

# 1 What Is Special Education?

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## Outline Questions

What do I need to know about special education?

Who receives special education?

Why do students need special education?

How many students receive special education?

What does the number of students needing special education mean for inclusion?

Where is special education provided?

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If education is the process of learning and changing as a result of schooling and other experiences, special education is the process of learning and changing as a result of school and other experiences designed to meet special learning needs. Some children receive special education because they have difficulty learning in general classrooms. Others do well in general classrooms; they need special education to help learn and master additional skills to reach their full potential in school.

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### WHAT DO I NEED TO KNOW ABOUT SPECIAL EDUCATION?

Special education is evidence of society's willingness to recognize and respond to the individual needs of students and the limits of general school programs to accommodate those needs. To better understand special education, you need to know who receives it, why people need it, how many children receive it, and where it is provided.

#### Who Receives Special Education?

In the first textbook dealing with the "education of exceptional children," Horn (1924) argued that mental, temperamental, and physical differences were the basis for some students' need for special education assistance. Today, most states organize their special education departments along what has become known as categorical lines based upon exceptionality (such as "learning disability"). Since 1975, the U.S. Department of Education has collected data on the number of children served under Public Law 94-142 (and its reauthorizations). Early collections of data on the number of children with disabilities served under federal laws used nine disability categories. Through the subsequent years and multiple reauthorizations of the act, the disability categories have been increased to 13, and, although the names of the categories vary slightly from state to state, special education is generally provided for children within each of the following groups:

1. Specific Learning Disabilities (SLD)
2. Speech or Language Impairments (SI)
3. Mental Retardation (MR)
4. Emotional Disturbance (ED)
5. Multiple Disabilities (MD)
6. Hearing Impairments (HI)
7. Orthopedic Impairments (OI)
8. Other Health Impairments (OHI)
9. Visual Impairments (VI)
10. Autism (AU)
11. Deaf-Blindness (DB)

## 12. Traumatic Brain Injury (TMI)

## 13. Developmental Delay (DD)

Your state probably has a consultant or specialist responsible for the students who have these various types of disabilities. The best way to find out about them is to visit your state's department of education Web site.

Most school districts also organize their special education programs along categorical lines. For example, a district-level administrator or supervisor is probably responsible for students with disabilities in your local school district. Your local school district probably also has program options (e.g., special schools, special classes, transition programs) for students with disabilities that your state serves.

Not all states organize their services along categorical lines, but they are still required to have procedures and personnel in place to ensure a quality education for all students, including students with disabilities. One way states organize noncategorically is by serving students with "mild disabilities," "moderate disabilities," and "severe disabilities."

Our beliefs about the special education process have shaped this book. While many books about teaching students with special education needs are organized with chapters addressing each category, this book focuses on educational practices. In choosing this organization, we do not mean to downplay the importance of the categories to contemporary practice. As we have indicated, most states currently organize their special education programs along categorical lines, and we believe that most will continue that practice because it is convenient to do so.

We chose to do this book differently because we believe that categorical distinctions offer little help in deciding how to teach students with special learning needs. Teaching is a decision-making process. To teach students with disabilities is to make decisions about them, and most of those decisions have little to do with a student's special education group. When we collect information about a student, the process generally is the same whether the student has a disability or not. We have organized this book around the concepts and practices that we believe are central to making inclusion work.

### **Why Do Students Need Special Education?**

When thinking about why students need special education, it is helpful to think about the kinds of special learning needs that exist among individuals. If the needs of students were not important, there would be no need for special education; special education exists to provide alternative

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educational experiences for students who require special assistance to profit in school. These needs serve as the basis for definitions used to identify seemingly distinct groups of students, and they serve as guiding principles for organizing educational programs for them.

