After Preschool Inclusion: Children's Educational Pathways Over the Early School Years

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ABSTRACT: A complex array of factors influences the implementation of inclusion within educational systems. This article examines decision making regarding young children's participation in inclusive programs. A qualitative design was employed to study influential factors over the course of a 5-year period as children moved from inclusive preschool placements to elementary school. Family, classroom, school, and societal influences were examined through families' perspectives on children's school experiences. At the end of the 5-year follow-along period, 60% of the children remained in some level of inclusive placement. Placements were influenced by professionals' decisions and school options, families' abilities to access information, advocates, the match between family needs and expectations and school options, and the influence of specific child and family characteristics.
It's really imperative to me that he's in a regular classroom because he learns so much that you're not aware of him learning...I don't want to shortchange him. (Mother of Lester, a kindergartener diagnosed with autism)

I think we have to try [inclusion]. If it doesn't work...then we can always make a change. (Mother of Ella, a first grader with Down syndrome)

If he were in a regular classroom, he wouldn't get as much attention as he does now. (Mother of Lenny, a second grader with physical disabilities)

These quotations from parents hint at the many factors that influence educational placement decisions for children with disabilities in the early school years. Though the provision of educational services in least restrictive or inclusive environments has been a central goal in recent decades, the decision to place a child in an inclusive or self-contained special education program is seldom a clear cut decision. Rather, these decisions reflect a complex transactional process involving multiple factors that often interact and may change over time. Educational placements and the goals and decisions surrounding placements, thus, are not static phenomena.

Inclusion in the early years has been the target of many educational initiatives (Buysse, Wesley, & Keyes, 1998; Guralnick, 1990, 1999; Harvey, Voorhees, & Landon, 1997; Peck, Odom, & Bricker, 1993; Salisbury & Vincent, 1990; Wolery et al., 1993; Wolery & Wilbers, 1994) and the subject of a host of educational research studies (Buysse & Bailey, 1993; Guralnick & Groom, 1988; Lamorey & Bricker, 1993; Mills, Cole, Jenkins, & Dale, 1998; Odom & Diamond, 1998; Odom et al., 1996; Peck, Odom, & Bricker, 1993). Despite this policy and research attention, support for inclusive educational placements for children with disabilities has not been without controversy regarding its benefits for all children (Bricker, 1995; Filler, 1996; Fuchs & Fuchs, 1994; Peck, 1995; Siegel, 1996).

Inclusion is a complex process influenced by many factors within families, classrooms, communities, and society. An individual child's experience both affects and is affected by her or his family beliefs and values, aspects of the classroom (e.g., curricular activities, teacher's philosophy) and school (e.g., services offered, philosophy), as well as the policies and values espoused in the larger community.

Children's placement decisions are rarely made on the basis of a single factor. The nature of decision making with respect to inclusion highlights the complexity of these decisions. Often professionals and parents must weigh a variety of factors in this process. Bailey, McWilliam, Buysse, and Wesley (1998) identified potentially competing factors families must weigh as they consider various educational alternatives; these factors included program quality, availability of specialized services to address children's special needs, and access to family-centered approaches. Though schools and communities may hold these values, it is often difficult to simultaneously achieve all these goals and receive inclusive services as well. The diverse needs of children and families and the degree to which these needs match the existing services within communities further influence options for inclusion (Hanson et al., 1998).

Thus, educational planning and decision making is complex with the potential for competing values and practices from which professionals and parents must choose. The influence of these factors and the combination or interaction among factors changes over the course of the children's school experiences as well.

This article, therefore, examines multisetting and multilevel influences on decision making regarding young children's participation or nonparticipation in inclusive programs. Shifts in influential factors were studied over the course of a 5-year period as children moved from inclusive preschool placements to elementary school environments over their early school years. Fam-
ily, classroom, school, and societal influences on children’s educational alternatives were examined through families’ perspectives on their children’s school experiences.

The ecological systems model (Bronfenbrenner, 1979, 1989; Bronfenbrenner & Morris, 1998) provided a conceptual framework for examining these multiple influences on children’s educational experiences and placement decisions. Children were viewed within the microsystems of their families and classrooms. The interrelationships between these microsystems (mesosystem issues) were analyzed, as were the impact of community factors and school system policies and structures (exosystem) and larger societal influences (macrosystem) such as cultural beliefs and values related to education and disabilities.

METHODS

SAMPLE

Twenty-five children with disabilities and their families were the focus of this analysis. In addition, eight typically developing children and their families were followed in order to provide general information on typical school experiences.

