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THE CONTEXT OF EARLY CHILDHOOD SPECIAL EDUCATION

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THE IMPORTANCE OF EARLY INTERVENTION/EARLY CHILDHOOD SPECIAL EDUCATION

Representative Research Evidence on the Effectiveness of Early Intervention/Early Childhood Special Education

AN ECOLOGICAL PERSPECTIVE ON YOUNG CHILDREN WITH DELAYS AND DISABILITIES AND THEIR FAMILIES**SUMMARY****KEY TERMS****CHECK YOUR UNDERSTANDING****REFLECTION AND APPLICATION****MAKING CONNECTIONS****LEARNING OBJECTIVES**

After reading this chapter, you will be able to

- 2.1 Define the terms *disability*, *handicap*, *developmental delay*, and *at risk*.
- 2.2 Discuss how judicial decisions and legislative enactments have benefited young children with delays and disabilities.
- 2.3 Summarize the major provisions contained in both PL 94–142 and PL 99–457.
- 2.4 Identify at least four benefits of early intervention/early childhood special education for young children with delays and disabilities.
- 2.5 Explain the concept of ecology and its importance to the field of early intervention/early childhood special education.

Early intervention/early childhood special education (EI/ECSE) is a unique and specialized field that focuses on providing services and supports to young children with delays and disabilities, ages birth through eight years, and their families. Although EI/ECSE is a relatively young field that draws upon the long history, rich legacy, and contributions of general early childhood education, special

education, and compensatory education, it is a distinct field with its own identity and purpose (Bricker et al., 2020; McLean et al., 2016). To fully appreciate the EI/ECSE discipline, several elements that are basic to the understanding of its development should be explored. These elements help provide a firm foundation for the later examination of programs and services for young children with delays and disabilities and their families. Attention will be focused on key terminology, the impact of litigation and legislation on the growth of the field, the prevalence of young children with delays and disabilities, the research evidence on the efficacy of early intervention and early childhood special education, and the validity of an ecological approach for examining the world of young children with delays and disabilities.

DEFINITIONS AND TERMINOLOGY

Early childhood professionals serve a wide range of individuals. An increasing number of these young children have developmental delays and disabilities and others are at risk for future educational difficulties. What do these terms mean? Is a disability synonymous with a handicap? What is a developmental delay? What factors jeopardize a child's future educational success? Unfortunately, clear-cut answers to these basic questions are sometimes difficult to achieve. Confusion and misinterpretation are not unusual, even among EI/ECSE professionals. Hence, the following descriptions are an attempt to clarify key terminology and provide a common foundation for understanding the terminology associated with infants, toddlers, preschoolers, and early primary students with delays and disabilities.

Exceptional Children

The field of special education often identifies the children they serve as **exceptional children**. This inclusive term generally refers to individuals who are neurodivergent and differ from societal or community standards of normalcy. These children will, therefore, require educational services customized to their strengths and needs. Some exceptionalities are obvious and easy to identify while others are less obvious, such as a child who is deaf. The term *exceptional children* encompasses children who are intellectually talented and may greatly benefit from their exceptionality in the educational process, while in other situations an exceptionality may prove to be a significant issue.

Professionals must not lose sight, however, of the fact that a child with any type of delay or disability is first and foremost a child—an individual who is more like their typically developing peers than they are different. The fact that a child is identified with a delay or disability should never prevent professionals from realizing just how similar the individual is to their peers in many other ways.

Disability and Handicap

All too often, professionals, as well as the general public, use the terms *disability* and *handicap* interchangeably. These terms, however, have distinct meanings and are not synonymous. When professionals talk about a **disability**, they are referring to the inability of an individual to do something in a certain way. A disability may be thought of as an incapacity to perform in a similar way as other children due to impairments in sensory, physical, cognitive, and other areas of functioning. A **handicap**, on the other hand, refers to the problems that children with a disability encounter as they



Young children with delays and disabilities are first and foremost children who are more like their typically developing peers than different.

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attempt to function and interact in their environment. Mandy, for example, has cerebral palsy. This is a disability. If her disability prohibits her from becoming a professional ice skater, then Mandy is considered to have a handicap. Stephen, a four-year-old who is legally blind (a disability), would have a handicap if his preschool teacher inadvertently used a promethean board while explaining a cooking activity. A disability may or may not be a handicap depending upon the specific circumstances. For instance, a six-year-old child who wears ankle-foot orthoses (AFOs) or leg braces, might have difficulty walking upstairs; however, in the classroom art center, his creativity and talents are easily demonstrated. Today, professionals rarely use the term *handicap* and then only when explaining the consequences or impact imposed on a young child by their disability. Gargiulo and Bouck (2021) urge educators to separate the disability from the handicap.

Early Intervention and Early Childhood Special Education

Continuing the discussion on terminology, it is important to clarify the terms *early intervention* and *early childhood special education*. EI/ECSE services have been explicitly defined in the United States by the Individuals with Disabilities Education Act (IDEA; Turnbull et al., 2004). Generally, *early intervention* refers to the delivery of a coordinated and comprehensive set of specialized supports and services to infants and toddlers (from birth through age two) with a developmental delay or disability and their families. The term *early intervention* can be found specifically in Part C of IDEA (to be discussed later in this chapter). Describing the nature of early intervention is not an easy task. Early intervention can be characterized according to the type of service provided (physical therapy, vision services), location of service (home, childcare center), and service provider (early childhood special educator, occupational therapist, nurse), to mention just some of the critical features of this concept (Bricker et al., 2020; McWilliam, 2016).

The goal of early intervention is multifold. One purpose is to minimize the impact or effect of a disability or delay, while another goal is to prevent future learning and developmental difficulties in children (Long, 2019; McWilliam, 2016). An additional purpose is to provide families with individualized support and services (Kilgo, 2022). Accordingly, early intervention is an opportunity to enhance and maximize the potential of young children as well as their families.

The term *early childhood special education* is an umbrella term used for services for birth through eight-year-olds with delays and disabilities. Also, it is used specifically when talking about the provision of customized services uniquely crafted to meet the individual needs of young children from three through eight years of age with delays and disabilities. It is important to note that special education does not refer to a particular location but rather a system of supports and services for young children with delays and disabilities (Gargiulo & Bouck, 2021).

Developmental Delay and At Risk

Because of the adverse effects of early labeling, recommended practice suggests that young children with delays and disabilities be identified as eligible for services as either developmentally delayed or, in some instances, at risk. These terms, in fact, are incorporated in PL 99–457. This significant enactment requires that local schools provide comprehensive services to children from ages three to five with delays and disabilities. The children, however, do *not* have to be identified with a disability label. The 1991 amendments (PL 102–119) to IDEA allow states to use a generic category like “children with disabilities.” According to one national survey (Danaher, 2011), nine states utilize a noncategorical description exclusively when classifying preschoolers with delays and disabilities. These generic labels include “preschool child [student] with a disability” (Colorado, New Jersey, New York); “preschool special needs” (West Virginia); and “noncategorical early childhood” (Texas). Many professionals believe that the use of a categorical disability label for most young children is of questionable value, unfairly stigmatizes young children, and creates a self-fulfilling prophecy (Danaher, 2011; Division for Early Childhood, 2009). A noncategorical approach to serving young children with delays and disabilities is, therefore, perfectly acceptable as well as legal. Many early childhood special education programs offer services without categorizing children on the basis of a disability. Thus, instead of a categorical approach, programs serving young children with delays and disabilities frequently use the broad term *developmental delay*.

As a result of the passage of PL 105–17, it is now permissible, at the discretion of the state and local education agency, to use the term *developmental delay* for children ages three through nine. The most recent reauthorization of IDEA, PL 108–446, reiterated the appropriateness of this term for children ages three to nine (or any subset of this group). Forty-two states use the term *developmental delay* or a similar variation (e.g., *significant developmental delay*) when describing these children (Danaher, 2011).

Developmental Delay

Congress realized that establishing a national definition of **developmental delay** would be an almost insurmountable task and, therefore, left the responsibility of developing a satisfactory definition to the individual states. One consequence of this action is the tremendous diversity of criteria found in the various meanings of this term. Many states incorporate a quantitative approach when determining which children meet the developmentally delayed eligibility criteria (Danaher, 2011; Early Childhood Technical Assistance Center, 2022). Typical of this strategy is a reliance on data derived from various assessment instruments. Two common criteria for a developmental delay are

- a delay expressed in terms of standard deviations (SD) below the mean on a norm-referenced assessment (Georgia, Indiana: 2 SD in one developmental area or 1.5 SD in two areas¹), and
- a delay expressed in terms of a difference between a child’s chronological age and actual performance level (Alaska: 50 percent or greater delay in one or more developmental areas, West Virginia: 25 percent delay in one or more developmental areas).

Table 2.1 lists examples of criteria used by the states when quantifying a developmental delay. Obviously, there is no one correct way to define this concept. Each approach has its advantages and disadvantages. In fact, some states allow for the use of a qualitative determination when considering whether or not a child has a developmental delay. Texas is one example while Puerto Rico permits the use of informed clinical opinions of members of a multidisciplinary team.

A qualitative determination is allowed due to the lack of valid and reliable dependent measures appropriate for young children. The predictive validity of these assessment instruments is also suspect. As a result, the regulations accompanying IDEA require that informed clinical opinion be included as part of eligibility determination (Shackelford, 2006; Smiley et al., 2022).

There are several advantages to using the term *developmental delay*. First, because it suggests a developmental status rather than a category, it is anticipated that placement of young children in developmentally appropriate classrooms will be more likely. Second, it is hoped that this concept will lead to services being matched to the needs and abilities of the child rather than having services decided by a categorical label. Third, professionals believe that the utilization of this term is likely to encourage inclusive models of service delivery instead of services being primarily driven by a disability label. Finally, the use of this term prevents the possibility of misidentifying a young child when the etiology or cause of the child’s delay is not clearly evident (Division for Early Childhood, 2009).

At Risk

When professionals refer to children being **at risk**, they are speaking of children “who have not been formally identified as having a disability, but who may be developing conditions that will limit their success in school or lead to disabilities. This can be the result of exposure to adverse genetic, biological, or environmental factors” (Spodek & Saracho, 1994a, p. 16). This definition parallels an earlier description of risk factors identified by Kopp (1983). She defines risk as “a wide range of biological and

¹ Developmental areas include physical, communication, cognitive, social or emotional, and adaptive.

TABLE 2.1 ■ Representative Examples of Definitions of Developmental Delay

State	Criteria
Arkansas	25% or greater delay in one or more developmental areas
Florida	1.5 SD below the mean in two or more areas or 2 SD below the mean in one or more developmental areas
Michigan	20% or 1 SD below the mean in one or more developmental areas
Nebraska	2 SD below the mean in one developmental area or 1.3 SD below the mean in two or more developmental areas
New Hampshire	33% delay in one or more developmental areas; or atypical behavior
Tennessee	25% delay in two developmental areas or a 40% delay in one area
Utah	1.5 SD at or below the mean, or at or below the 7th percentile in one or more areas of development on approved instrument
Virginia	At least 25% below chronological or adjusted age in one or more areas of development or atypical development (even in the absence of 25% delay)

Source: Adapted from National Early Childhood Technical Assistance Center. (2022). *State and Jurisdictional Eligibility Definitions*. Chapel Hill, NC: University of North Carolina, FPG Child Development Institute.

Note: SD = standard deviation below the mean on a norm-referenced assessment instrument.

Areas refers to physical, communication, cognitive, social or emotional, and adaptive areas of development.

environmental conditions that are associated with increased probability for cognitive, social, affective, and physical problems” (p. 1081).

In both of these definitions, exposure to adverse circumstances *may* lead to later problems in development and learning, but it is not a guarantee that developmental problems will occur. Risk factors only set the stage or heighten the probability that differences will arise. Many young children are subject to a wide variety of risks, yet they never evidence developmental problems. Table 2.2 presents some of the common factors and conditions that may place a child at risk.

Professionals typically classify risk factors into two (Lipkin & Schertz, 2008) or three (Shackelford, 2006) at-risk categories. Shackelford’s work is but one example of a model that is widely accepted today. This tripartite classification scheme includes established, biological, and environmental risk categories. These categories are not mutually exclusive and frequently overlap. In some instances, a young child identified as being biologically at risk due to prematurity may also be at risk due to environmental factors like severe poverty. As a result of this “double vulnerability,” the probability for future delays and learning difficulties dramatically increases.