##### *Physical Reasons for Needing Special Education*

Learning needs in areas of physical abilities (e.g., seeing, hearing, moving) are the basis for several special education categories. Most of us take normal vision and hearing for granted. The expression “20/20 vision” is used to describe normal visual functioning. Vision is measured by having people read letters or discriminate objects at a distance of 20 feet. The task is not very difficult for most people. There are people, however, who must stand closer than others do to see what others see easily from 20 feet away. These differences in visual functioning are the basis for deciding if a student is blind or visually impaired. There are also people who cannot hear at a louder volume what others hear easily. Between normal hearing and total deafness are various degrees of hearing loss, and differences in these degrees of hearing are the basis for another category (i.e., those who are deaf or hard of hearing).

How different does vision or hearing have to be before a person is classified with a disability? Even with correction (e.g., glasses), a person who must be 20 feet from a target that a person with normal vision can see at 200 feet or more is considered *blind*. People with corrected vision better than 20/200 but not better than 20/70 are considered *visually impaired*. Ability to hear is measured along two scales: intensity and frequency. Intensity or loudness is measured in decibels (dB), and frequency or pitch is measured in hertz (cycles per second). Moores (2001) defined *deaf* and *hard of hearing* in terms of the effects on hearing loss; his perspective is evident in current federal definitions for disabilities related to hearing [20 U.S.C. 1401(3)(A) and (B); 1401(26)]:

**Deafness** means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, that adversely affects a child’s educational performance.

**Hearing impairment** means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child’s educational performance but that is not included under the definition of deafness in this section.

For practical purposes, *deafness* means the absence of hearing in both ears; people who are deaf have great difficulty hearing conversational speech without the assistance of a hearing aid. People who are *hard of hearing* experience hearing loss to a lesser extent but still have significant difficulties in hearing.

Sometimes people experience a physical injury to the brain that results in a total or partial disability that may adversely affect school or life performance. *Traumatic brain injury* is the term used to create a category for providing special education for these individuals. *Autism* is another physical disability that adversely affects verbal and nonverbal communication and social interaction.

There are also health problems that provide the basis for special education grounded in special learning needs that are physical. For example, arthritis is a measurable inflammation of a joint that limits movement and makes it painful. Cerebral palsy is paralysis due to brain damage; it produces differences in motor control that are observable in movement of large and small muscle groups. Epilepsy is also a brain disorder that results in measurable convulsive episodes and periods of unconsciousness. Other health impairments include severe orthopedic problems that adversely affect educational performance and limit strength, vitality, or alertness. Special education is also provided to people with physical differences caused by congenital anomalies (e.g., clubfoot, spina bifida, absence of a body member) or other causes (e.g., amputation, infections) as well as other general health problems (e.g., heart disease, asthma, diabetes).

### *Cognitive Reasons for Needing Special Education*

Differences in intellectual performance or mental abilities are the basis for other groups of students needing special education. To be classified with mental retardation, a person must perform very poorly on an intelligence test and also demonstrate deficits in adaptive behavior. There is no formal definition of adaptive behavior, but it can be generally taken to refer to the way an individual functions in his or her social environment. The requirement that people demonstrate deficits in adaptive behavior is a part of the definition of mental retardation so that people who perform poorly on intelligence tests but manage to adapt or adjust to their environment and function adequately outside school will not be classified with mental retardation.

How different do intellectual scores have to be before a person is classified with *mental retardation*? Differences in scores on intelligence tests and measures of adaptive behavior are evaluated in the same way as differences

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in scores on hearing, vision, or physical performance tests. Standards for normal intelligence and adaptive behavior are set by testing large groups of individuals. Professionals then set criteria for retardation that are based on differences from normal intelligence or adaptive behavior. For example, the common standard for normal performance is a score of 90 to 110 on an intelligence test; scores below 70 are considered reflective of mental retardation.

### *Academic Reasons for Needing Special Education*

For students with mental retardation, it is assumed that their performance on achievement tests will be consistent with their performance on intelligence tests. This means that if students perform poorly on intelligence tests, then their achievement test scores will also be low. In contrast, there are students whose performance on achievement tests is not consistent with their performance on intelligence tests. When these differences between ability (i.e., intelligence test performance) and achievement (i.e., achievement test performance) are substantial, the student is classified with *learning disabilities*.