Families were interviewed across a 5-year time period beginning when the children were preschool age and moving into their early elementary years. Some children entered the study between 3 to 4 years of age and others entered at 4 years. Table 1 describes this sample in terms of gender, race or ethnicity, disability, socio-economic status of the family, type of preschool program (organizational context) in which children began their schooling, and geographic location.

This sample represents a subsample of children who were studied in their preschool years through a large national investigation of early childhood inclusion. As part of the larger ecological systems study (Odom et al., 1996), children’s families and classrooms (including teachers, administrators, related services personnel) were observed or interviewed related to identifying barriers and supports for preschool inclusion. Because it was not economically feasible to follow the original sample of 112 children for an extended time period, this subset of 25 children was purposively selected to study as they moved from preschool to elementary school. Children and families were selected to maximize variation with regard to ethnicity, types of disability, socio-economic status of families, geographic location, types of preschool experiences, and school district organizational structures.

DATA COLLECTION

Data were gathered primarily through semi-structured interviews with the children’s parents. An interview protocol was developed during meetings and conference calls among researchers at four sites around the country (Northeast, Southeast, Northwest, and West Coast). Over the 5-year period, researchers continued to meet via face-to-face data analysis sessions and structured conference calls. Through this method, consistent procedures were employed across the sites.

During interviews, parents were asked about their children and the current services being received, the goals and processes employed for selecting children’s placements, their family’s hopes and expectations for their children and for the future program, and their satisfaction with the process and their children’s program. Interviews typically lasted between 1 and 2 hours. All interviews were tape-recorded and verbatim transcripts were made. Families were paid a small honorarium for their participation. In some cases, holiday and birthday cards were sent to children and telephone contact was maintained with families to enhance their continued participation in the project over the course of the 5-year period. Attrition was quite small. One family moved to another state, although researchers were able to maintain telephone follow-up with the family. In total, 167 interviews were conducted with families (one interview per family per year). When feasible, some Individualized Education Program (IEP) meetings (approximately 20) and classrooms were observed (N = 12).

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<th>Characteristics</th>
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Data Analysis

Data analysis was performed at and across each of the four research sites in an iterative manner (Strauss & Corbin, 1990). Through research meetings (face-to-face and conference call), a series of matrices were developed for data reduction, transformation, and display at individual sites and for use across sites (Miles & Huberman, 1994). Figure 1 provides a graphic representation of the series of steps in the data analysis process conducted within and across sites. This process is explained in greater detail in related studies of the research institute (Li, Marquart, & Zercher, 2000).

First, each of the four research teams coded transcript interviews for their site and developed a set of initial coding categories. These categories were shared and a common set of categories or “universal markers” was developed. These categories or universal markers were:

- parent’s hopes, expectations and concerns for their child (including parent’s goals, wishes, and worries related to child’s development);
- parent’s perceptions regarding inclusion (including parents’ comments about children participating in placements that included both children with and without disabilities);
- formal and informal supports for inclusion (including persons, organizations, regulations, and materials that parents found helpful to them as they sought or participated in educational services);
- family satisfaction with the program (including parents’ comments about what they liked and didn’t like about their children’s program placements);
- community inclusion (including information about activities in the community in which the children participated such as recreation and religious groups);
- children’s friendships (including information about children’s friendships and where and how they met their friends);
- children’s educational service history (parents listed and described children’s school placements). Research teams within each site prepared individual child matrices addressing each of these categories.

Following this step, the teams looked for patterns across the children at their site using the constant-comparative method (Denzin, 1978). At this point, teams began developing interpretations and an analysis of emerging themes. These themes were tested on other cases within the site, further refined, and displayed in a site summary matrix. The site summary matrix was shared with the other research sites at cross-site meetings. Again, the constant-comparative method was applied as individual researchers discussed their site findings and common patterns were noted across sites. When
discrepancies occurred, researchers returned to the raw data for explanations. Through this process, researchers developed cross-site themes. The process was used in each of the 5 years of the study with subsequent data over the years being used to modify, refine, and expand themes.

RESULTS
Findings from this investigation are provided in two sections. First, a brief summary of children’s educational placements across the 5 years in terms of degree of inclusion is presented. Second, key themes that emerged from interviews with parents with respect to their views regard-
ing inclusion and factors that influenced the decisions about their children's educational placements are discussed.

