someone assists the peer in interpreting the child's nonverbal communication and alternate communication systems are in place. Three strategies are as follows.

- Address ongoing conversations or activities of the children.
- Relate information as well as experiences, thoughts and feelings on behalf of the child with a disability.
- Emphasize similarities among children.

These strategies allow peers to learn more about their classmate. The adult

facilitator, by acting as an interpreter in an ongoing conversation or activity, allows the nonverbal child to contribute to the interaction. Relating information, feelings and thoughts helps peers to understand their classmate. For example, when a child asks "Why is David making that noise?". The teacher or other adult can relate that the child is feeling happy and facilitate a discussion on feelings and how other children act when they are happy. Also topics like pets, family, favorite activities and toys can be used to talk about similarities. For example, an adult with the child might be asked "Are you Kelly's mom?". A response might be " I am one of the teachers, but Kelly's mom is at home." " Where is your mom while you are at school?"

4. Teach Children to Interact with Their Classmates

Going beyond an adult needing to act as an interpreter to sustaining interactions is the next step. Children may need to be taught to understand their classmates mode of communication. The following three strategies are for teaching direct interactions.

- Encourage children to attend to and interpret the nonverbal communication of their classmate.
- Remind children to speak directly to their classmate rather than addressing the message to a nearby adult.
- Help children include their classmate in decision making and choosing of activities.

These strategies focus on teaching the children how to interpret the child with a disability's way of communicating such as learning facial expressions, gestures, posturing, vocalizations and eye gaze. They must also learn how to obtain an answer from their classmate such as asking yes or no questions, holding up choices, or knowing the items on a communication board. This may require explanation,

modeling, and feedback to the peer. They may also need to be taught to be persistent, when to leave a student alone, or to wait for a response when attempting to interact. Initially the children often ask the adult about what the classmate wants or thinks. The child needs to be reminded to speak to the classmate by redirecting the question or comment to include the child with the disability. This can be done by modeling or referencing an answer from the child's perspective.

5. Allow Spontaneous Interactions to Occur

Learning opportunities occur frequently during child directed activities. Therefore, it is necessary to be aware of opportunities to withdraw from children's interactions. Assistance should be given only when needed. Constant adult interaction may distract children from ongoing interactions. Two strategies for increasing spontaneous interactions include:

- Provide assistance without directly participating in the children's interaction.
- Step back and fade physically away from the child's interactions at appropriate times.

STRATEGIES THAT FACILITATE COMMUNICATION IN INCLUSIVE EARLY CHILDHOOD PROGRAMS

ANSWER CHILDREN'S QUESTIONS
- Answer honestly and straight-forwardly
- Contribute to understanding about the child with a disability
- Answer in a manner a young child would understand
- Convey respect for the child with a disability

INVITE AND ENCOURAGE PARTICIPATION
- Use warm and accepting manner
- Encourage frequent brief interactions when initially introducing a child
- Invite another child to become involved in an ongoing activity
- Suggest child select new activity to include a child with a disability
- Prompt meaningful participation in a natural manner

ADD MEANINGFUL CONTENT ON BEHALF OF THE CHILD
- Address ongoing conversation or activity
- Emphasize the similarities among the children
- Relate information as well as experiences, thoughts, and feelings of the child

TEACH CHILDREN TO INTERACT DIRECTLY WITH THEIR CLASSMATE WITH A DISABILITY
- Teach children to recognize and interpert the nonverbal response of their classmate
- Teach children to direct their comments and questions directly to their classmate

ALLOW SPONTANEOUS INTERACTIONS AMONG THE CHILDREN TO OCCUR
- Provide assistance without directly participating in the children's interactions
- Step back and fade physically from the children's interactions

Adapted from: Thompson, B., Wickham, D., Wegner, J., Mulligan-Ault, M., Shanks, P., & Reinertson, B. (1993). Handbook for the inclusion of children with severe disabilities. Lawrence, KS: Learner Managed Designs Inc.

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Videotapes

Oh say what they see: An introduction to indirect language stimulation. (1984). Portland Oregon: Educational Productions.

For ordering: Educational Productions
4925 SW Humphrey
Portland, Oregon 97221

Circle of Inclusion

The process of communication: Facilitating interaction with young children with severe disabilities in mainstream early childhood programs.

The process of instruction: Facilitating the participation of young children with disabilities in mainstream Montessori preschools.