Established Risk

Children with a diagnosed medical disorder of known etiology and predictable prognosis or outcome are considered to manifest an **established risk**. Illustrations of such conditions would include children born with cerebral palsy, Down syndrome, spina bifida, an inborn error of metabolism such as PKU (phenylketonuria), or severe sensory impairments. Young children identified with an established risk condition must be served if the state receives IDEA Part C monies.

Biological Risk

Included in this category are children with a history of pre-, peri-, and postnatal conditions and developmental events that heighten the potential for later atypical or aberrant development. **Biological risk** factors include conditions or complications such as premature births, infants with low birth weights, maternal diabetes, rubella (German measles), anoxia, bacterial infections like meningitis, and HIV (human immunodeficiency virus) infection.

TABLE 2.2 ■ Representative Factors Placing Young Children at Risk for Developmental Delays

Maternal alcohol and drug abuse
Children born to teenage mothers or women over age 40
Home environment lacking adequate stimulation
Maternal diabetes, hypertension, or toxemia
Exposure to rubella
Chronic poverty
Primary caregiver is developmentally disabled
Infections such as encephalitis and meningitis
Oxygen deprivation
Child abuse and neglect
Accidents and head trauma
Inadequate maternal and infant nutrition
Genetic disorders such as Down syndrome, phenylketonuria, and galactosemia
Family history of congenital abnormalities
Exposure to radiation
Prematurity
Rh incompatibility
Low birth weight
Ingestion of poisons and toxic substances by child
Prolonged or unusual delivery

Note: Factors are not ranked in order of potential influence.

Environmental Risk

Environmentally at-risk children are biologically typical, but their life experiences and/or environmental conditions are so limiting or threatening that the likelihood of delayed development exists. Extreme poverty, child abuse, absence of adequate shelter and medical care, parental substance abuse, and limited opportunities for nurturance and social stimulation are all examples of potential **environmental risk** factors. This risk category, as well as children who are biologically at risk, results in discretionary services. States may elect to provide early intervention if they wish to, but they are not mandated to serve infants and toddlers who are biologically or environmentally at risk.

Given the magnitude of factors that may place a child at risk for developing disabilities, the value of prevention and early intervention cannot be underestimated. Of course, prevention is better than remediation.

Federal Definition of Disability

As previously noted, early childhood special educators serve a variety of young children with delays and disabilities, but who are these children? The federal government, in IDEA (PL 108–446), defines



Some young children may be at risk for future difficulties in learning and development due to biological risk factors.

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a student with a disability according to the thirteen distinct categories listed in Table 2.3. The government's interpretation of these labels is presented in Appendix C. Individual states frequently use these federal guidelines to construct their own standards and policies as to who is eligible to receive early intervention and special education services.

TABLE 2.3 ■ Federal Classification of Disabilities

Autism	Orthopedic impairment
Deaf-blindness	Other health impairments
Developmental delay*	Speech or language impairment
Emotional disturbance	Specific learning disability
Hearing impairment	Traumatic brain injury
Intellectual disability**	Visual impairment
Multiple disabilities	

Note: *Defined according to individual state guidelines.

**Formerly known as mental retardation. Federal legislation (PL 111-256) changed this designation on October 5, 2010.

The term *children with delays and disabilities* is used to describe the infants, toddlers, preschoolers, and early primary students (birth through age eight) who are the focus of this textbook. Early childhood special educators should consider the similarities between children with delays and disabilities and their typically developing peers, not differences. Attention also should be focused on the children's strengths and abilities, not their delays and disabilities.

LITIGATION AND LEGISLATION AFFECTING CHILDREN WITH DELAYS AND DISABILITIES

Early childhood special education is an evolving discipline. In addition to drawing upon its three parent fields (general early childhood education, special education, and compensatory education), judicial action has played a key role in the growth of the field. Litigation initiated by parents and special interest groups has helped pave the way in securing numerous rights for children with disabilities and their families. Since the 1960s and early 1970s, a plethora of state and federal court decisions have continually shaped and defined a wide range of issues that impact contemporary special education policies and procedures. The U.S. Supreme Court has ruled on a number of cases involving special education. These cases have resulted in decisions that have addressed issues regarding special education programming, such as the provision of a free appropriate public education, related services, discipline, and procedural issues (Yell & Bateman, 2020; Zirkel & Yell, 2024). Table 2.4 summarizes some of the landmark cases affecting the field of special education. Many of the judicial remedies emanating from these lawsuits form the cornerstones of both federal and state legislative enactments focusing on children with delays and disabilities. Furthermore, many accepted practices in today's special education programs, such as nondiscriminatory assessments and due process procedures, have their roots in various court decisions.

Key Federal Legislation

Federal legislative intervention in the lives of persons with disabilities is of relatively recent origin. Prior to the late 1950s and early 1960s, little federal attention was devoted to citizens with disabilities. When legislation was enacted, it primarily assisted specific groups of individuals such as those who were visually impaired or had an intellectual disability. The last sixty years, however, have witnessed a flurry of federal legislative activity, which has aided the growth of special education and provided educational benefits and other opportunities and rights to children and adults with disabilities.

TABLE 2.4 ■ A Synopsis of Selected Court Cases Influencing Special Education

Case	Year	Issue	Judicial Decision
Brown v. Board of Education	1954	Educational segregation	Segregation of students by race ruled unconstitutional. Children are being deprived of equal educational opportunity. Effectively ended “separate but equal” schools for white and black students. Used as a precedent for arguing that children with disabilities cannot be excluded from a public education.
Hobson v. Hansen	1967	Classifying students	Grouping or “tracking” of students on the basis of standardized tests, which were found to be biased, held to be unconstitutional. Tracking systems discriminated against poor and minority children. Equal protection clause of Fourteenth Amendment violated.
Diana v. State Board of Education	1970	Class placement	Linguistically different students must be tested in their primary language as well as in English. Students cannot be placed in special education classes on the basis of tests that are culturally biased. Test items were to be revised so as to reflect students’ cultures. Group-administered IQ tests cannot be utilized for placement of children in programs for students with intellectual disability.
Pennsylvania Association for Retarded Children v. Commonwealth of Pennsylvania	1972	Right to education	State must guarantee a free public education to all children with intellectual disability, ages 6–21, regardless of degree of impairment or associated disabilities. Students were to be placed in the most inclusive environment. Definition of <i>education</i> expanded. Case established the right of parents to participate in educational decisions affecting their children.
Mills v. Board of Education of the District of Columbia	1972	Right to education	Extended the <i>Pennsylvania</i> decision to include all children with disabilities. Specifically established the constitutional right of children with disabilities to a public education regardless of their functional level. Presumed absence of fiscal resources is not a valid reason for failing to provide appropriate educational services to students with disabilities. Due process procedures established to protect the rights of the child.
Larry P. v. Riles	1972, 1979	Class placement	A landmark case parallel to the <i>Diana</i> suit. African American students could not be placed in classes for the educable mentally retarded (EMR)* solely on the basis of intellectual assessments found to be culturally and racially biased. The court instructed school officials to develop assessments that would not discriminate against minority children. The failure to comply with this order resulted in a 1979 ruling, which completely prohibited the use of IQ tests for identifying African American students for placement in EMR classes. Ruling applies only to the state of California.
Jose P. v. Ambach	1979	Timelines and delivery of services	A far-reaching class action lawsuit that restructured the delivery of special education services in New York City public schools. Judgment established (1) school-based support teams to conduct evaluations and provide services; (2) stringent timelines for completing evaluations and placement; (3) due process procedures; (4) guidelines for nondiscriminatory evaluation; (5) detailed monitoring procedures; and (6) accessibility of school facilities.

(Continued)

TABLE 2.4 ■ A Synopsis of Selected Court Cases Influencing Special Education (Continued)

Case	Year	Issue	Judicial Decision
Armstrong v. Kline	1979	Extended school year	States' refusal to pay for schooling more than 180 days for students with severe disabilities is a violation of their rights to an appropriate education as found in PL 94-142. The court moved that some children with disabilities will regress significantly during summer recess and have longer recoupment periods; thus, they are denied an appropriate education if not provided with a year-round education.
Tatro v. State of Texas	1980	Related services	A U.S. Supreme Court decision, which held that catheterization qualified as a related service under PL 94-142. Catheterization not considered an exempted medical procedure as it could be performed by a health care aide or school nurse. Court further stipulated that only those services that allow a student to benefit from a special education qualify as related services.
Board of Education v. Rowley	1982	Appropriate education	First U.S. Supreme Court interpretation of PL 94-142. Court addressed the issue of what constitutes an "appropriate" education for a student who was deaf but making satisfactory academic progress. Supreme Court ruled that an appropriate education does not necessarily mean an education that will allow for the maximum possible achievement; rather, students must be given a reasonable opportunity to learn. Parents' request for a sign language interpreter, therefore, was denied. An appropriate education is not synonymous with an optimal educational experience.
Honig v. Doe	1988	Exclusion from school	Children with disabilities whose behavior is a direct result of their disability cannot be expelled from school due to misbehavior. If behavior leading to expulsion is not a consequence of the disability, children may be expelled. Short-term suspension from school not interpreted as a change in child's individualized education program (IEP).
Daniel R. R. v. State Board of Education	1989	Class placement	A Fifth Circuit Court of Appeals decision that held that a segregated class was an appropriate placement for a student with Down syndrome. Preference for inclusive placement viewed as secondary to the need for an appropriate education. Court established a two-prong test for determining compliance with the least restrictive environment (LRE) mandate for students with severe disabilities. First, it must be determined whether a student can make satisfactory progress and achieve educational benefit in a general education classroom through curriculum modification and supplementary aids and services. Second, it must be determined whether the student has been included to the maximum extent appropriate. Successful compliance with both parts fulfills a school's obligation under federal law. Ruling affects LRE cases in Louisiana, Texas, and Mississippi, but has become a benchmark decision for other jurisdictions as well.
Oberti v. Board of Education of the Borough of Clementon School District	1992	Least restrictive environment	Placement in a general education classroom with the use of supplementary aids and services must be offered to a student with disabilities prior to considering more segregated placements. A child cannot be excluded from a general education classroom solely because curriculum, services, or other practices would require modification. A decision to exclude a learner from the general education classroom necessitates justification and documentation. Clear judicial preference for educational inclusion established.

Case	Year	Issue	Judicial Decision
Agostini v. Felton	1997	Provision of services	A U.S. Supreme Court decision that reversed a long-standing ruling banning the delivery of publicly funded educational services to students enrolled in private schools. Interpreted to mean special educators can now provide services to children in parochial schools.
Cedar Rapids Community School District v. Garret F.	1999	Related services	A U.S. Supreme Court decision that expanded and clarified the concept of related services. This case affirmed that intensive and continuous school health care services necessary for a student to attend school, and which are not performed by a physician, qualify as related services.
Arlington Central School District Board of Education v. Murphy	2006	Recovery of fees	The issue in this U.S. Supreme Court case is whether parents are able to recover the professional fees of an educational consultant (advocate) who provided services during legal proceedings. The Court ruled that parents are not entitled to reimbursement for the cost of experts because only attorneys' fees are addressed in IDEA.
Winkelman v. Parma City School District	2007	Parental rights	One of the more significant Supreme Court rulings. The Court, by unanimous vote, affirmed the right of parents to represent their children in IDEA-related court cases. Ruling seen as an expansion of parental involvement and the definition of a free appropriate public education. Decision also interpreted to mean that IDEA conveys enforceable rights to parents as well as their children.
Forest Grove School District v. T. A.	2009	Tuition reimbursement	A Supreme Court decision involving tuition reimbursement for a student with learning disabilities and attention deficit hyperactivity disorder as well as depression who was never declared eligible for special education and never received services from the school district. Parents removed the child from the school and unilaterally enrolled the child in a private school. Subsequently they sought reimbursement from the school district for expenses. In a 6–3 decision, the Court found that IDEA authorizes reimbursement for private special education when a public school fails to provide a free appropriate education and the private school placement is appropriate, regardless of whether the student previously received special education services.
Fry v. Napoleon Community Schools	2017	IDEA exhaustion doctrine	A suit filed on behalf of a young girl with a severe form of cerebral palsy who used a service animal. Because the school provided the student with a personal aide in accordance with her IEP, the school district refused to allow her the use of her service dog. The girl's parents sought relief under the Americans with Disabilities Act Amendments Act of 2008 (ADAAA) and Section 504 of the Rehabilitation Act rather than IDEA, which required the parents to exhaust all administrative remedies (e.g., due process hearing) prior to suing under the ADAAA and 504. As this was a disability discrimination issue and the adequacy of the student's educational services were not in question, the Court ruled unanimously that because the parents were not seeking relief under the free appropriate public education clause of IDEA, the exhaustion requirement of IDEA was not applicable.