**Children's Education Placements**

During preschool, children participated in a variety of educational activities and settings that varied in terms of location, sponsoring agency, goals, philosophy, and accessibility. Inclusive early education settings were found in child care centers, community centers, elementary schools, private and public neighborhood preschools, and Head Start programs (Odom et al., 1999). These settings varied with respect to service delivery models (e.g., itinerant teachers, special education teacher, early education teacher, team teaching) and sponsoring agencies (e.g., public school, private agency, Head Start, child care, blended programs). As children moved from early childhood programs into school-based programs, service models changed and the primary organizational context became the school system.

Given the range of service delivery models implemented over the 5 years for the children with disabilities, educational placements were clustered into four categories according to the degree to which children with and without disabilities were educated together: (a) full inclusion, (b) partial inclusion, (c) integrated activities, and (d) segregated.

In full inclusion placements, children with disabilities participated as full members of the general education class. The ratio of children with disabilities and without approximated natural proportions.

Partial inclusion was characterized in one of two ways. First, service models in which the child with disabilities participated in a typical age appropriate program with children without disabilities for at least 50% of their educational day and part of the day in a separate experience with other children with disabilities, were categorized as partial inclusion. For example, in preschool the child with disabilities spent part of the day fully included in a Head Start program and then was transported to an early childhood special education class for the rest of the day. In 1st grade this could mean that the child was included in the general classroom but pulled out for specialized instruction in some content areas. Programs that were developed for children with disabilities and in which children without disabilities were brought in to participate as typical role models also were categorized as partial inclusion. This included programs that might be termed "reverse mainstreaming" in which some class members were children without disabilities and others were children with disabilities (ratios varied but were typically around 50/50).

Integrated activities were those programs in which children with disabilities were predominantly in self-contained experiences but participated in joint classes or activities with age appropriate typically developing children. These integrated activities occurred on a regular basis and were planned to support interactions between the two groups of children. For instance, these activities included the child with a disability joining a class for a specific time of the day such as circle time or library time or two classes coming together on a daily basis during music time. Functionally, the children with disabilities were visitors to these classes.

Finally, segregated programs were those experiences in which children with disabilities received services in a self-contained special education class. The classroom might be in a typical age appropriate setting or school but the only contact between children with and without disabilities was incidental in public areas. That is, no regular, frequent, and planned opportunities for interactions between children with and without disabilities were available.

Children's educational placements across 5 years are presented in Figure 2. The placements are reported by the child's "year in program" (e.g., 3 to 4 or 4 to 5-year-old prekindergarten program, kindergarten, and so on) at the time of the interview(s). Sixteen of the children were identified when they were in 3- to 4-year-old preschool classes (7 in full inclusion, 6 in partial inclusion, and 3 in integrated activities) and 9 began in 4- to 5-year-old classes. At ages 4 to 5 years, 16 children were in full inclusion, 6 were in partial inclusion (moved from partial inclusion at 3 to full inclusion at 4), and 3 were in integrated activities. At kindergarten, 15 children were in full inclusion (compared to the previous year, 4 left full inclusion and 3 moved into full
Inclusion). In this period, 3 children went to more inclusive placements. They had been held in less inclusive placements in preschool with the notion that they would be “readied” for inclusion in kindergarten.

Seventeen children remained in the same placements, and 5 went into less inclusive settings. In 1st grade, 16 children remained in the same type of settings, 1 went to a more inclusive setting (from integrated activities to partial inclusion), and 8 went into less inclusive placements. In 2nd grade, 23 children remained in the same settings and 2 went into less inclusive placements. Thus, by the end of 2nd grade, 9 of the 25 children were in full inclusion, 6 were in other inclusive placements and 10 were in segregated, self-contained classes. Thirteen of the children were old enough to be followed into 3rd grade in the last year of the study. All remained in the same settings from the previous year with the exception of one child who moved to another school where child care was available and, thus, was placed in a more inclusive environment.

As the children with disabilities moved to kindergarten, we observed the first movement of children into segregated options (i.e., 16%). However, the number of full inclusion placements only dropped by 4% from 64% to 60%. In the transition to 1st-grade placements, the most dramatic shift away from inclusive options occurred. At this transition, the number of children being placed in segregated programs doubled (16% to 32%) with much of the movement occurring in the full inclusion option where the percentage dropped 14%. In subsequent years the level of inclusion remained reasonably stable. When viewing the full cohort of 25 children, at
preschool all children were in some level of inclusion. This figure dropped to 60% (including full, partial inclusion, and integrated activities) by the 2nd grade.

The school placements for the cohort of children who were typically developing also were documented. All remained in general education class placements throughout the 5-year course of the study.