How different do scores on ability tests and scores on achievement tests have to be before learning disabilities are identified? Determining which students have learning disabilities is different from determining which students are blind or deaf or have mental retardation. While officials of the federal government have provided guidelines for use in identifying students with learning disabilities, no specific criteria have been provided for deciding when discrepancies between ability and achievement are great enough to classify students as having learning disabilities. This decision is left to individual states. State education agency personnel have undertaken the task of refining the specific learning disabilities definition; specific criteria exist in each state for deciding when differences between ability and achievement warrant an identification of a learning disability. However, different states may (and do) have different criteria. Thus a student may have a learning disability in one state and not have a learning disability in another state, without any loss or gain in his or her learning.

In light of current legislation, the discrepancy model is now not the only choice in identifying a learning disability. According to the Individuals with Disabilities Education Act (IDEA) Amendments of 2004, students may also be identified with learning disabilities as a result of “failure to respond to scientific research-based intervention.” This method of identification was proposed in answer to years of dissatisfaction with the discrepancy model, which relies on standardized intelligence and achievement tests. These standardized tests can be unfair to students, especially culturally diverse students. “Failure to respond” is a concept still

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under development, but the core principle is that if general education teachers are using research-based interventions under appropriate conditions, then students who continue to have learning problems may have learning disabilities.

Just as there are differences in reading, writing, and mathematics skills of students, there are differences in the ways students speak and express themselves. Some people speak clearly, pronouncing each part of their speech exactly as it should be said. Others speak quickly, making it difficult for others to understand them. Some children use speech as a means of making their desires, feelings, and opinions known. Others rely very little on speech as a means of communicating. There are accepted points at which children are expected to demonstrate use of various forms of communication. For example, most children understand about 1,000 words, combine their words into simple sentences, and understand concepts related to language (e.g., “on,” “off,” “later”) by the time they are 2 years old. By the age of 7, children are expected to use proper grammar when constructing sentences; language at this age is very much like that used by adults. Differences in language and communication skills are measured by performance on tests. Differences in language development and communication skills are commonly observed in children of all ages. When these differences adversely affect educational performance, the individual is entitled to special services provided for *speech or language impairments*.

How different does speech and language have to be before a student is classified with a disability? Many students in this category receive special services for problems such as lispings, stuttering, and word pronunciation problems (e.g., they say “wabit” instead of “rabbit,” “pasketti” instead of “spaghetti,” or “bud” for “bird”); some of these students have voice tones that are too low, too high, too nasal, too harsh, or too hoarse. There are no standards for determining when an individual’s speech is “too” nasal or “too” harsh or when it will adversely affect educational performance. Some teachers are better than others at understanding differences in the language produced by their students. Similarly, the context in which speech occurs influences the judgments made about it. Recent government figures indicate that there were more students in the speech or language impairments category than in any other, except learning disabilities and “other health impairments” (which includes attention deficit/hyperactivity disorder [ADHD]). These numbers are probably not surprising for a category based on differences in speech clarity and/or tone.

### *Behavioral Reasons for Needing Special Education*

Just as standards for normal intellectual performance have evolved within the educational system, standards for how students should act in

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school and society also have evolved. And while standards for normal behavior are based more on judgments of what is acceptable than on judgments about performance on a test, the effect of deviating from the standards is much the same. Demonstrating intellectual performance that is sufficiently above or below normal is the basis for being identified as gifted or mentally retarded. Demonstrating inappropriate behavior in or out of school is the basis for being identified with *serious emotional disturbance*.

How different does behavior have to be before a student is identified with a disability? On the basis of what you have learned about the other conditions of special education, you probably expect the answer to be “significantly different from the behavior of other people.” You would be right, but how would you objectively define the differences? Defining emotional disabilities is not like defining blindness or retardation because there are no numerical standards for “normal” behavior. There are no tests to measure the normality or acceptability of behavior. Defining emotional disabilities is like defining beauty; the activity is highly subjective. More often than not, “normal or acceptable” is in the eye of the beholder. For example, what is acceptable behavior at home may not be acceptable in school. What is acceptable behavior for one teacher may be unacceptable for another. What is acceptable in one class (e.g., physical education) may not be acceptable in another (e.g., music).