(Continued)

TABLE 2.4 ■ A Synopsis of Selected Court Cases Influencing Special Education (Continued)

Case	Year	Issue	Judicial Decision
Endrew F. v. Douglas County School District	2017	Educational benefit	A far-reaching Supreme Court decision involving an eight-year-old boy with autism. The child’s parents removed him from public school and enrolled him in a private school due to an IEP, which they believed did not provide sufficient academic and social progress. The school district refused the parents’ request for tuition reimbursement. Although the lower courts agreed with the school district, the parents appealed to the Supreme Court. The Court found, in a unanimous decision, that an IEP must provide more than <i>de minimis</i> or minimal educational benefit. It stated that an IEP must be “appropriately ambitious” considering a student’s circumstances and every student must be given the opportunity to meet challenging objectives.
Perez v. Sturgis Public Schools	2023	Exhausting disputes under IDEA and ADA	This case involved a student who was deaf alleging that the school system failed to provide him with a qualified sign-language interpreter and misconstrued his academic progress to his parents. The Supreme Court’s unanimous decision was that families of students with disabilities do not need to exhaust administrative remedies under IDEA before seeking compensatory damages under the ADA.

Source: Adapted from R. Gargiulo and E. Bouck, *Special Education in Contemporary Society*, 7th ed. (Thousand Oaks, CA: Sage, 2021), pp. 41–42.

Note: *Considered appropriate terminology during this time period.

Due to the multitude of the public laws (PL) affecting special education, discussion will be reserved for landmark legislation. The following examines seven significant pieces of legislation that have dramatically affected the educational opportunities of infants, toddlers, preschool children, and school-age children with delays and disabilities. The initial review will focus on PL 94–142, the Individuals with



Today, education for children with delays and disabilities is a right, not a privilege.

AP Photo/David Zalubowski

Disabilities Education Act (IDEA) or, as it was previously called, the Education for All Handicapped Children Act. This change came about due to the enactment on October 30, 1990, of PL 101–476. Provisions contained in this legislation will be reviewed later.

Public Law 94–142

The Individuals with Disabilities Education Act is viewed as a “Bill of Rights” for children with exceptionalities and their families. It is considered by many individuals to be one of the, if not *the*, most important piece of federal legislation ever enacted on behalf of children with disabilities. Some advocacy groups consider this enactment as a vital first step in securing the constitutional rights of citizens with disabilities (Allen & Cowdery, 2022). The intent of this bill was

to ensure that all handicapped children have available to them . . . a free, appropriate public education which emphasizes special education and related services designed to meet their unique needs, to ensure that the rights of handicapped children and their parents or guardians are protected, to assist States and localities to provide for the education of all handicapped children and to assess and ensure the effectiveness of efforts to educate handicapped children. (Section 601 (c))

In addition to these four purposes, there are six major components incorporated in this legislation:

1. *The right to a free appropriate public education (FAPE)*—all children, regardless of the severity of the disability, must be provided an education appropriate to their unique needs at no cost to the parent(s)/guardian(s). Included in this feature is the concept of related services, which requires that children receive, for example, as necessary, occupational and physical therapy, as well as speech therapy, among other services.
2. *The principle of least restrictive environment (LRE)*—children with exceptionalities are to be educated, to the maximum extent appropriate, with typical students. Placements must be consistent with the student’s educational needs.
3. *An individualized education program (IEP)*—this document, developed in conjunction with the parent(s)/guardian(s), is an individually tailored statement describing an educational plan for each learner with exceptionalities. The IEP is required to address (a) present level of academic functioning; (b) annual goals and accompanying instructional objectives; (c) educational services to be provided; (d) the degree to which the student will be able to participate in general education programs; (e) plans for initiating services and length of service delivery; and (f) an annual evaluation procedure specifying objective criteria to determine whether instructional objectives are being met.
4. *Procedural due process*—IDEA affords parent(s)/guardian(s) several safeguards as it pertains to their child’s education. Briefly, parent(s)/guardian(s) have the right to examine all records; to obtain an independent evaluation; to receive written notification (in parent’s native language) of proposed changes to their child’s educational classification or placement; and to an impartial hearing whenever disagreements occur regarding educational plans for their son/daughter.
5. *Nondiscriminatory assessment*—prior to placement, a child must be evaluated in all areas of suspected disability by tests that are neither culturally nor linguistically biased. Students are to receive several types of assessments; a single evaluation procedure is not permitted.
6. *Parental participation*—PL 94–142 mandates parental involvement to the degree they desire. Sometimes referred to as the “Parent’s Law,” this legislation requires that parents participate in the decision-making process that affects their child’s education. IDEA regulations currently allow assistance to parents as part of a preschooler’s IEP if such assistance is necessary for the child to benefit from special education. Parental training (e.g., coaching) activities are also permissible as a related service.

Congress mandated by September 1, 1980, a free appropriate public education for all eligible children ages three through twenty-one. The law, however, did *not* require services to preschool children with disabilities. An exception was contained in the legislative language:

except that, with respect to handicapped children aged three to five and eighteen to twenty-one, inclusive, the requirements . . . shall not be applied . . . if such requirements would be inconsistent with state law or practice, or the order of any court, respecting public education within such age groups within the state. (Section 612 (2) (B))

Because many states were not providing preschool services to typically developing children, an education for young children with delays and disabilities, in most instances, was not mandated. Although this legislation fails to require educational services for young children, it clearly focused attention on the preschool population and recognized the value of early education.

PL 94–142 did, however, contain benefits for children under school age. The enactment offered small financial grants (Preschool Incentive Grants) to the individual states as an incentive to serve young children with delays and disabilities. It also carried a mandate for schools to identify and evaluate children from birth through age twenty-one suspected of evidencing a disability. Finally, PL 94–142 moved from a census count to a child count, or the actual number of young children being served. The intent of this feature was to encourage the states to locate and serve young children with delays and disabilities.

Public Law 99–457

In October 1986, Congress passed one of the most comprehensive pieces of legislation affecting young children with delays and disabilities and their families—PL 99–457. This law, which was originally known as the Education of the Handicapped Act Amendments of 1986, changed both the scope and the intent of services provided to preschoolers with delays and disabilities in addition to formulating a national policy for infants and toddlers with or at risk for delays and disabilities.

Farran (2000) believes that one of the assumptions behind the enactment of PL 99–457 was that early intervention is cost-effective, a way of lowering future costs of special education. This rationale is vastly different from the thinking behind the passage of PL 94–142, which was rooted in the civil rights movement and saw an education for children with disabilities as a constitutional right. Thus, PL 99–457 was enacted primarily as a prevention measure.

PL 99–457 contains several parts. The discussion that follows is primarily on Part B, the preschool provision, as well as Part C (formerly known as Part H), the section that allows for services to be provided to infants and toddlers with delays and disabilities.

As noted earlier, IDEA contains language that gave states the opportunity, through financial incentives, to provide an education and related services to preschool children with disabilities. This was a permissive or voluntary element of the act, not a mandated requirement. Trohanis (1989) reported congressional data that revealed that less than 80 percent, or 260,000 of the estimated 330,000 exceptional children ages three to five, were being served. An estimated 70,000 preschoolers were, therefore, unserved. Koppelman (1986) found that 31 states and territories did not require special education services for preschoolers with delays and disabilities. PL 99–457 was enacted to remedy this situation.

Simply stated, Part B is a downward extension of PL 94–142, including all rights and protections. It requires that as of the 1991–1992 school year, *all* preschoolers with disabilities, ages three to five inclusive, are to receive a free appropriate public education. This element of the law is a mandated requirement. States will lose significant amounts of federal preschool funding if they fail to comply. The goal of this legislation was finally accomplished in the 1992–1993 school year, when all states had mandates in place establishing a free appropriate public education for all children ages three through five with disabilities. In fact, five states (Iowa, Maryland, Michigan, Minnesota, and Nebraska) have chosen to mandate services from birth, while Virginia begins a FAPE at age two (Lazara et al., 2010). Table 2.5 shows the year that each state mandated a free appropriate public education for children with disabilities.

TABLE 2.5 ■ School Year in Which States Mandated a Free Appropriate Public Education for Preschoolers With Disabilities

Year	State
1973–1974	Illinois
	Michigan*
	Wisconsin
1974–1975	Alaska
	Texas
1975–1976	Iowa*
	Virginia**
1976–1977	Massachusetts
	Rhode Island
	South Dakota
1977–1978	Louisiana
	New Hampshire
1978–1979	Maryland*
1979–1980	Nebraska
1980–1981	Hawaii
1983–1984	District of Columbia
	New Jersey
1985–1986	North Dakota
	Washington
1986–1987	Minnesota*
1988–1989	Utah
1989–1990	Idaho
1990–1991	Montana
	Nevada
	Wyoming
1991–1992	Alabama
	Arizona
	Arkansas
	California
	Colorado
	Connecticut
	Delaware
	Florida
	Georgia
	Indiana
Kansas	

(Continued)

TABLE 2.5 ■ School Year in Which States Mandated a Free Appropriate Public Education for Preschoolers With Disabilities (Continued)

Year	State
	Kentucky
	Maine
	Mississippi
	Missouri
	New Mexico
	New York
	North Carolina
	Ohio
	Oklahoma
	Pennsylvania
	South Carolina
	Tennessee
	Vermont
	West Virginia
1992–1993	Oregon

Source: Adapted from A. Lazara, J. Danaher, R. Kraus, S. Goode, C. Hips, and C. Festa (Eds.), *Section 619 Profile* (17th ed.), 2010. Chapel Hill: University of North Carolina, FPG Child Development Institute, National Early Childhood Technical Assistance Center.

Note: *Eligible for services beginning at birth.

**Eligible for services beginning at age two.

Other provisions of the earlier legislation remain the same, such as an education in the least restrictive environment (LRE), IEPs, due process safeguards, and confidentiality of records. Family services are also recognized as being vitally important; thus, family counseling and training are allowable as a related service. Depending on the needs of the child, service delivery models can either be home-based or center-based, full-time or part-time. As noted earlier, states are not required to report to the U.S. Department of Education the number of children served according to a disability category. Thus, preschoolers do not have to be identified with a specific disability, such as intellectual disability.

All states were required to modify their state plans and policies to ensure compliance with the law. Funding for serving preschool children also has increased dramatically.

Part C of PL 99–457 created the Handicapped Infants and Toddlers Program, a new provision aimed at children from birth through age two with developmental delays and disabilities. This component of the legislation is voluntary; states are not compelled to comply. Part C of this statute creates a discretionary program that assists states in implementing a statewide, comprehensive, coordinated, multidisciplinary, interagency program of services for very young children with developmental difficulties and their families. Each state that chose to participate was required to provide early intervention to children who evidence a physical or mental condition that has a high probability of resulting in a delay such as cerebral palsy or Down syndrome. At their discretion, states may also offer services to children who are medically or environmentally at risk for future delays. As of September 30, 1994, all states had plans in place for the full implementation of Part C (U.S. Department of Education, 1997).

The enactment of PL 99–457 reflects a major shift in thinking regarding public policy and service provision for infants and toddlers at risk for or with delays and disabilities (Harbin et al., 2000; McWilliam, 2016). This paradigm shift is reflected in Table 2.6, which illustrates pre and post-IDEA service delivery.