Families' Views on Inclusion in the Preschool Period

Families were interviewed across a 5-year time span regarding their children's educational placements, the decision-making process for these placements, and their priorities and concerns. Open-ended queries were posed such as “Tell me about (child’s) class” and “How did you come to choose this class?” Since families were selected on the basis of their children's participation in inclusive preschool settings (as defined by their local education agencies), their perceptions and frames of reference regarding inclusive placements were a central concern in these discussions. In order to describe families' views on inclusion, interviews were coded according to whether inclusion was actively discussed or sought, indirectly mentioned, or not mentioned during the interviews. During the preschool period, 20 out of the 25 families of children with disabilities actively discussed inclusion, 3 indirectly referred to inclusion. (One was a recent immigrant from the People's Republic of China and the concept of inclusion was unfamiliar in her native country.) Two families did not mention inclusion. (In one of these families, both the parent and grandparent had limited intellectual skills.) Thus, inclusion was a central concern during the preschool period to most families in this study. Over time, most families' views remained stable, though four families made more indirect references to inclusion during the follow-up interviews.

Most families valued inclusion to help their children “reach her potential,” “get socialization,” “make friends,” “make a productive citizen out of himself,” and “get the experience he needs in relating to typically developing kids.” Families frequently cited their children's need for appropriate role models for behavior, speech, and social skills, and expressed their feelings that inclusive settings were best suited to provide these learning experiences.

Families frequently cited their children's need for appropriate role models for behavior, speech, and social skills, and expressed their feelings that inclusive settings were best suited to provide these learning experiences. For instance, typical comments were: “George's behavior and speech improve when he is around kids his own age and normal kids,” and “They learn faster and do it better than being separate.” Another parent stated: “My feelings about inclusion have not changed because she has progressed so much. She is very active and is becoming more and more independent.” Still another said, “[I] saw no progress until she was included.”

A number of parents described concerns related to their children's ability to participate in society and the need to “learn to live in the real world.” One mother's statement typified this view:

I think it's highly important [for Lindsay to be included with children who do not have disabilities] because most people don't have disabilities. And she's going to have to learn to cope in a world that doesn't have disabilities... She has to learn to accept herself as herself. And accept other kids as they are.

Families' preferences for classrooms and schools reflected additional considerations as well. These factors included the families' past experiences (e.g., “He went where his brother did”), importance of location in their neighborhood, a bilingual emphasis for children from non-English speaking families, the program's emphasis on structure or academics, and the access to specialized services related to the child's disability.

Families of children without disabilities also noted the importance of inclusion. None expressed resistance and most expressed positive support for this practice. Several representative comments are: “I like to see children with and

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without disabilities helping each other at school and in the community” and “I think that it should be just the same [for all children].”

Families of children with and without disabilities expressed similar goals for their children in school. Many mentioned their desire for their children to become a good or “productive citizen,” “to learn more,” “to have friends,” “to function independently,” “to go to college and get a good job,” and “be happy.”

**Influences on Children’s Placements**

During the preschool period most families of the children with disabilities sought inclusive placements and valued the experience. However, over the years, many children’s placements became more restrictive. Five themes emerged from these data to explain placement decisions: (a) professional influences on children’s placements, (b) families’ abilities to access information, (c) influence of advocates, (d) match or fit between family and school needs and expectations, and (e) influence of child and family characteristics.

**Professional Influences on Children’s Placements.** Though variability existed from community to community, the values and philosophies of the professionals and those goals and values articulated through the school system exerted a powerful influence on children’s educational placements. In most instances, children’s placement choices were made from the limited and a priori menu of service delivery options presented to families. Thus, existing school district program options largely dictated the children’s placement possibilities.

When parents were questioned about decision making for their children’s placements in the preschool period, 11 responded that the family was the primary decision maker, 4 identified professionals or school personnel as major decision makers, and 10 families indicated that the decision was a joint family-professional decision. By the fifth year of follow along, more professionals were considered by parents to be the primary decision makers. At this point, 6 families indicated that they made the decision, 10 identified professionals as the major decision makers, and 9 indicated the decision was a joint decision between family members and the professionals.

As indicated previously, families generally were consistent across time in their views on inclusion for their children. When their views changed, it appeared their framework was strongly influenced by professional input. Several families, for instance, were told that their children were “not ready for regular school.”

The power of professionals is exemplified in the following exchange between a mother and the special education teacher and special education director during an IEP meeting prior to the child’s entering 1st grade. This mother of a child with physical impairments appeared to have clearly articulated goals for her child and a bias toward inclusive placements. Over the 5-year time period, her resolve eroded and her child went into progressively more restrictive placements.