For ordering the above three videos:
Learner Managed Designs, Inc.
2201-K West 25th Street
Lawrence, KS 66047

PARENT QUESTIONNAIRE

What is your child's major means of communication?

_____speech _____gestures
_____signing _____vocalizations
_____communication devices _____combination of modes
_____other (specify) _____

What are some ways that your child expresses pleasure?

_____
_____
_____

What are some ways that your child expresses displeasure?

_____
_____
_____

What are some of your child's likes?

_____
_____
_____

How does your child indicate preferences when given a choice between two or more activities, foods, objects, etc.?

_____
_____
_____

At what time of the day does your child usually prefer to be active and productive?

_____

At what time of day does your child usually prefer to rest and relax?

_____

How does your child prefer to spend his/her time at home?

_____
_____
_____
_____

What are your child's special needs or preferences concerning:

_____positioning? _____
_____
_____

_____diet? _____
_____
_____

_____feeding? _____
_____
_____

_____medications? _____
_____
_____

_____health? _____
_____
_____

In most cases, when opportunities arise to make choices, your child prefers to:

_____make choices independently
_____make choices with minimal help from others
_____make choices with moderate help from others
_____leave the choice to someone else

In most cases, your child prefers situations that offer:

_____unlimited choices _____few choices
_____many choices _____no choices

In most cases, your child prefers temperatures which are:

_____very warm _____very cool
_____somewhat warm _____somewhat cool

In most cases, your child prefers lighting which is:

_____very bright _____dim
_____somewhat bright _____dark

In most cases, your child prefers environments where there is:

_____lots of variety in activity from day to day
_____moderate degree of change in activity
_____low degree of chance in daily activity
_____activity that is the same day to day

Most of the time, your child prefers to be:

_____alone
_____with a small group
_____with one other person
_____with a large group

_____very active
_____moderately active
_____relaxed

_____independent
_____supervised
_____dependent

Most of the time, your child prefers to be involved in:

_____fast-paced activities
_____moderately-paced activities
_____slow-paced activities

_____highly repetitive activities
_____moderately repetitive activities
_____non-repetitive activities

_____highly structured situations
_____moderately structured situations
_____loosely structured situations
_____unfamiliar new surroundings
_____familiar surroundings

Most of the time, your child prefers environments that are:

_____noisy
_____moderately noisy
_____quiet

_____highly visually stimulating
_____moderately visually stimulating
_____not visually stimulating

_____very active
_____moderately active
_____limited in action

If you can think of any other particular preferences that your child may have regarding environmental conditions, likes and dislikes, etc., please list them below.

_____

_____

_____

Adapted from: Program guidelines for serving students with severe multiple disabilities and/or deaf-blindness in Kansas, Kansas State Board of Education, (1989).

ENVIRONMENTAL ASSESSMENT

CLASSROOM:
teacher/student ratio _____
table and chair size _____
toys and materials _____
general philosophy _____
furniture arrangement _____
accessibility to outside _____
floor space _____
accessibility into the classroom _____
bed for naps _____

BATHROOM:
height of sinks _____
tiolet size _____
access to soap and paper towels _____
changing table _____
supplies such as wipes, gloves, bags _____
_____
disposal of waste _____

LUNCHROOM:
lunch routine such as passing out food _____
_____
_____
table and chair size _____
utensils, cups, and plates _____
_____
types of food _____
routes around tables _____
number of children per table _____
space at table per child _____
wheelchair accessible _____

PLAYGROUND:
surfaces _____
playground equipment such as slides, swings, etc.
_____
_____
sand toys, balls, riding toys, etc. _____
_____
_____

OTHER:
_____
_____
_____

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EMERGENCY PROCEDURES

- Personnel know specific signs of distress
- Designated personnel receive training in emergency care
- Designated community personnel (EMT, fire, police utilities, ambulance, hospital) notified of possible student needs
- File a summary of health conditions and needs at families choice of local hospital or doctors office
- Devise in-school alert system and post in all areas where child may be during the day
- Plan how to contact emergency personnel, the family, and health care providers (post telephone numbers in various locations)
- Review procedures with ALL personnel on a regular basis

Information obtained from an inservice presented by Dr. Kathy Gee on Teaching Students with Severe, Multiple Disabilities and Specialized Health Care Needs, (1994).