TABLE 2.6 ■ Changes in Service Delivery for Infants and Toddlers Resulting From the Passage of Public Law 99–457 (IDEA)

Area	Pre-IDEA Services	Post-IDEA Services
Entitlement	Served only some of the eligible children	Serve all children
Eligibility	Served only children with disabilities and waited until children evidenced measurable delays	Serve children with diagnosed conditions regardless of whether measurable delays are present May serve at-risk children in order to prevent developmental delay
Early identification	Waited until children came to program	Find children as early as possible
Service array	Confined services to what program offered	Provide an array of services across programs
System	Provide separate, autonomous programs	Provide comprehensive, coordinated, interagency system of services
Focus	Child-centered	Family-centered
Individualization	Offered a package of services	Offer individualized services
Inclusion	Established segregated, self-contained programs	Establish inclusive programs and use of community resources
Disciplines	Disciplines worked autonomously	Disciplines work together to integrate all services (interdisciplinary, transdisciplinary)
Therapies	Provided separate and sometimes insufficient therapies	Provide sufficient integrated therapies
Procedural safeguards	Families had no recourse for complaints	Procedural safeguards in place
Transition	Unplanned traumatic transitions	Planned transition from infant and toddler program to preschool program
Funding	Single primary funding source	Coordinate and use all possible funding sources

Source: G. Harbin, R. McWilliam, and J. Gallagher, "Services for Young Children With Disabilities and Their Families." In J. Shonkoff and S. Meisels (Eds.), *Handbook of Early Childhood Intervention*, 2nd ed. (Cambridge, England: Cambridge University Press, 2000), p. 388.

There are several features of this law that are worthy of examination. Under this act and its accompanying amendments, infants and toddlers are eligible for services if they meet the following conditions:

- They are experiencing developmental delays in one or more of the following areas: cognitive development, physical development, communication development, social or emotional development, or adaptive development.
- They have a physical or mental condition that has a high probability of resulting in a delay (e.g., cerebral palsy, Down syndrome).
- At the state's discretion, they are medically or environmentally at risk for substantial delay if early intervention is not provided.

Eligible children and their families must receive a multidisciplinary assessment conducted by qualified professionals and a written **individualized family service plan (IFSP)**. Similar to the IEP, the IFSP

is designed as a guide to the delivery of services to infants, toddlers, and their families. Developed by a multidisciplinary team, the IFSP, as promulgated in PL 99–457, must contain these components:

- A statement of the infant’s or toddler’s present levels of physical development, cognitive development, communication development, social or emotional development, and adaptive development
- A statement of the family’s resources, priorities, and concerns
- A statement of major outcomes expected to be achieved for the infant or toddler and the family
- A statement of specific early intervention services necessary to meet the unique needs of the infant or toddler and the family
- The projected dates for initiation of services and the anticipated duration of such services
- The name of the service coordinator
- A description of the natural environments in which early intervention services will be provided
- The steps supporting the transition of the toddler with a disability to services provided under Part B (preschool)

Unlike an IEP, the focus of the IFSP is on the family rather than the individual child exclusively, thereby resulting in a comprehensive and multidisciplinary plan addressing the needs of the family as well as those of the infant or toddler. Parents are viewed as full-fledged partners with professionals. Their participation ensures that services occur within the context of the family unit and meet the unique needs of the child and their caregivers. This goal is clearly reflected in the IFSP statement, which addresses the issue of the “family’s resources, priorities, and concerns.” It is imperative for professionals to remember that while families may have a variety of needs (e.g., informational, management, support), they also have strengths and resources that must not be overlooked. Recommended practice dictates that services should be individualized and responsive to the goals and preferences of the parents (caregivers) while supporting their role as primary decision maker (Division for Early Childhood, 2014; Kilgo, 2022).

A final noteworthy aspect of Part C of IDEA is the concept of service coordination. A service coordinator originally was a professional selected from the discipline closest to the child’s primary problem—for example, a speech–language pathologist for toddlers with delayed language or a physical therapist for a young child with cerebral palsy. PL 102–119 not only changed the terminology from *case management* to *service coordination* and from *case manager* to the less clinical term *service coordinator*, but it also broadened the category of service coordinator to *any* qualified professional who is best able to



An individualized family service plan is developed by a multidisciplinary team.

Reza Estakhrian/Iconica/Getty Images

assist the family. Typically, the service coordinator's roles are to function as an advocate for the family, to ensure the coordination of early intervention services, to monitor the implementation of the IFSP, to assist in transition planning, and to foster family empowerment, among other duties. It is important to remember that the activities and responsibilities of the service coordinator are determined in conjunction with the child's family and are always individualized (Kemp, 2003).

An IFSP must be reviewed every six months (or sooner if necessary) to assess its continual appropriateness. The infant or toddler is required by law to be reevaluated annually. Regulations further stipulate that an IFSP must be developed within forty-five days after a referral is made for a child to receive services.

PL 99–457 is the culmination of many years of dedicated effort by both parents and professionals from various disciplines and agencies. It represents an opportunity to intervene and effect meaningful change in the lives of the nation's youngest and most vulnerable children.

Public Law 101–476

Arguably, one of the most important changes contained in this legislation was the renaming of PL 94–142 to the Individuals with Disabilities Education Act. The word *children* was replaced with the term *individuals*, and *handicapped* became *with disabilities*. This latter phrase also signifies a change in attitude to a more appropriate people-first point of view because it is recognized that an individual's disability is but one aspect of their personhood.

PL 101–476 also expanded the scope of the related services provision by adding two services—social work and rehabilitation counseling. A final element of this legislation was the identification of autism and traumatic brain injury as distinct disability categories. Previously, these disabilities had been subsumed under other disability labels.

Public Law 102–119

In 1991, IDEA was amended again by PL 102–119, the Individuals with Disabilities Education Act Amendments. As noted earlier, PL 102–119 permits states to use a noncategorical label when identifying preschoolers with delays and disabilities. Amendments to Part C require that early intervention services are to be in “natural environments” with typically developing age-mates as appropriate for each child. Transition policies and procedures are to be established so that infants and toddlers receiving early intervention services can move smoothly, if eligible, to preschool special education services. States also are allowed to use an IFSP as a guide for services for children ages three through five as long as IEP requirements are met.

Additionally, states were permitted to use Part C monies for preschoolers with disabilities. Likewise, these amendments allow for the use of Part B funds to serve infants and toddlers with delays and disabilities. Finally, the amount of funds allocated by Congress increased from \$1,000 to \$1,500 per child.

Public Law 105–17

IDEA was reauthorized once again via the Individuals with Disabilities Education Act Amendments of 1997. This bill was signed into law by President Bill Clinton on June 4, 1997. PL 105–17 restructures IDEA into four parts, revises some definitions, and revamps several key components ranging from funding to disciplining students with disabilities to how IEPs are to be developed. Highlights of this major retooling are as follows:

- Students with disabilities who bring weapons to school, possess or use illegal drugs, or pose a serious threat of injury to other children or themselves may be removed from their current placement and placed in an interim alternative educational setting as determined by the IEP team, but for no more than forty-five days, after a due process hearing has been conducted. Students who are suspended or expelled are still entitled to receive a free appropriate public education as addressed in their IEP.
- Students with disabilities who exhibit less serious infractions of school conduct may be disciplined in ways similar to children without disabilities (including a change in placement),

provided that the misbehavior was not a manifestation of the student's disability. Additionally, either before taking disciplinary action, but no later than ten days after, the IEP team must conduct a functional behavioral assessment and develop (or implement) a behavior intervention plan.

- IEPs are required to state how students with disabilities will be involved with, and progress in, the general education curriculum. Other provisions stipulate that general educators will become part of the IEP team; short-term instructional objectives will no longer be required, but rather, the emphasis will be on measurable annual goals; and lastly, the assistive technology needs of each learner must be considered by the IEP team.
- Orientation and mobility services for children with visual impairments are now included in the definition of related services.
- The present mandate of comprehensive triennial reevaluations of children with disabilities is lifted if school authorities and the student's parents agree that this process is unnecessary.
- A new section on mediation requires states to offer mediation services to help resolve disputes as an alternative to using more costly and lengthy due process hearings. Parental participation is voluntary, and parents still retain their right to a due process hearing.
- The eligibility category of *developmental delay* may be used for describing children ages three through nine. The use of this term is at the discretion of the state and local education agency.
- Initial evaluations and reevaluations are not restricted to the use of formal, standardized tests. A variety of assessment tools and strategies must be utilized in an effort to gather relevant, functional, and developmental information. Curriculum-based tests, portfolio reviews, parental input, and the observations of teachers and related service providers may be considered in determining whether or not the student is eligible for services and in developing the content of the IEP. A student may not be considered eligible for a special education if their educational difficulties are primarily the result of limited proficiency in English or lack of adequate instruction in math and/or reading.
- A new mechanism for distributing federal monies occurs once the appropriations reach a threshold of \$4.9 billion. Upon attaining this level, states and local school systems will receive additional funding based upon 85 percent of the population of children ages three to twenty-one and 15 percent of the number of children ages three through twenty-one who live in poverty. This switch to a census-based formula rather than an enrollment-driven formula was due to a concern that some schools were overidentifying students with disabilities in order to receive additional funding. No state would receive less than the amount of support it received in the year prior to the activation of this new scheme.
- The reauthorization of IDEA requires schools to establish performance goals for students with disabilities in an effort to assess their academic progress. Additionally, these children are to be included in state and district-wide assessment programs or given alternative assessments that meet their unique needs.
- Early intervention services must be "family-directed," and to the extent appropriate, these services are to be provided in noninstitutional settings such as the young child's home or child care environment.
- Child Find requirements are extended to children with disabilities who are enrolled in private schools, including students attending parochial schools. A special education and related services may be provided on the premises of a private school (including parochial) to the extent permissible by law.
- IFSP requirements are modified to include a statement justifying the extent, if any, that early intervention services are not provided in the natural environment.



Legislation requires that general educators be included as IEP team members.

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Public Law 108–446

The most recent amendments to IDEA are incorporated in PL 108–446, the Individuals with Disabilities Education Improvement Act of 2004. This historic piece of legislation is commonly referred to as IDEA 2004. One of the goals of IDEA 2004 was to align this law with the **No Child Left Behind Act** (PL 107–110) enacted in 2001. The focus of PL 107–110 was to improve the academic performance of *all* students in reading and math (with science eventually being added) by the year 2014. Particular attention is paid to the achievement of students with disabilities, children from low-income families, English learners, and individuals from racial and ethnic minority groups. The No Child Left Behind Act further requires that teachers are to be highly qualified professionals and that they incorporate scientifically validated practices in their instructional programs (Gargiulo & Metcalf, 2023).

The following summary² represents some of the significant issues contained in PL 108–446.

Individualized Education Program (IEP) Process

- Short-term objectives and benchmarks are no longer required except for those students who are evaluated via alternate assessments aligned to alternate achievement standards.
- Assessment of the progress that a student is making toward meeting annual goals, which must be written in measurable terms, is still required. Reference, however, to the current requirement of reporting to the “extent to which progress is sufficient to enable the child to achieve goals by the end of the year” is eliminated. IEPs will now need to describe how the individual’s progress toward achieving annual goals will be measured and when these progress reports will be made.
- PL 108–446 also requires that the IEP address the student’s “academic and functional performance” instead of the previously used term “educational performance.” This modification of terminology more closely aligns IDEA with the No Child Left Behind Act.

Identifying Students With Specific Learning Disabilities

Although young children are rarely identified with a learning disability, under IDEA ’97, when identifying an individual for a possible learning disability, educators typically looked to see if the student exhibited a severe discrepancy between achievement and intellectual ability. IDEA 2004 modified this discrepancy provision.

²Information adapted from *Teaching in Today’s Inclusive Classrooms* (4th ed.) by R. Gargiulo and D. Metcalf, Boston, MA: Cengage Learning, 2023.

School districts will now be able, if they so choose, to use a process that determines if the student responds to empirically validated, scientifically based interventions, a procedure known as response to intervention (treatment). Under these guidelines, rather than comparing IQ with performance on standardized achievement tests, general education teachers can offer intensive programs of instructional interventions. If the child fails to make adequate progress, a learning disability is assumed to be present, and additional assessment is warranted.

Discipline

- PL 108–446 stipulates that when a student is removed from their current educational setting, the child is to continue to receive those services that enable them to participate in the general education curriculum and to ensure progress toward meeting IEP goals.
- IDEA '97 allowed school authorities to unilaterally remove a student to an interim alternative setting (IASE) for up to forty-five days for offenses involving weapons or drugs. IDEA 2004 now permits school officials to remove any student (including those with and without disabilities) to an IASE for up to forty-five days for inflicting “serious bodily injury.”
- Removal to an IASE will now be for forty-five *school* days rather than forty-five calendar days.
- Behavior resulting in disciplinary action still requires a manifestation review; however, language requiring the IEP team to consider whether the student’s disability impaired their ability to control their behavior or comprehend the consequences of their actions has been eliminated. IEP teams will now only need to ask two questions:
 1. Did the disability cause or have a direct and substantial relationship to the offense?
 2. Was the violation a direct result of the school’s failure to implement the IEP?
- IDEA 2004 modifies the “stay put” provision enacted during the appeals process. When either the school district (local education agency) or parent requests an appeal of the manifestation determination or placement decision, the student is to remain in the current IASE until a decision is rendered by the hearing officer or until the time for violation concludes. A hearing must be held within twenty school days of the date of the appeal.