**Special Education (SE) Director:** Let’s talk about next year . . . . He does beautifully with language skills, but hasn’t done as well in academics as we’d hoped.

**Mother:** So what are you saying, not put in regular . . . ?

**SE Director:** We have lots of options—a regular classroom full-time, a class like [the special education teacher’s] full-time, and somewhere in between . . .

**Kindergarten Teacher:** He needs the regular education program . . . art, music . . .

**SE Director:** He could be in a regular classroom, and also work on academic areas here [in the special education classroom]. It would have to be very well coordinated. The same goals and objectives are worked on here . . .

**Mother:** But they’re different ages [in the special education classroom] than Lenny, they’re working on different things . . . I wouldn’t want this class [special education classroom] to be a place where he gets lost, where it’s wasted . . . He should spend the majority of his time in the first grade class, maybe a couple of hours in special education . . .

**SE Teacher:** I think he needs special education to pick up academics.
Mother: Maybe half-and-half?

[The special education teacher gives an example of how the general education teacher won't have time to help him learn letters.] (Observer's notes from IEP meeting)

Mother: I don't want him to get lost, or get frustrated.

Kindergarten teacher: It would be as if he was in there full-day [regular education].

SE Director: Fifty-fifty?

Mother: Fifty-fifty, okay. No, sixty-forty.

Kindergarten Teacher: Fifty-fifty, because it's a long day.

Mother: Try sixty-forty and if he needs more time here [in special education classroom] then we'll do that.

[SE Director writes down a range of 40%-50% in the general education classroom on the IEP, and describes this as she writes.] (Observer's notes from IEP meeting)

Professionals frequently indicated to parents that they would be able to spend more time with children in special education settings and that these settings emphasized academic skills to a larger degree (e.g., “more intensified math and reading”). Funding for paraprofessional assistants or classroom aides also was perceived to be linked to special education settings and was considered a positive feature because of the potential for more one-on-one attention to the child.

Families’ Abilities to Access Information. Families’ access to information regarding placement options, decision-making procedures, and special education laws and regulations was pivotal to their participation in the decision-making process. Families for whom English was the native language and families who were informed about the special education system appeared better able to glean or access information than were families who were non-English speaking or less involved in the educational system. Further, the issue of primary cultural identification also played a role. Several families, who were recent immigrants from non-Western countries, appeared more prone than others were to accept more professionally driven decisions and the authority of professionals in the school district.

It’s very frustrating to deal with the school district. It’s the system you are dealing with. And I don’t know how we can overcome it. ...what we can do about it. We are only a new starving family here in America. It’s kind of hard because we don’t know the laws and other policies. (Mother who was a recent immigrant from the Philippines)

By contrast, a mother who was an active participant in decision making throughout her child’s school career stated:

We essentially got an IEP and I know how to work with it ... which is half the battle. ...Once you get the name of somebody on the inside, it makes it so much easier.

Families’ abilities to access information and work within the school system appeared particularly crucial in the early years. As children got older, other factors tended to play greater roles, such as children’s academic performance and learning opportunities.

Influence of Advocates. The presence of an advocate or the parent’s ability to advocate for their child influenced the range and types of options made available to children and their families. In some cases the advocate was the parent; in other cases it was the “sending” teacher who functioned as a strong advocate for the child.

Several parents demonstrated or spoke about their abilities to “push” for their children. Their personalities, links to other knowledgeable and supportive parents (such as parent-to-parent networks), and willingness and comfort in making their voices heard, all played a role in ensuring that their opinions were considered and their goals were addressed. This mother reflects this ability:
I really see myself as his advocate. I may have to push for some things from the school district. Just dealing with the school district and saying “I want this for him.” And, “I think this works for him.”

In many cases, the best advocate was the sending teacher. Particularly in the early years, the preschool and kindergarten teachers often encouraged or coached families in how to proceed in the assessment and placement processes. One mother reported, “Angelica’s first teacher was great and she was supporting us. And she would tell us, ‘You be persistent and keep asking for what you want. Keep asking, keep asking.’”

The presence or influence of another supportive person or the parent’s own personal characteristics affected the degree to which parents were able to state their preferences and persist in their course of action. The ability to advocate for a particular placement often influenced the outcome of these processes.