### *What About ADHD?*

You may have noticed that ADHD is not listed in the disability categories presented earlier. There are many students with ADHD in today’s schools, an estimated 3% to 7% of the school population (American Psychiatric Association, 2000). Students with ADHD often experience challenges in both learning and behavior. They usually have problems maintaining attention and effort in completing tasks, knowing when to “slow down” motor activity, and organizing themselves to finish tasks (American Psychiatric Association, 2000). Other negative characteristics such as anxiety, depression, and behavior problems may also be present (Whalen & Henker, 1991).

ADHD is not included in the category list because it is a medical diagnosis versus a category that is used for educational programming. Children are “identified” or diagnosed with ADHD by doctors, usually pediatricians. Most students who have ADHD receive all of their instruction in the general education classroom. Students who have ADHD and receive special education services are usually classified under “other health impairments” (OHI).

## How Many Students Receive Special Education?

Currently the federal government recognizes 12 categories of students eligible for special education. *Mental retardation* is used to refer to students with cognitive disabilities. *Specific learning disabilities, speech or language impairments,* and *serious emotional disturbance* are used to refer to students with academic disabilities. *Deafness-blindness, hearing impairments, visual impairments, orthopedic impairments, other health impairments, multiple disabilities, autism,* and *traumatic brain injury* are used to refer to students with physical disabilities.

The number of children with disabilities receiving special education and related services has steadily grown since passage of Public Law 94-142, and the *Twenty-Second Annual Report to Congress* (U.S. Department of Education, 2000) marked the 25th anniversary of reporting progress in “meeting the mandates” of the act. The number of students ages 6 through 21 receiving special education reached 5,541,166 in 1998–99, a 2.7% increase over the previous year. In the previous decade, the number of students served grew 30.3%, from 4,253,018 in 1989–90 to 5,541,166 in 1998–99. The numbers of children served in 1991–92 and 2000–2001 and the percentage change by disability category are illustrated in Table 1.1.

On the silver anniversary of Public Law 94-142, specific learning disabilities continued to be the most prevalent disability among students ages 6 through 21 (U.S. Department of Education, 2000). Over half of the students with disabilities served under IDEA were categorized as having specific learning disabilities (2,817,148, or 50.8%). Speech and language impairments (1,074,548, or 19.4%), mental retardation (611,076, or 11.0%), and emotional disturbance (463,262, or 8.4%) were the next most common disabilities. This pattern of prevalence has been observed for some time; in fact, there have been only slight variations in disability prevalence since 1989–90 (see Table 1.2). The largest increase, a jump of 318.8%, occurred in the “other health impairments” category, which accounted for only 1.2% (or 52,733) of the children served in 1989–90 and in 1998–99 accounted for 4.0% (or 220,808). States have reported that the increase in the number of children with other health impairments is largely a function of increased identification and service provision to children with attention deficit/hyperactivity disorder (ADHD).

## What Do All These Numbers Mean for Inclusion?

If you haven't figured it out by now, consider this: Special education is the subsystem of general education that has evolved to provide services to students who fail to profit from the menu of experiences provided in

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**Table 1.1** Numbers of Students Receiving Special Education

<i>Disability</i>	<i>1991–92</i>	<i>2000–01</i>	<i>% Change in Number</i>
Specific learning disabilities	2,247,004	2,887,217	28.5
Speech or language impairments	998,904	1,093,808	9.5
Mental retardation	553,262	612,978	10.8
Emotional disturbance	400,211	473,663	18.4
Multiple disabilities	98,408	122,559	24.5
Hearing impairments	60,727	70,767	16.5
Orthopedic impairments	51,389	73,057	42.2
Other health impairments	58,749	291,850	396.8
Visual impairments	24,083	25,975	7.9
Autism	5,415	78,749	1,354.3
Deaf-blindness	1,427	1,320	-7.5
Traumatic brain injury	245	14,844	5,958.8
Developmental delay	—	28,935	—
All disabilities	4,499,824	5,775,722	28.4

SOURCE: U.S. Department of Education (2002, Table II-4, p. II-20).