Due Process

- Parents will encounter a two-year statute of limitations for filing a due process complaint from the time they knew or should have known that a violation occurred. Alleged violations might involve identification, assessment, or placement issues or the failure to provide an appropriate education.
- A mandatory “resolution session” is now required prior to proceeding with a due process hearing. (The parents or school district may waive this requirement and directly proceed to mediation.) School districts must convene a meeting with the parents and the IEP team members within fifteen days of receiving a due process complaint. If the complaint is not satisfactorily resolved within thirty days of the filing date, the due process hearing may proceed.

Eligibility of Students

- School districts will be required to determine the eligibility of a student to receive a special education and the educational needs of the child within a sixty-day time frame. (This provision does not apply if the state has already established a timeline for accomplishing this task.) The sixty-day rule commences upon receipt of parental permission for evaluation.
- Reevaluation of eligibility for special education may not occur more than once per year (unless agreed to by the school district and parent); and it must occur at least every three years unless the parent and school district agree that such a reevaluation is unnecessary.
- IDEA 2004 modifies the provision pertaining to native language and preferred mode of communication. New language in the bill requires that evaluations are to be “provided and administered in the language and form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is not feasible to do so or administer.”

Assessment Participation

- PL 108–446 requires that *all* students participate in all state and district-wide assessments (including those required under the No Child Left Behind Act) with accommodations or alternate assessments, if necessary, as stipulated in the child’s IEP. States are permitted to assess up to 1 percent of students (generally those students with significant cognitive deficits) with alternate assessments aligned with alternate achievement standards. IDEA 2004 further requires that assessments adhere to the principles of universal design when feasible.

Services for Infants and Toddlers With Delays and Disabilities

- Early intervention services are to be based upon peer-reviewed research.
- Individualized family service plans (IFSPs) are to include measurable outcomes for pre-literacy and language skills.
- IDEA 2004 permits states to provide early intervention services from age three until the child enters kindergarten.
IDEA 2004 maintains the use of the label *developmental delay* for children from three to nine years of age.

Table 2.7 shows the unique components of Part C for infants and toddlers and provides a comparison of the provisions of Part C and Part B of IDEA.

Components	Part C Early Intervention	Part B Special Education
Ages Served	Birth to third birthday	Ages three to twenty-one
Purpose	To provide extra help for infants and toddlers with delays and disabilities to learn the skills that usually develop in the first three years as well as services for the family to enhance their ability of their child	To provide individualized services and instruction to meet the unique needs of the child along with any related services (e.g., physical and occupational therapy) for the child to participate in the general education curriculum to the greatest extent possible
Individualized Plans	Individualized Family Service Plan (IFSP)	Individualized Education Program (IEP)
Focus Areas	Developmental needs of child, family focus, coaching model	Educational needs, child-specific
Responsible Agency	Lead agency designated by each state	State Department of Education, Local Educational Agency (LEA)
Location of Services	Services provided in the natural environment or settings that are typical for children without disabilities (e.g., home, childcare center, or other community settings)	Services are provided in the Least Restrictive Environment (LRE). To the maximum extent appropriate for the student, schools must educate students with disabilities in the general education classroom with appropriate aids and services along with their nondisabled peers in the school they would attend if they did not have a disability.
Family Involvement	Participate on all teams making decisions about the child’s services. Recipient of services designed to improve the family’s ability to meet the needs of their child.	Encouraged to participate on all teams making decisions about services for their child.

Section 504 of the Rehabilitation Act of 1973³

The six pieces of legislation just examined are representative special education laws. PL 93–112, the Rehabilitation Act of 1973, however, is a *civil rights* law. Section 504 of this enactment is the first public law specifically aimed at protecting children and adults against discrimination due to a disability. It said that no individual can be excluded, solely because of their disability, from participating in or benefiting from any program or activity receiving federal financial assistance, which includes schools (Yell, 2019). Unlike IDEA, this act employs a functional rather than a categorical model for determining a disability. According to this law, an individual is eligible for services if they

- have a physical or mental impairment that substantially limits one or more major life activities;
- have a record of such impairment; or
- are regarded as having such an impairment by others.

“Major life activities” are broadly defined and include, for example, walking, seeing, hearing, working, and learning.

To fulfill the requirements of Section 504, schools must make “reasonable accommodations” for students with disabilities so that they can participate in educational programs provided to other students. Reasonable accommodations might include modifications of the general education program, the assignment of an aide, a behavior plan, or the provision of special study areas (Smith, 2002; Smith & Patton, 2007). Students may also receive related services such as occupational or physical therapy if they are receiving a special education through IDEA.

Because the protections afforded by this law are broad, an individual who is ineligible for a special education under IDEA *may* qualify for special assistance or accommodations under Section 504. A second grader with attention deficit hyperactivity disorder (ADHD) or a preschooler with severe allergies, for example, might be eligible for services via Section 504. All students who are eligible for a special education and related services under IDEA are also eligible for accommodations under Section 504; the converse, however, is *not* true.



Federal law requires that schools make reasonable accommodations for students with disabilities.

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Similar to IDEA, there is a mandate contained within Section 504 to educate children with disabilities with their typically developing peers to the maximum extent possible. Additionally, schools are required to develop an accommodation plan (commonly called a “504 plan”) customized to meet the unique needs of the individual. This document should include a statement of the student’s strengths and a list of necessary accommodations, and the individual(s) responsible for ensuring implementation. The purpose of this plan is to enable the student to receive a free appropriate public education (Smith, 2002). A closer examination of 504 plans with greater detail is in Chapter 4.

³Information adapted from *Special Education in Contemporary Society* (7th ed.) by R. Gargiulo and E. Bouck, Thousand Oaks, CA: Sage, 2021.

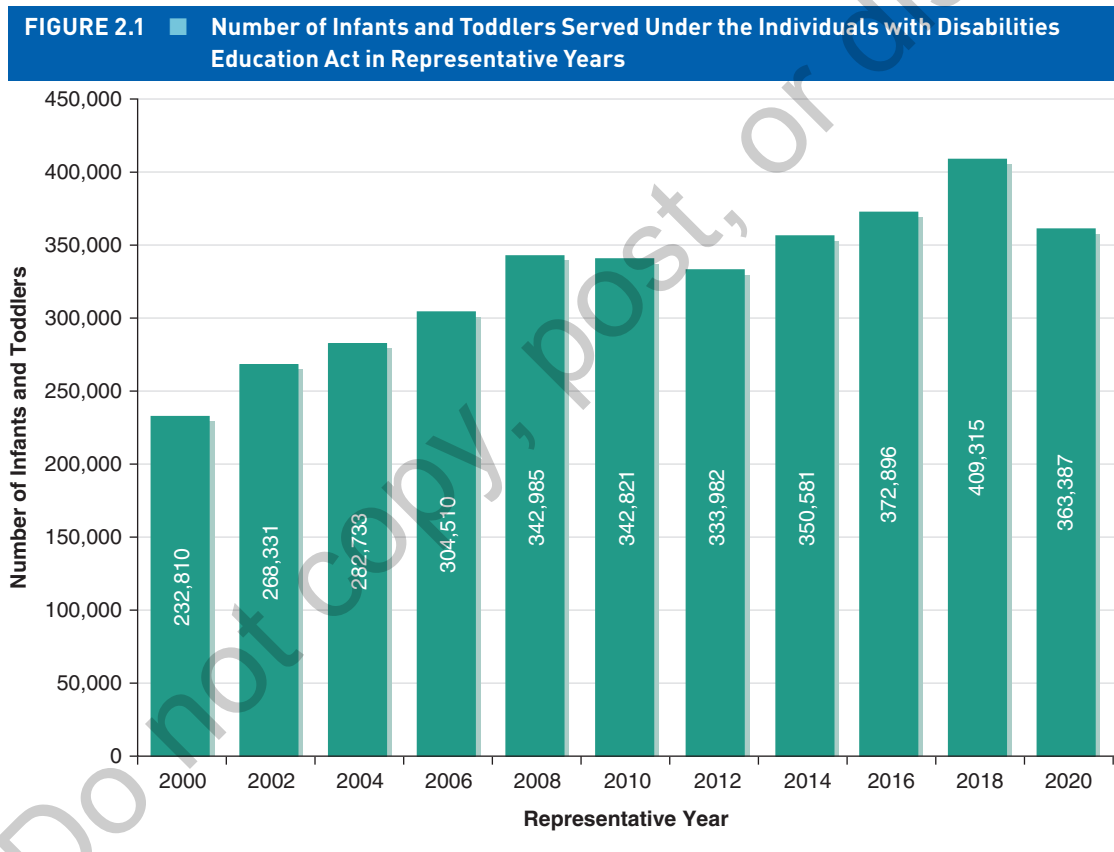
PREVALENCE OF YOUNG CHILDREN WITH DELAYS AND DISABILITIES

The number of young children with delays and disabilities receiving services has increased dramatically over the past several years. This growth has been spurred by litigation, legislative enactments (especially IDEA and its amendments), and a greater awareness of the benefits of early intervention, among other factors.

Infants and Toddlers

Recent data provided by the U.S. Department of Education (2022b) reveal that more than 427,000 infants and toddlers from birth through age two were receiving early intervention during the 2019–2020 school year. This statistic represents 3.7 percent of the entire birth through age two population. Over the past several years, the number of infants and toddlers receiving early intervention services has steadily increased.

Figure 2.1 illustrates this growth pattern. This trend reflects a 128 percent increase in the number of very young children served over the past twenty-one years. This growth pattern is most likely due to greater public awareness, successful Child Find efforts, and program expansion.



Source: U.S. Department of Education. (2006). *Twenty-sixth Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, 2004* (Vol. 1). Washington, DC: Author; U.S. Department of Education. (2021). *Forty-second Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, 2020*. Washington, DC: Author.

Preschoolers

Data from the U.S. Department of Education (2022b) reveal that approximately 806,000 preschoolers ages three to five were served during the 2019–2020 school year under Part B of IDEA. This figure represents approximately 6.7 percent of the population of three- to five-year-old children in the United States. Table 2.8 reflects a 41 percent increase in the number of preschoolers receiving a special education over the past twenty-one years.

TABLE 2.8 ■ Number of Preschoolers Served Under the Individuals with Disabilities Education Act in Representative Years

Year	Number of Preschoolers
1998	573,637
2000	599,678
2002	679,420
2004	701,949
2006	714,384
2008	709,004
2010	735,245
2012	750,131
2014	753,697
2016	759,801
2018	815,010
2019	806,319

Source: U.S. Department of Education. (2012). *Thirty-first Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, 2009*. Washington, DC: Author; U.S. Department of Education. (2020). *Forty-first Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, 2019*. Washington, DC: Author; U.S. Department of Education. (2021). *Forty-second Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, 2020*. Washington, DC: Author.

Note: Table based on data from the fifty states, District of Columbia, Puerto Rico, Bureau of Indian Affairs schools, and four outlying areas. The forty-second annual report also includes data from the three freely associated states of Micronesia, the Republic of Palau, and the Republic of the Marshall Islands.

Early Primary Students

Children ages six, seven, and eight who are receiving special education services are sometimes recognized under the category of developmental delay,⁴ while in other instances, a categorical disability label is used. The U.S. Department of Education (2022a) reports that 164,073 children ages six through eight were eligible for services under the developmental delay category during the 2019–2020 school year. This figure represents approximately 12 percent of the more than 1.38 million students in this age range receiving a special education. Table 2.9 portrays the number of early primary students with a specific disability.

TABLE 2.9 ■ Number of Early Primary Students Receiving Special Education Services in the 2019–2020 School Year

Disability Category	Six Years Old	Seven Years Old	Eight Years Old
Autism	52,773	59,586	59,598
Deaf-Blindness	*	114	*
Developmental Delay	70,743	56,463	36,867
Emotional Disturbance	6,030	11,556	17,340
Hearing Impairment	3,927	4,734	5,109
Intellectual Disability	9,825	15,039	20,676
Multiple Disabilities	5,130	6,249	7,521

⁴IDEA permits the use of the term *developmental delay* for children ages three to nine.