**Match or Fit Between Family Needs and Expectations and School Options and Expectations.** The match or fit between school options and demands, and families’ priorities and needs for their children, shifted over the course of this 5-year study for many families. When interviewed during the preschool period, most families indicated that they were seeking educational placements that provided both inclusive settings and specialized services. By the time the children reached the early elementary years, families placed more and more emphasis on issues related to their children’s academic skills and fitting into the classroom. Many families initiated more specialized and often restrictive services to meet their children’s growing academic needs and the discrepancies between their children’s performance or behavior and the classroom’s demands. In some instances, the impetus for this shift came from teachers or other school personnel, while in other cases the parent was the primary instigator of the change. Some children were perceived as unable to keep up or not able to academically benefit from an inclusive setting. For example, one child, who was fully included in preschool, was placed in a segregated placement where he remained because, according to his teacher, “Academically, he’s not able to do what other children do.” In other instances, the child’s behavior or physical needs shifted over time or became more discrepant from classmates.

The school district did a behavioral evaluation, and the behaviorist recommended that Lester receive some one-to-one in the classroom. Now, Lester has an assistant part of the day, and he has done better in class since receiving additional help. (Mother of child with autism in 1st grade)

The lack of support within a school or classroom influenced whether or not children’s needs could be accommodated. One child was placed in a more restrictive setting because he couldn’t cope with the noise levels. For others, access issues such as being left in the wheelchair and scheduling concerns (“too much juggling” going from place to place) were factors. In some instances, more restrictive placements were preferred because of the smaller class size and the opportunity for small group or one-on-one instruction.

The more time he spends in small group instruction, the better. He’s gonna be in 2nd grade next year, and those kids are reading. If he were my kid, I’d just have him go in [regular education] once a week, for holidays and special occasions. . . . He’s pulled out so much; he has a hard time focusing. He needs more structure and stability. . . . I feel that’s best for him. We can individualize more. We can go at the kid’s pace. That’s the advantage of special ed. (Special education teacher in 1st grade, speaking to the mother during an IEP meeting)

Some families changed their perspectives and opted for more restrictive placements because of the pressure on their children or because of classmates’ behavior toward the children. One grandmother who initially was vehemently opposed to segregated special educa-
tion reported: “In the beginning I was against it [Tammy being in a special day class]. But after I saw what poor Tammy went through up here [in kindergarten]—I take that back.” Another mother voiced her concern: “She says kids stare at her, pick on her, and call her a baby because she doesn’t walk.”

As children progressed through the grades, some families encountered teachers who had no experience with children with disabilities. Some teachers were less accepting or less well trained than others. One mother worried: “[Her current school] has never had a wheelchair child. Never. So she’s breaking ground. . . . Let them break ground with somebody else’s kid.” She went on to relate: “So it’s kind of weird that they want these children in full inclusion, but the teachers aren’t trained to handle that. It’s kind of scary for the parent’s part. It’s like throwing your child to an inept babysitter.”

Although all children in this study began their schooling with inclusive preschool placements, many went to more restrictive placements over the years. The models offered by schools in elementary years tended to emphasize children’s difficulties or deficits and in some instances, supports from teachers were not provided to bolster children’s adjustment or academic performance. As this discrepancy grew and the match or fit between the needs of the parent and child and the school demands lessened, more restrictive placements were sought. Both families and professionals, often in collaboration, made these decisions.

Influence of Child Characteristics. Child characteristics also played a role in determining the child’s access or maintenance in an inclusive setting. These characteristics included the level and type of the child’s disability, and the child’s personality and behavioral characteristics. Many families and professionals alluded to the degree of the child’s “includability.” Particular disabilities and certain behavioral characteristics were associated with this ability or desirability to be included. Some children were considered more likely to succeed in inclusive settings than others. For instance, one father reported, “[The preschool teacher’s] impression of Ella is that she is very high functioning. And we believe so from other children we know and have seen with the same disability [Down syndrome].” A kindergarten teacher also reflected these sentiments. “Although she [Lindsay] has severe orthopedic handicaps and multiple handicaps as a multiple sclerosis victim, her cognitive development in many ways is very normal. And she’s well adjusted. A happy child.” However, the same child or disability sometimes posed a barrier to other teachers. For instance, the next year Lindsay’s physical education teacher explained, “The only problem I have with full inclusion is I feel I’m not devoting enough attention to Lindsay. With 20 kids, it takes a while for her to have a turn.” Thus, the time demands and level of disability may influence a child’s placement and participation in an inclusive setting. This influence may be dependent upon the teacher or the classroom model.

Several parents related that they volunteered with the school to compensate for their children’s shortcomings or to ensure that the child and family were represented and valued in the school. For instance, one mother described how she volunteered in her child’s 1st-grade class because, “Paul is not Mr. Personality, and me being in class and being Paul’s mom rubs off on him, the attention and the liking.” Another set of parents indicated that they participated in the site council so that the school would be aware of their contributions.