NOTE: Reporting in the autism and traumatic brain injury categories was optional in 1991–92 and required beginning in 1992–93. Data from 1991–92 include children with disabilities served under the Chapter 1 Handicapped Program.

**Table 1.2** Percentage of Students Ages 6 Through 21 Receiving Special Education

	<i>1989–90</i>	<i>1998–99</i>
Specific learning disabilities	48.5	50.8
Speech and language impairments	22.9	19.4
Mental retardation	13.3	11.0
Emotional disturbance	9.0	8.4
Multiple disabilities	2.1	1.9
Hearing impairments	1.4	1.3
Orthopedic impairments	1.1	1.3
Other health impairments	1.2	4.0
Visual impairments	0.5	0.5
Autism	NA	1.0
Deaf-blindness	>0.1	>0.1
Traumatic brain injury	NA	0.2
Developmental delay	NA	0.2

SOURCE: U.S. Department of Education (2000, p. II-21).

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general education classrooms. Each category for students needing special education has a definition that indicates the area of special need that separates students with disabilities from their peers. In most states, the names assigned to the categories are also the names assigned to the places where the students receive their special education or to the programs of individualized education that they receive. For example, there are special education programs in most states for students with learning disabilities. Recall that some states do not organize their special education programs along categorical lines. This is largely due to the concern among professionals that the categories are not satisfactory reflections of the special learning needs of the students. This is also due to concern for the negative impact that classifying the students may have on the students and their families (e.g., most of us don't want to be identified as "special," especially if being special has negative connotations). Noncategorical special education arose as an alternative means of providing services to exceptional students without having to group and label them with specific names.

The general guidelines that drive special education practices are provided in federal legislation (originally Public Law 94-142, reauthorized in 2004 as amendments to the Individuals with Disabilities Education Act). The law states that students with disabilities are entitled to a free, appropriate public education. To the maximum extent appropriate, children with disabilities should be educated with children without disabilities. Special classes, separate schooling, or other removal of children with disabilities from the general educational environment should occur only when the nature or severity of the child's disability is such that education in general classes with the use of supplementary aids and services cannot be achieved satisfactorily.

### Where Is Special Education Provided?

The federal government reports information about students with disabilities in its annual reports to Congress (see U.S. Department of Education, 1999, 2000, 2001, 2002). The reports represent the "latest" figures but may be several years out of date as a result of publication lags and approvals required for release of information. Also, the categories of numbers available in these resources vary from year to year as a result of efforts to meet different reporting requirements. Below, we provide a sampling of information represented in these resources.

In recent years, the percentage of students with disabilities served in schools and classes with their peers without disabilities has gradually increased, and at least 50% of children with disabilities ages 6 through 21 are being served in general education classrooms 80% of the day or more (U.S. Department of Education, 2002). Of course, as the percentage