HEALTH CARE PLAN

- Summary of special health care needs (procedures and medications)
- Student specific procedural guidelines (signed by physician and parents)
- Safety measures
- Supplies checklist (daily and emergency)
- Forms for documenting procedures
- Education and training of appropriate personnel
- Designation of personnel to give training
- Designation of backup personnel
- Classroom and school modifications (assessibility and mobility)
- Identify contraindications for specific activities
- Special equipment storage and maintenance

Information obtained from an inservice presented by Dr. Kathy Gee on Teaching Students with Severe, Multiple Disabilities and Specialized Health Care Needs, (1994).

MEDICATION CHECKLIST

Student: _____

Dates: _____

Date	Time	Amount	Meds Completely Taken/Comments?	Staff Who Dispensed Meds

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BATHROOM DATA SHEET

Student: ______________________

Week of: ______________________

Monday	Tuesday	Wednesday	Thursday	Friday
Time:	Time:	Time:	Time:	Time:
____ D W BM | U NS BM	____ D W BM | U NS BM	____ D W BM | U NS BM	____ D W BM | U NS BM	____ D W BM | U NS BM
____ D W BM | U NS BM	____ D W BM | U NS BM	____ D W BM | U NS BM	____ D W BM | U NS BM	____ D W BM | U NS BM
____ D W BM | U NS BM	____ D W BM | U NS BM	____ D W BM | U NS BM	____ D W BM | U NS BM	____ D W BM | U NS BM
____ D W BM | U NS BM	____ D W BM | U NS BM	____ D W BM | U NS BM	____ D W BM | U NS BM	____ D W BM | U NS BM
Pants Down Up	Pants Down Up	Pants Down Up	Pants Down Up	Pants Down Up
____ 1 2 3 4 | 1 2 3 4	____ 1 2 3 4 | 1 2 3 4	____ 1 2 3 4 | 1 2 3 4	____ 1 2 3 4 | 1 2 3 4	____ 1 2 3 4 | 1 2 3 4
____ 1 2 3 4 | 1 2 3 4	____ 1 2 3 4 | 1 2 3 4	____ 1 2 3 4 | 1 2 3 4	____ 1 2 3 4 | 1 2 3 4	____ 1 2 3 4 | 1 2 3 4
____ 1 2 3 4 | 1 2 3 4	____ 1 2 3 4 | 1 2 3 4	____ 1 2 3 4 | 1 2 3 4	____ 1 2 3 4 | 1 2 3 4	____ 1 2 3 4 | 1 2 3 4
____ 1 2 3 4 | 1 2 3 4	____ 1 2 3 4 | 1 2 3 4	____ 1 2 3 4 | 1 2 3 4	____ 1 2 3 4 | 1 2 3 4	____ 1 2 3 4 | 1 2 3 4
Initiated?	Initiated?	Initiated?	Initiated?	Initiated?
Communication?	Communication?	Communication?	Communication?	Communication?

Scoring Key:

D:	Dry	1:	Independent
W:	Wet	2:	Verbal Prompt
U:	Urinate	3:	Physical Prompt
BM:	Bowel Movement	4:	Put-through
NS:	No Success		

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STRATEGIES THAT FACILITATE COMMUNICATION IN INCLUSIVE EARLY CHILDHOOD PROGRAMS

Answer Children's Questions

- Answer honestly and straightforwardly
- Contribute to understanding about the child with a disability
- Answer in a manner a young child would understand
- Convey respect for the child with a disability

Invite and Encourage Participation

- Use warm and accepting manner
- Encourage frequent brief interactions when initially introducing a child
- Invite another child to become involved in an ongoing activity
- Suggest child select new activity to include a child with a disability
- Prompt meaningful participation in a natural manner

Add Meaningful Content on Behalf of the Child

- Address ongoing conversation or activity
- Emphasize the similarities among the children
- Relate information as well as experiences, thoughts, and feelings of the child

Teach Children to Interact Directly with their Classmate with a Disability

- Teach children to recognize and interpert the nonverbal response of their classmate
- Teach children to direct their comments and questions directly to their classmate

Allow Spontaneous Interactions Among the Children to Occur

- Provide assistance without directly participating in the children's interactions
- Step back and fade physically from the children's interactions

Adapted from: Thompson, B., Wickham, D., Wegner, J., Mulligan-Ault, M., Shanks, P., & Reinertson, B. (1993). Handbook for the inclusion of children with severe disabilities. Lawrence, KS: Lerner Managed Designs Inc.

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