Thus, school systems did not always consider inclusive placements a starting point for all children. Families were aware that some children and families had to “earn their way in.” Children’s personality and behavior functioned both as a facilitator and as a barrier to their placement in inclusive environments. Children with behavior problems often were not considered “good candidates” for inclusive settings, whereas the positive personality of some children was mentioned as an asset that facilitated their inclusion in a classroom.

Summary. School personnel often presented families with a predetermined set of educational options for the children based on services that existed within the school community. For most of these educational communities, flexibility and attention to inclusion narrowed over time. In some instances children’s placements became more restrictive due to families’
or professional's perceptions that children needed more specialized services or individualized attention through more specialized placements. A child's individual personality and developmental characteristics too played a role in these decisions.

DISCUSSION

This investigation was designed to describe children's educational pathways over their early school years in an effort to understand factors that influenced their participation in inclusive educational settings. All children began their school experiences in inclusive preschool environments and families of both the children with and without disabilities were universally positive about their children's placement in inclusive settings. Yet, over the course of this 5-year study, a number of children with disabilities moved to more restrictive educational services at the instigation of both parents and professionals.

In some school communities, inclusion was viewed as the beginning point for all children. In others, it was a placement for which the children needed to be readied or earn their way in at each rung of the educational ladder. The philosophy and commitment held by the school community, thus, exerted a major impact on where children were placed. The influence of these philosophical and organizational structures has been noted elsewhere in the research literature on inclusion (Peck, Furman, & Helmtstetter, 1993; Soodak & Erwin, 2000).

Families' values and the information provided to them also exerted a major influence on children's placements. Most families held positive perceptions regarding inclusion. This finding is in accord with the research literature that consistently has reported positive perceptions of inclusion for both parents of children with and without disabilities (Bailey & Winton, 1987; Bennett, Lee, & Lucke, 1998; Diamond & Lefurgy, 1994; Green & Stoneman, 1989; Guralnick, 1994; Miller et al., 1992; Peck, Carlson, & Helmstetter, 1992). Parents in this study generally advocated for inclusive placements until they or their children encountered obstacles at school. Professional input exercised powerful control in some cases and resulted in a switch to more specialized services. Primary concerns voiced by families and professionals centered on issues of class size, availability of specialized therapies and services, children's acceptance by others, teachers' judgments or attitudes about the child's disability, and parents' judgments of the appropriateness of teachers' training and experience in addressing the children's needs. Similar findings were noted in an investigation of the transition of children into preschool from infant and toddler experiences (Hanson et al., 2000). Other studies also reported challenges faced by families to obtain information and services (McWilliam et al., 1995), the impact of school climate and parent-school relationships in regulating parent participation (Soodak & Erwin, 2000), and the relationship between child characteristics and placement options (Buysse, Bailey, Smith, Simeonsson, 1994).

Family members' abilities to "be heard" appeared to be greatly affected by their access to information and by their own personal comfort with and ability to advocate. Their access to and understanding of information vital to making decisions about their children's programs were strongly influenced by their ability to seek and understand information or by the availability of supports (professionals or other parents) who assisted them in circumnavigating the systems. As the population of children and families in schools continues to grow ever diverse, this problem is likely to be exacerbated. Parents unfamiliar with mainstream cultural values and public school systems and laws, and those lacking the abilities to speak and read in English and understand the technical aspects of education, will likely be left increasingly out of the decision-making process. These findings are consistent with those of related studies of children's
entrance into early childhood programs and child and family experiences in preschool inclusion (DeGangi, Wietlisbach, Poisson, Stein, & Royeen, 1994; Hanson, Gutierrez, Morgan, Brennan, & Zercher, 1997; Hanson et al., 2000).

The array of options offered families for their children also influenced their decisions. In many cases, placement decisions were determined on the basis of pre-existing services that were available in that district or area, rather than on the basis of a child’s individual educational needs. At times, this placement was in opposition to parents’ goals for their children. Families often were faced with the decision of choosing between keeping their children in inclusive placements or receiving specialized therapies or instructional services. Incentives given to switch to separate special education settings were options for individualized support, instructional services in smaller groups, and specialized therapies. The “menu” for services available for children, thus, was often a function of what was already “on the table” and, in some instances, incentives were offered for more restrictive services.