Disability Category	Six Years Old	Seven Years Old	Eight Years Old
Orthopedic Impairment	2,274	2,598	2,457
Other Health Impairment	29,559	48,366	68,118
Specific Learning Disability	17,046	59,259	124,623
Speech or Language Impairment	204,492	202,488	170,655
Traumatic Brain Injury	717	918	1,308
Visual Impairment	1,389	1,569	1,776
Total	403,995	468,939	516,138

Source: U.S. Department of Education. (2020). *ED Facts Data Warehouse: IDEA Part B Child Count and Educational Environments Collection*. Available at <https://www2.ed.gov/programs/osepidea/618-data/index.html>

Note: *Data unavailable due to small number of students.

THE IMPORTANCE OF EARLY INTERVENTION/ EARLY CHILDHOOD SPECIAL EDUCATION

Is early intervention/early childhood special education effective? Does it benefit young children with delays and disabilities and their families? Unfortunately, these are not simple questions, and their answers are equally, if not more, complex. It is perhaps best to respond to these queries by saying, “It depends.” The reason for vagueness is that the initial inquiries only lead to additional questions. For instance, what constitutes intervention? How early is early? Are short-term or long-term benefits considered? Who are the children referred to—infants and toddlers, young children who are environmentally at risk, children with suspected developmental delays, or preschoolers and early primary students with documented disabilities like Down syndrome or cerebral palsy? Obviously, the population served can affect the answer to the question.

Our initial concerns notwithstanding, our primary questions can be answered in the affirmative. *Quality* early intervention/early childhood special education programs *do* make a difference in the lives of young children with delays and disabilities and their families (McLean et al., 2016). Guralnick (1998), in fact, considers early intervention to be “the centerpiece of our nation’s efforts on behalf of vulnerable children and their families” (p. 337).

Next is a review the reasoning for the position that early intervention/early childhood special education is effective. First, it is important to establish an understanding of what intervention is. Historically speaking, Fallen and Umansky (1985) describe early intervention as the process of intruding upon the lives of young children with disabilities and their families for the purpose of altering the direction and consequences of a disability or delayed development. These experts state that “the action required is individual, but it encompasses any modification or addition of services, strategies, techniques, or materials required to maximize the child’s potential” (p. 160). Likewise, another early viewpoint comes from Peterson (1987), who believes that the purpose of intervention for young children with delays and disabilities is to

1. minimize the effects of a handicapping [disabling] condition upon a child’s growth and development and maximize opportunities to engage in the normal activities of early childhood;
2. prevent, if possible, at-risk conditions or early developmental irregularities from developing into more serious problems that become deviant to the extent that they are labeled as handicapping [disabling]; [and]
3. prevent the development of secondary handicaps [disabilities] as a result of interference from a primary disability. (pp. 72–73)

More recently, Hallahan et al. (2009), in synthesizing the thinking of educators and researchers, echo these early perspectives. These writers offer the following rationale for early intervention:

- A child's early learning provides the foundation for later learning, so the sooner a special education program or intervention is begun, the further the child is likely to go in learning more complex skills.
- Early intervention is likely to provide support for the child and family that will help prevent the child from developing additional problems or disabilities.
- Early intervention can help families adjust to having a child with disabilities; give parents the skills they need to handle the child effectively at home; and help families find the additional support services they may need such as counseling, medical assistance, or financial aid. (p. 69)

Thus, the aim of early intervention/early childhood special education is to affect positively the overall development of the child's social, emotional, physical, and intellectual well-being. This whole-child approach is important because these aspects are interrelated and dependent on each other (Zigler, 1990).

Over the years, educators and social scientists (Boyd et al., 2016; Bricker et al., 2020; Howard et al., 2014; Long, 2019; Odom, 2016; Raver, 2009; Shonkoff & Meisels, 2000) have identified a variety of reasons why early intervention/early childhood special education is important for young children at risk for or with delays and disabilities (see Table 2.10). Many of these reasons are derived from research evidence, theoretical arguments, expert opinion, and societal values. Frequently identified themes include the following:

- A belief that early environmental stimulation can positively facilitate subsequent development and readiness for learning.
- A sensitive or critical periods hypothesis, which suggests that intervening during key periods in a child's life is vitally important if the child is to acquire more complex skills and competencies later on (Allen & Cowdery, 2022; Gallagher et al., 2023). The exclusivity of this notion, however, has been challenged by some professionals who advocate that the early years of a child's life are *not* the only crucial period of development; in fact, development continues across the life span (Shonkoff & Phillips, 2000; Sousa, 2022; Zero to Three, 2014). Similarly, Ramey and Ramey (1998) argue that there is no compelling evidence to support the belief of an absolute critical period of development such that interventions introduced after a certain age are ineffective. Yet research does suggest that earlier enrollment in intervention programs produces the greatest benefit, implying that it is a matter of developmental timing (Bruder, 2010; Garcia et al., 2016; Hardman et al., 2017; National Early Childhood Technical Assistance Center, 2011a; Reynolds & Temple, 2005).
- The intensity of these early intervention efforts can also substantially influence outcome effectiveness (Guralnick & Conlon, 2007; McCormick et al., 2006).
- An assumption that early intervention can minimize the impact of particular disabling conditions or risks (Bailey et al., 2005; Long, 2019) like the effect of a severe hearing loss on the development of speech and language and possibly prevent or attenuate the occurrence of secondary disabilities.
- The proposition that intervention programs can ameliorate learning deficits and problems frequently attributed to certain risk factors such as environmental conditions (Lipkin & Schertz, 2008).
- Benefits that accrue to families of young children at risk for or with delays and disabilities. These children frequently present many new challenges and additional responsibilities for caregivers and can potentially impact the entire family constellation. Early intervention/early

childhood special education professionals can assist families by providing factual information, support, resources, and specific training or coaching as requested (Bailey et al., 2005). A further role for professionals is to establish meaningful partnerships with families guided by the principles of enablement and empowerment (Bruder, 2010; Dunst et al., 1988; Turnbull et al., 2022).

- Benefits that extend beyond the child and their family to society at large. Early intervention is cost-effective. The effectiveness has been documented in terms of dollars saved and the reduced need for special education services at an older age (Guralnick, 2004; Odom, 2016; Schweinhart et al., 2005; Temple & Reynolds, 2007).

TABLE 2.10 ■ Why Intervene Early?

Neural circuits, which create the foundation for learning, behavior, and health, are most flexible or “plastic” during the first three years of life. Over time, they become increasingly difficult to change.
Persistent “toxic” stress, such as extreme poverty, abuse and neglect, or severe maternal depression, can damage the developing brain, leading to lifelong problems in learning, behavior, and physical and mental health.
The brain is strengthened by positive early experiences, especially stable relationships with caring and responsive adults, safe and supportive environments, and nutrition.
Early social/emotional development and physical health provide the foundation upon which cognitive and language skills develop.
High-quality early intervention services can change a child’s developmental trajectory and improve outcomes for children, families, and communities.
Intervention is likely to be more effective and less costly when it is provided earlier in life than later.

Source: Adapted from National Early Childhood Technical Assistance Center. (2011a). *The Importance of Early Intervention for Infants and Toddlers and Their Families*. Chapel Hill, NC: University of North Carolina, FPG Child Development Institute.



Early intervention/early childhood special education has been shown to positively impact the lives of young children with delays and disabilities.

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In summary, early intervention/childhood special education for children with disabilities has definite advantages for society, the family, and, of course, the child. Early childhood special education can make a significant difference in the quality of life for young children with delays and disabilities and

their families. In fact, early intervention as a strategy to prevent later problems has almost become conventional wisdom (Kamerman, 2000). Researchers have consistently demonstrated that well-designed early intervention programs produce modest positive outcomes according to their intended purpose (Garcia et al., 2016; Guralnick & Conlon, 2007; Long, 2019; National Early Childhood Technical Assistance Center, 2011b; Ramey & Ramey, 1998; Zigler, 2000). Thus, Ramey and Ramey's (1998) persuasive argument that "early intervention can improve the course of early human development" (p. 118) is widely accepted. Equally meaningful and significant are the conclusions reached by Shonkoff and Phillips (2000), who found that high-quality, well-designed early intervention programs "have been shown to influence the development trajectories of children whose life course is threatened by socioeconomic disadvantage, family disruption, and diagnosed disabilities" (p. 11).

Representative Research Evidence on the Effectiveness of Early Intervention/Early Childhood Special Education

Over the past several decades, there have been numerous investigations examining the effectiveness of early intervention/early childhood special education with young children who are at risk for or have delays and disabilities. Many reviews, commentaries, and summaries of these efforts have been published (Boyd et al., 2016; Bruder, 2010; Bruder et al., 2020; Farran, 1990, 2000; Guralnick, 1997; Shonkoff & Phillips, 2000; White et al., 1986). As might be expected, the analyses revealed, for a variety of reasons, contradictory findings. As a whole, however, the reports indicate positive outcomes for early intervention, especially when a distinction is made between statistical significance and clinical significance. A group of children who learn to accomplish specific self-care skills, like eating independently, might not evidence statistical significance due to small sample size, but this accomplishment is important for young children with delays and disabilities and their families (Bailey & Wolery, 1992). Although the research evidence does provide qualified support for the effectiveness of early intervention, several investigators and authors comment on the difficulty of conducting methodologically sound experiments (Bowe, 2007; Farran, 1990; Guralnick, 1988, 1991, 1998). Potential problems in interpreting the research literature lie with the appropriateness of the dependent measures; the absence of control groups; small sample sizes; improper sampling procedures; inappropriate statistical techniques; inadequate documentation of the treatment; the validity of the assessment instruments; and the variability within specific subject populations. Odom (1988) suggests that some of the research difficulties are due to the fact that early childhood special education is an applied discipline and focused on answering pragmatic questions; researchers, therefore, have less control over variables in natural settings than in laboratory environments. Despite the shortcomings and the vulnerability of the research efforts, positive conclusions about the efficacy of early intervention/education can be drawn. Guralnick (1998), for instance, emphatically states that "comprehensive early intervention programs for children at-risk and for those with established disabilities reveal a consistent pattern of effectiveness" (p. 323). More recently, this expert in the field of early intervention/education noted that

the thoughtful implementation of systematic, comprehensive, experientially based early intervention programs . . . will enhance the development of young children already exhibiting intellectual delays (of known or unknown etiology) both by altering their developmental trajectories and by preventing secondary complications from occurring. (Guralnick, 2005, p. 314)

What follows is a review some of the research evidence related to the effectiveness of early intervention/education. Described first is the classic but methodologically controversial study conducted by Skeels and Dye (1939), which significantly influenced the then current thinking about intelligence. These investigators reported an experiment where thirteen children under three years of age were removed from an orphanage and placed in an institution for individuals with intellectual disability, where they received a great deal of care and attention from female residents who acted as surrogate mothers. A control group of twelve children remained at the overcrowded orphanage and were not exposed to individual stimulation or training. Intellectual assessments were conducted at the time of transfer. When the children were reevaluated eighteen to thirty-six months later, significant differences were observed between the experimental and control subjects. The thirteen children placed on

the ward with the young women with intellectual disability demonstrated an average gain in IQ scores of 27.5 points, while the initially higher-IQ-scoring control children showed a loss of 26.2 points. Each of the children who transferred to the more enriched environment showed an increase in measured intelligence, while all except one of the controls suffered a loss; ten children had a decrease in IQ score between 18 and 45 points.



Research into the effectiveness of early intervention/education has a long and sometimes controversial history.

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Perhaps the most significant finding of this investigation is the long-term follow-up of the subjects into adulthood. Even as adults, the differences between the two samples are significant. Skeels (1966) reports that members of the treatment group maintained their gains and all were self-supporting. Their median grade-level attainment was greater than twelfth grade, whereas the children who remained at the orphanage had a median educational attainment of less than third grade. Differences in occupational achievement were also noted, with the experimental subjects enjoying greater career accomplishment while the controls remained wards of the state or largely worked as unskilled laborers.

Although the methodology of the Skeels and Dye (1939) investigation has been criticized, the study did demonstrate that environmental conditions affect development as well as point out that the deleterious experiences of early childhood can be reversed. The work of Skeels and Dye, as Bailey and Wolery (1992) note, “remains as one of the few truly longitudinal studies of intervention effectiveness” (p. 6).