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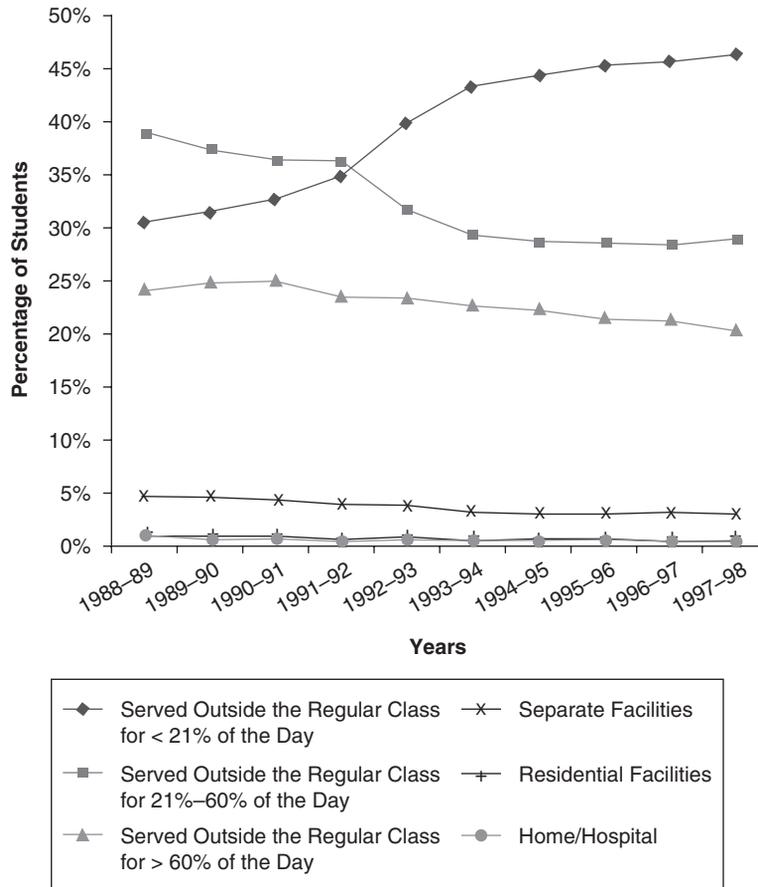
of students served in settings with students without disabilities rises, the number of special education and general education teachers prepared to provide inclusive services must also increase. A continuing objective of the U.S. Department of Education is to increase the percentage of children with disabilities served in settings with their peers without disabilities to the maximum extent appropriate by providing needed supports and accommodations in general education (U.S. Department of Education, 1999, 2000, 2001, 2002). Toward this goal, we examine the environments in which students with disabilities received services and explore factors, such as age and type of disability, that may affect the service delivery environment. State-reported data are presented to describe the extent to which students with disabilities received special education and related services in settings with their peers without disabilities.

During the 1997–98 school year (U.S. Department of Education, 2000), 46.4% of students ages 6 through 21 with disabilities were served outside the regular classroom for less than 21% of the school day (i.e., the most inclusive category). Moving from more inclusive to less inclusive settings, another 29.0% were served outside the regular classroom for 21% to 60% of the school day and approximately 20% spent more than 60% of the school day outside the regular classroom. The remaining students were served in less inclusive setting such as either a separate or residential facility or a home or hospital environment. The trend favoring less restrictive placements is illustrated in Figure 1.1.

From the 1988–89 school year to the 1997–98 school year, the percentage of students ages 6 through 21 with disabilities who were served outside the regular classroom for more than 60% of the day decreased 3.9% (from 24.3% to 20.4%), and the percentage served outside regular school buildings declined by 2.1% (from 6.2% to 4.1%). Again, these data show a gradual movement of students with disabilities from separate schools and classes to general education schools and classes.

The environments in which students receive special education and related services vary by student age and disability. In 1997–98, 97.8% of students ages 6 through 11 with disabilities were served in schools with their peers without disabilities, versus 94.7% of students ages 12 through 17 with disabilities and 87.2% of students ages 18 through 21 with disabilities. The pattern of serving more elementary-aged students in schools with their natural neighbors and peers holds for all disability categories and is most pronounced among students with other health impairments, visual impairments, and deaf-blindness (cf. U.S. Department of Education, 2000, 2001, 2002, 2003).

Students ages 6 through 21 with speech or language impairments (85.6%) were more likely than students with other disabilities to receive

**Figure 1.1** Percentage of Students Ages 6 Through 21 in Different Education Environments

services outside the regular class for less than 21% of the school day, while students with multiple disabilities (12.1%) and students with mental retardation (13.2%) were the least likely to receive services in these inclusive settings. Students with multiple disabilities (26.4%) and students with deaf-blindness (37.8%) were more likely than students with other disabilities to receive services in separate schools or residential facilities, while students with speech or language impairments (0.9%) and students with specific learning disabilities (1.0%) were the least likely to be served in these separate settings (see Table 1.3).