In summary, national support for early childhood inclusion can be inferred from increasing numbers of programs that include children with disabilities (Wolery et al., 1993a, 1993b). Perhaps success with inclusion within this age period is eased by the social aspects of the early childhood curriculum (e.g., focus on play, making friends, and cooperation) and the similar developmental needs for both children with and without disabilities. By contrast, at the elementary level, the discrepancy in children’s ability levels and school demands may become more marked. A complex array of factors ranging from community values to family values and beliefs appear to interact with school policies and organizations to influence the implementation of inclusion within educational systems.

Over the course of this follow-along study, a number of children moved from inclusive services begun in preschool to more restrictive environments. Supports were often missing for maintaining the children in general education settings and at times families were forced to choose between social and inclusive experiences for their children or getting specialized services and supports to address their children’s disabilities. However, over half of the children successfully remained in inclusive placements over the 5-year period. Perhaps it is an issue of viewing the cup as half empty or half full. Regardless, substantial national efforts in the form of educational mandates, technical support, teacher preparation initiatives, and blended and creative funding streams, have been exercised. Yet full inclusion remains elusive for many children.

**IMPLICATIONS FOR PRACTICE**

Inclusion as a societal value has roots in the civil rights and normalization movement (Wolfensberger, 1972), in advocacy from professional organizations (Division for Early Childhood, 1993; The Association for Persons with Severe Handicaps, 1988) and in federal legislation (least restrictive environment provision of Public Law 94-142 in 1975). These societal values and legal mandates provide the foundation for inclusive educational practices. The findings from this investigation have implications for these broad issues of educational and social inclusion as well. Although children in this study began their preschool life in inclusive experiences, they were separated when “they failed to make the grade” or when their behaviors deviated from teacher and parental expectations for children of that age level. The lack of supports to children and families in terms of school options, specialized instruction, and trained personnel contributed to these educational shifts. The following recommendations are offered to support the maintenance of children in inclusive educational environments.

**PROVISION OF SUPPORTIVE INFRASTRUCTURE**

While federal and state laws and recommended practices support inclusion, local administrative structures must be in place to ensure meaningful inclusion. An adequate infrastructure includes policies, staffing patterns, funding mechanisms, family or consumer participation, and regular self-assessment. Leadership is a crucial variable (Lieber et al., 2000; Peck, Furman, & Helmstet-
Strong leaders who share a belief and commitment to inclusive education can enhance the infrastructure to support inclusion. Such an infrastructure calls for clear roles and responsibilities of teachers, therapists, and other staff members, and a unified program of professional development including ongoing staff development, technical assistance, supervision, evaluation, and incentives for continual improvement. Too often, general and special educators do not share the same philosophy, training, or language. Joint or blended preservice and inservice programs and opportunities for general and special education staff members to observe one another and plan together can help bridge these gaps.

**Specialized Instruction and Support**

In this study, the lack of both inclusion opportunities and specialized instruction in the same program or setting was often cited as the reason for shifting a child to a less inclusive program. Parents were faced with choosing between social inclusion and specialized services for their children. The lack of specialized instruction in the preschool period sometimes led to the child's placement in a more restrictive setting because the child did not have the behavioral, communication, or academic skills school personnel or families deemed necessary to participate in the inclusive elementary program. Again, an infrastructure and teaching staff model that emphasizes the provision of specialized instruction and services within the general education program is necessary.

**Teacher Preparation and Expectations**

Both general and special educators must be adequately prepared to teach students with diverse needs and abilities. General educators need adequate knowledge of special populations and their learning needs, and they must know when and how to ask for assistance. Special educators must be prepared for a vastly different work world from the past, as increasingly they are asked to serve as consultants and collaborators. They must be able to modify and adapt the general education curriculum and support other teachers and staff members to implement special teaching strategies.

As the nation's population becomes increasingly diverse, educational services must be modified to ensure that children and families have access to information and culturally responsive services in order to allow their full participation.

**Changes in Student and Family Populations**

Population demographic changes influence family and classroom experiences as well and exert an impact on special education and general education as evidenced in this study. As the nation's population becomes increasingly diverse, educational services must be modified to ensure that children and families have access to information and culturally responsive services in order to allow their full participation (Hanson & Lynch, 1992; Harry, 1992; Lynch & Hanson, 1998). These cultural, ethnic, and linguistic influences will continue to modify national values, beliefs, and expectations, and shape educational practices and methods of service delivery.

**Family Expectations and Experiences**

For families in this study, the move to the elementary school world was often fraught with anxiety and questions about the demands of the new environment and their child's ability to participate and learn. Families who made school connections early or families who had an advocate, such as a referring teacher or another parent, were able to make these transitions and choices more readily. Services that support these connections and provide information about the new setting to families in the mode and language appropriate to that family will likely enhance this process.

**References**


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