Another pioneering study is the work of Kirk (1958), who investigated the effects of preschool experiences on the mental and social development of children ages three to six with intellectual disability. Eighty-one children with IQ scores ranging from 45 to 80 either were assigned to an intervention group or served as control subjects. Two experimental groups were established containing children who lived in the community or resided in an institution. The control subjects also lived either at home or in a residential environment. Both intervention groups who were exposed to two years of preschool experiences demonstrated significant gains on measures of intellectual and social functioning as compared to young children without the benefit of intervention. The performance of the control children decreased. Follow-up indicated that the experimental subjects retained their advantage until age eight. However, some of the community-based control subjects did catch up to the experimental children after one year of school.

Kirk's research, as well as the efforts of Skeels and Dye (1939), attests to the malleability of early development in addition to providing strong evidence of the effectiveness of early intervention. As noted elsewhere in this text, in the 1960s the social conscience of America was awakened. The nation became cognizant of the devastating effects of poverty and other social ills on the lives of young children and their families. One consequence of this heightened social awareness was the establishment of preschool intervention programs for poor children, or, in contemporary terms, children who are environmentally at risk. The lasting effects of some of these projects were evaluated by the Consortium for Longitudinal Studies. Lazar and his colleagues (Lazar & Darlington, 1979; Lazar et al., 1982) issued two major reports summarizing the results of twelve comprehensive follow-up studies of children enrolled in cognitively oriented preschools established in the 1960s. None of the projects focused specifically on children with delays and disabilities, although several selected participants on the basis of low IQ scores (range 50–85). Using original data from each program, Lazar found that environmentally at-risk enrollees had higher achievement and intelligence test scores as compared to children who did not have the benefit of preschool intervention. Their analysis also revealed that early intervention experiences significantly reduced the number of young children placed in special education and retained in their current grade. In comparison to control groups, preschool graduates had more positive attitudes toward school and furnished more achievement-oriented responses in follow-up interviews. Lazar and his coworkers concluded that, overall, the projects produced lasting positive outcomes and were cost-effective when compared to later remediation efforts or special class placement. Table 2.11, derived from a composite of empirical investigations, summarizes some of the short- and long-term benefits that result from participating in a well-run preschool program.

TABLE 2.11 ■ Beneficial Outcomes of High-Quality Preschool Programs

Enhanced scholastic achievement
Less grade retention
Higher IQ scores
Decreased likelihood of receiving special education services
More positive attitudes toward school and learning
Greater likelihood of graduating from high school
Less likelihood of accessing public assistance
Greater possibility of securing meaningful employment

The efficacy of early intervention has also been examined with children manifesting an established risk. One population that has received considerable attention is young children with Down syndrome. An example is the work of Guralnick and Bricker (1987). Using stringent criteria for inclusion, these investigators evaluated the outcomes of eleven projects. They concluded, based on the substantial number of “first generation” studies reviewed, that the documented decline in cognitive ability with advancing chronological age typically found in children with Down syndrome can be significantly reduced, prevented, and, to some extent, reversed as a result of early intervention. This significant outcome is consistent across a wide variety of programs incorporating diverse experimental designs.

The issue of maintenance of cognitive gains, however, is not clear-cut, due to limited information and contradictory findings. Equally difficult to answer is the question of when the best time is to begin early intervention. The research evidence is, once again, contradictory. Both of these issues await more extensive and systematic research that is skillfully designed to answer these questions. Despite these shortcomings, empirical investigations strongly speak to the positive benefits of early intervention with children with Down syndrome.

Another illustration of the efficacy of early intervention is the highly visible work of Casto and Mastropieri (1986). These investigators used a comprehensive statistical integration approach known

as **meta-analysis**. In this method, all available research (both published and unpublished) incorporating a range of experimental designs is evaluated in an attempt to detect global statistical patterns, which yield an “effect size” reported as standard deviations (SD). Seventy-four studies of early intervention efforts of heterogeneous groups of children were analyzed. Criteria for inclusion were minimal. Overall, the meta-analysis outcomes supported the efficacy of early intervention. Modest gains were observed in children’s test scores—typically standardized intelligence tests or other cognitive assessments. Cognitive measures yielded a mean effect size of .85 SD. When other dependent measures were included, such as motor and language assessments, the effect size was reduced to .68 SD. This means that the typically developing child with delays and disabilities in an early intervention program scored .68 of a standard deviation higher than a counterpart who was not receiving early services.

Casto and Mastropieri (1986) also reported that early intervention programs that are longer in duration and more intense usually demonstrate greater effectiveness. Two intriguing and controversial findings emerged, however, both of which were contrary to conventional wisdom and challenged two widely held beliefs of the field. First, Casto and Mastropieri found no support for the belief that the earlier the intervention commences (“earlier is better”), the greater its effectiveness. Second, their meta-analyses suggested that greater parental participation does not necessarily lead to enhanced program effectiveness.

As might be expected, professional reaction to these summary statements was swift and intense (Dunst & Snyder, 1986; Strain & Smith, 1986). Critics of the Casto and Mastropieri (1986) meta-analyses assailed the conclusions, claiming that the analysis was methodologically (“apples and oranges approach”) and conceptually flawed. It must be remembered, however, that this investigation was based on an enormously heterogeneous group of children incorporating different intervention methods and procedures as well as employing diverse outcome measures. It would be prudent, therefore, to draw only limited conclusions.

A subsequent and better controlled meta-analysis using a subset of the original database focusing exclusively on children younger than three years of age yielded different and more positive results (Shonkoff & Hauser-Cram, 1987). This more selective analysis revealed that young children with mild disabilities had better outcomes with earlier enrollment, and higher levels of parent involvement were associated with greater child progress and performance.

A final example is Guralnick’s (1997) extensive examination of “second generation” research studies involving children at risk and children with a broad spectrum of established risks. This review examined the efficacy of early intervention and the variables that impede or enhance its effectiveness, such as child characteristics (type and severity of disability), family characteristics, and program features (curriculum, parent–child interventions, social support). Some of the conclusions gleaned from this work support the following generalizations—the outcomes of intervention are positive, albeit modest; the sheer number of deleterious variables affecting development may be more significant than any one factor; and finally, careful consideration should be given to ecological factors affecting child–caregiver and child–family relationships.

Despite the chronic problems in conducting efficacy evaluations, most believe that early intervention/education does make a difference in the lives of young children with delays and disabilities. It would appear that the field of early childhood special education has moved beyond the global question of whether early intervention works to more precise avenues of inquiry: for whom, under what conditions, and toward what outcomes (Guralnick, 1988). Bailey (2000) emphasized that the debate will no longer be whether to provide early intervention, “but rather how much and what kind of intervention are children and families entitled to” (p. 74). A major task confronting the field will be to identify which early intervention programs work best and what elements are clearly essential to achieve maximum benefit (Boyd et al., 2016; Zigler, 2000).

Early intervention/education research is not static, but rather an ongoing process. It can help guide researchers, policymakers, and educators in their quest to develop new models, programs, and services that benefit infants, toddlers, preschoolers, and early primary children with delays and disabilities and their families.

AN ECOLOGICAL PERSPECTIVE ON YOUNG CHILDREN WITH DELAYS AND DISABILITIES AND THEIR FAMILIES

A long-standing approach in early childhood special education is to view children as part of a larger social scheme wherein they influence, and are influenced by, various environments. This context, referred to as **ecology**, looks at the interrelationships and interactions of individuals within the environment. The primary advocate of this ecological model is Urie Bronfenbrenner (1977, 1979, 1992). From this ecological perspective, Bronfenbrenner attempts to understand the relationship between the immediate environments in which a young child develops and the larger context of those settings. A developing child, therefore, can be viewed not in isolation but rather as part of a larger social system. As described throughout this text, it is impossible to discuss children without also describing the context in which they develop and interact—their families and communities. As an illustration, early childhood professionals must have an appreciation for the child's total environment—home, school, community, and the larger society, in addition to the individuals encountered therein—parents, siblings, classmates, playmates, and therapists, among other people. Spodek and Saracho (1994b) support this viewpoint. They write that

the influence of the classroom on the young child, many educators believe, cannot be separated from the influence of the family or from the context in which both the classroom and family exist. Home, school, community, and culture are all linked to each other. (p. 80)

As noted, the foundation of this viewpoint emerges from the theorizing of Bronfenbrenner (1977), who defines the ecology of human development as

the scientific study of the progressive, mutual accommodation, throughout the life span, between a growing human organism and the changing immediate environments in which it lives, as this process is affected by relations obtaining within and between these immediate settings, as well as the larger social contexts, both formal and informal, in which the settings are embedded. (p. 514)

Widely accepted is his “unorthodox” belief (Bronfenbrenner, 1979) that development is grounded in the context in which it occurs. Basic to this notion is the idea that the contexts in which a person develops are nested, one inside the other, similar to a set of *matryoshka*, or Russian nesting dolls.

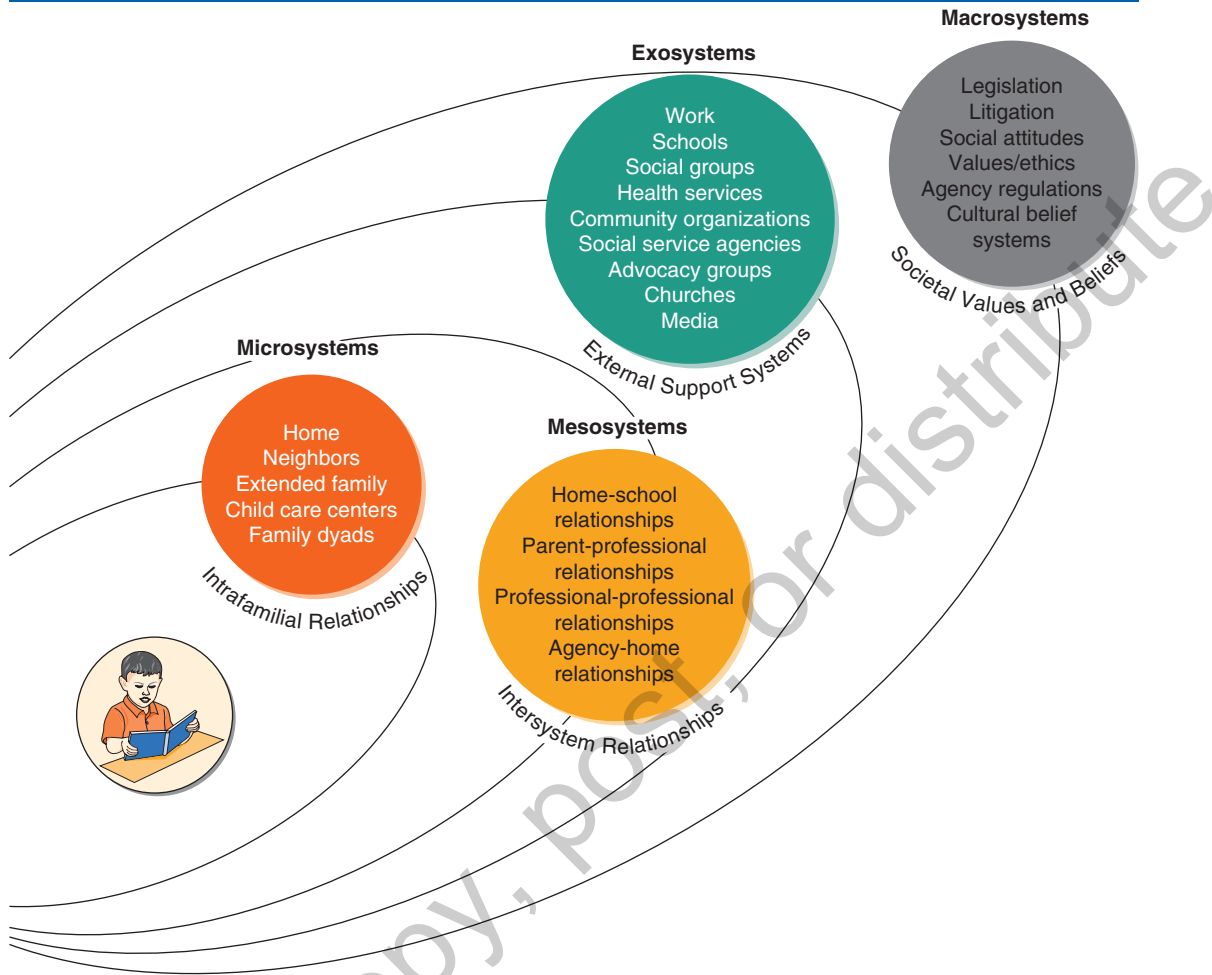
Bronfenbrenner identified four environments in which people develop:

- **Microsystems** are those immediate environments in which an individual develops.
- **Mesosystems** are identified as the relationships between various microsystems.
- **Exosystems** are social structures that have an influence on the development of the individual; however, the person does not have a direct role in the social system.
- **Macrosystems** are the ideological, cultural, and institutional contexts in which the preceding systems are embedded.

These nested relationships, as they relate to young children with delays and disabilities and their families, are portrayed in Figure 2.2. This ecological context provides us with a framework for understanding the world of young children (Hemmeter & Golden, 2014; Odom, 2016) and has led to the contemporary practice of viewing families as systems embedded within other systems. The *microsystem* looks at relationships within the crucial setting of the child's family in addition to the environments typically encountered by young children—child care centers, homes of relatives or friends, and, in certain circumstances, institutional settings like hospitals. The second layer, or *mesosystem*, relates to the relationships, at a particular point in a child's life, between caregiver and teacher or physician as well as the interaction of one professional with another. The *exosystem* takes into consideration the various social structures that impact family functioning. Early intervention programs as well as health/social service agencies are typical representatives of this third setting. The final context is the *macrosystem* and includes societal values and attitudes toward individuals with disabilities, in addition to legislative

enactments and judicial remedies, which in turn affect the lives of young children and their families. IDEA is a powerful example of a macrosystem in action.

FIGURE 2.2 ■ The Ecology of Human Development



Source: Adapted from D. Bailey and M. Wolery, *Teaching Infants and Preschoolers with Disabilities*, 2nd ed. (Upper Saddle River, NJ: Pearson Education, 1992), p. 66.

Of course, the impact of time and history on the spheres of influence surrounding the developing child must also be considered. Bronfenbrenner and Morris (1998) refer to the interaction and influence of historical time on the four systems supporting the child as the **chronosystem**.

Gallagher et al. (2023) embrace a concept very similar to Bronfenbrenner's ecological model. These writers also believe it is vital for early childhood professionals to consider the familial and social context encountered by children with disabilities. The child is seen as being at the center of successive layers of influence, with the family being the primary and frequently most influential context. Other orbits include the peer group (which may include typical children and those with disabilities), schools, and society itself (see Figure 2.2). Like Bailey et al., (1986) in addition to Odom and Wolery (2003), Gallagher and his colleagues (2023) view the child with delays and disabilities in dynamic and complex interaction with many layers of environmental forces.

Recommended practices in early childhood special education rely heavily on the importance of the child's family (Council for Exceptional Children, 2022; Division for Early Childhood, 2014; Dunst & Espe-Sherwindt, 2016; Kilgo, 2022). According to Kirk et al. (2015):

The trend toward early intervention (before the age of 5) increases the importance of the family. Much of the intervention with young children is directed toward changing the

family environment and preparing the parent(s) or caregivers to care for and teach children with disabilities. At the very least, intervention tries to support constructive parent-child interactions. (p. 17)

The value of the emphasis on families can be seen in the Head Start commitment to meaningful parent (caregiver) involvement and participation. It also is clearly evident in IDEA and its accompanying amendments.

Successful program planning and intervention, therefore, must take into consideration the fact that the child is part of a system that interacts reciprocally within their environment. Bronfenbrenner (1979) observes that accomplishment of a specific task or activity “may depend no less on how he [the child] is taught than on the existence and nature of the ties between the school and home” (p. 3). Vincent et al., (1990) also note that “a change in the child is dependent not just on professional skills or the child’s disability, but also upon complex interrelationships among family values, intra and extra-family supports, and the extent to which service is offered, match what families need and want” (p. 186).

The message is clear. Quality programs for young children with delays and disabilities demand that professionals see the child within the context of their family, their cultural background, and the family’s interrelationships and interactions with other, larger social systems (Dunst & Espe-Sherwindt, 2016; Rogoff et al., 2017; Spicer, 2010).

SUMMARY

Early childhood special educators serve a wide variety of young children in a diversity of settings. It is imperative, therefore, that early childhood special education professionals have a clear understanding of how children from birth through age eight qualify for special education services. Of equal, if not greater, importance is the belief that young children with delays and disabilities are more like their typically developing peers than they are different. Early childhood special educators should focus on the strengths and abilities of each child.

The growth of early childhood special education as a discipline has been aided by judicial action and federal legislation. In several instances, principles addressed in various judicial proceedings have found their way into both state and national legislation. Many contemporary special education policies, practices, and procedures are derived from court decisions of the 1960s and 1970s. Likewise, the rights, opportunities, and benefits presently available for young children with delays and disabilities and their families are the result of federal legislative activity.

A question typically encountered by early interventionists and early childhood special educators is “Is EI/ECSE effective? Does it really make a difference in the lives of young children?” Perhaps the best way to answer this difficult query is to say, “It depends.” One of the issues is the documented difficulty in conducting a methodologically sound investigation. In spite of this shortcoming, there is a very strong rationale for EI/ECSE, and the efficacy of these efforts has been substantially demonstrated.

The number of young children receiving early childhood special education services has grown dramatically in the past several years. This growth is partially the result of litigation, legislation, and the benefits attributed to EI/ECSE. In the 2019–2020 school year, more than 1.23 million young children from birth through age five were receiving some type of EI/ECSE services.

Contemporary thinking in early childhood special education strongly suggests the validity of viewing children as part of a larger social system, wherein they influence and are influenced by various environments. Children and their families need to be understood in the context in which they develop and interact. There is a reciprocal relationship among the various layers of environmental forces. This ecological perspective encourages early childhood professionals to consider the child’s total environment and the key individuals encountered within these several interrelated spheres of influence.

KEY TERMS

At risk

Biological risk

Chronosystem

Developmental delay

Disability	Individualized family service plan (IFSP)
Ecology	Least restrictive environment (LRE)
Environmental risk	Macrosystems
Established risk	Mesosystems
Exceptional children	Meta-analysis
Exosystems	Microsystems
Handicap	No Child Left Behind Act
Individualized education program (IEP)	

CHECK YOUR UNDERSTANDING

1. What is the difference between a disability and a handicap? Why is it preferable to use the term *disability* rather than *handicap*?
2. List the advantages of using the developmental delay category in early childhood special education.
3. What is meant by the terms *special education* and *related services*?
4. Identify the significance of the following court cases:
 - a. *Pennsylvania Association for Retarded Children v. Commonwealth of Pennsylvania*
 - b. *Mills v. Board of Education of the District of Columbia*
 - c. *Larry P. v. Riles*
 - d. *Board of Education v. Rowley*
5. List the major provisions of PL 94–142 and PL 99–457.
6. What is an individualized family service plan (IFSP)?
7. What is the role of a service coordinator in providing services for children from birth to three years old and their families?
8. Identify at least four benefits of early intervention/early childhood special education for young children at risk for or with delays and disabilities.
9. What general conclusions can be drawn from the efficacy research on early intervention/education?
10. According to Bronfenbrenner, how should early childhood special educators view young children and their families?

REFLECTION AND APPLICATION

1. Trace the evolution of education law for children with delays and disabilities. How have early childhood special educators become better prepared to meet the needs of young children with delays and disabilities as result of legislative activity?
2. How has the role of families changed over the years? What evidence do you see that families and caregivers are involved in the early intervention/early education of their children?
3. How has the development of the IFSP/IEP process improved services for young children with delays and disabilities? What types of information can an early childhood special educator contribute to an IFSP/IEP meeting? How are the IFSP and the IEP similar? Different?
4. In what ways do you see the philosophy of Bronfenbrenner being incorporated in early intervention or early childhood special education services? Do you agree with Bronfenbrenner's ideas?
5. Conduct a mock IFSP/IEP meeting and write a script that leads to developing a well-written IFSP or IEP. Be sure to include the family as a key partner in this process.

MAKING CONNECTIONS

In order to help understand programs and services for young children with disabilities, three children are introduced: Maria Ramirez, T. J. Browning, and Cheryl Chinn. We will be exploring the educational needs of Maria, T. J., and Cheryl over the next several chapters. By getting to know these children, you will develop a better understanding of the diversity of services required for young children with delays.

Maria Ramirez

Bubbly, outgoing, and affectionate with a constant smile are some of the terms Maria's interventionists use when describing her. This thirty-month-old with Down syndrome is the youngest child of Bruce and Catherine Ramirez. Mr. Ramirez is an executive with a local bank. Maria's mother is employed as an intensive care nurse at the regional hospital. Her two older brothers enjoy their role as protectors of their little sister. The Ramirez family lives in an affluent section of a small town approximately fifty miles from a large Midwestern city.

A service coordinator comes to Maria's home one morning a week to provide assistance with the achievement of her individualized family service plan (IFSP) outcome statements. Due to her parents' work schedules and other commitments, Maria's grandparents provide child care and are prepared to work with her. Maria's entire family is committed to maximizing her potential.

Team members have recommended that Maria transition to an inclusive community-based program in order to receive Part B services. Although the family understands that with the approach of her third birthday, a change in service delivery is necessary, they are reluctant to agree to this recommendation. Maria's parents and grandparents have several concerns. Among their fears are issues of working with a new set of professionals, the length of her day, transportation to and from school, and Maria's interaction with typically developing peers.

Thomas Jefferson (T. J.) Browning

T. J. is a rambunctious little boy who just celebrated his fourth birthday two months ago. He lives with his mother and a twelve-year-old stepbrother, Willy. His mom has been separated from his dad for fourteen months. The family lives in a large apartment complex for citizens with incomes at or below the poverty level. There are few playmates his own age in the complex. T. J. does not have a close relationship with his older brother; his mom has suspicions that Willy may be involved with a neighborhood gang.

T. J. has been attending the Epps Head Start Center for the past fifteen months. In the center, T. J. has few friends. The staff observe that he has a short attention span, is easily distracted, and is overly aggressive. T. J. frequently uses his large size to get what he wants from the other children. Although well-coordinated, he has delays in fine motor skills, and his teachers suspect some cognitive deficits. T. J. receives speech therapy twice a week from a speech–language pathologist, which is provided in the classroom. The director of the Epps Center and her staff are concerned about his readiness to attend kindergarten in the fall.

T. J.'s mother is a concerned parent who wants her son to be successful in school. Her job as a waitress limits her participation in center activities and prevents her from attending meetings and class field trips.

Cheryl Chinn

Cheryl is a petite first grader attending an elementary school located in a large metropolitan area. She is the youngest of four children. Her father is a senior project manager for a multinational corporation. Cheryl's mom, Elizabeth, does not work outside of the home.

Cheryl was an unplanned pregnancy. Elizabeth was forty-one years old when Cheryl was born. Cheryl was born at thirty weeks gestational age and weighed slightly more than four pounds at birth. The first ten days of Cheryl's life were spent in a neonatal intensive care unit. Developmental milestones were accomplished about six months later than normal. Other than recurring episodes of otitis media, the first few years of her life were unremarkable.

Cheryl was enrolled in a preschool program when she turned three. She attended this program three days a week for two years. Due to a late-summer birthday, her parents considered delaying her entrance to kindergarten. She started kindergarten, however, with the other children from her neighborhood. Difficulty in following directions and instructions and with task completion, a short attention span, and social immaturity were soon observed. Cheryl required a “learning buddy” (peer helper) for her academic work. Because school officials were opposed to grade retention, Cheryl was promoted to first grade.

Many of the problems that Cheryl encountered in kindergarten were magnified in first grade. Shortly before a referral for special education services was to be made, Cheryl’s pediatrician diagnosed her with attention deficit hyperactivity disorder (ADHD). Cheryl’s teacher believes that a 504 accommodation plan would help Cheryl with her impulsivity, distractibility, and short attention span. The use of a peer helper was also continued.

Cheryl’s parents are very involved in her education and fully support the development of a 504 accommodation plan. They were reluctant, however, to have their daughter referred for special education and possibly eligible for services under the developmental delay category, especially since two of her older brothers are receiving services for children with gifts and talents.

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