Progress in serving students in less restrictive settings has varied by disability over the past decade. From 1988-89 to 1997-98, in several disability categories, the percentage of students ages 6 through 21 with disabilities

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**Table 1.3** Percentage of Students Ages 6 Through 21 With Disabilities Served in Different Educational Environments During the 1997–98 School Year

	<i>Served Outside the Regular Classroom</i>					
	<i>0%–21% of the Day</i>	<i>21%–60% of the Day</i>	<i>&gt;60% of the Day</i>	<i>Separate Facilities</i>	<i>Residential Facilities</i>	<i>Home/Hospital</i>
All disabilities	46.4	29.0	20.4	2.9	0.7	0.6
Specific learning disabilities	43.8	39.3	16.0	0.6	0.2	0.2
Speech or language impairments	87.8	7.3	4.4	0.3	0.04	0.1
Mental retardation	12.6	29.6	51.7	5.2	0.6	0.4
Emotional disturbance	25.0	23.3	33.5	13.1	1.6	1.6
Multiple disabilities	10.0	17.3	45.1	22.3	2.9	2.5
Hearing impairments	38.8	19.1	25.4	7.4	9.2	0.2
Orthopedic impairments	46.6	21.3	26.2	3.7	0.3	2.0
Other health impairments	41.4	33.8	18.3	1.7	0.3	4.7
Visual impairments	48.1	20.1	17.3	6.7	7.1	0.7
Autism	18.3	12.7	52.1	14.6	1.8	0.5
Deaf-blindness	13.6	11.3	39.0	19.9	14.8	1.5
Traumatic brain injury	29.8	26.2	30.1	9.8	1.6	2.5

SOURCE: U.S. Department of Education (2000, Table III-1, p. III-4).

who received special education and related services outside the regular classroom for less than 60% of the school day has increased considerably. In other disability categories, percentages have remained relatively constant. The percentage of students with orthopedic impairments served in classrooms with their natural neighbors and peers for most of the school day rose 20% (from 47.8% to 67.8%), as did the percentage of students with mental retardation (13.7%; from 28.4% to 42.1%) and other health impairments

(24.8%; from 50.3% to 75.1%). From 1988–89 to 1997–98, the majority of students with speech or language impairments received services outside the regular class for less than 60% of the school day; this figure was relatively unchanged (U.S. Department of Education, 2000).

Progress continues to be made toward providing services to students with disabilities in more inclusive settings. In recent years, the number of students served outside regular school buildings has steadily decreased, and “inclusion” has become the intervention of choice in many school districts across the country; however, the percentage of students in different educational environments within regular school environments remains variable across disability and age groups, with some age and disability groups served primarily in classes with their peers without disabilities and others served largely outside those classrooms (cf. U.S. Department of Education, 2000, 2001, 2002). Concerns of parents and school professionals regarding the quality of educational experiences received by individuals with disabilities have been a driving force in looking to inclusive settings as the place to provide access to the general education curriculum that is essential for everyone.

## **WHERE CAN I FIND RESOURCES OR MORE INFORMATION ON SPECIAL EDUCATION?**

The following general resources about special education were accessed from the “Inclusion” Web site maintained by the Special Education Program at the University of Northern Iowa ([www.uni.edu/coe/inclusion/resources/resources.html](http://www.uni.edu/coe/inclusion/resources/resources.html)). For more information, contact:

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### **Books**

Algozzine, B., & Ysseldyke, J. E. (2005). *Introduction to special education*. Longmont, CO: Sopris West.

### **Resource Books for General Education Teachers**

Cohen, J. J., & Fish, M. C. (1993). *Handbook of school-based interventions*. San Francisco: Jossey-Bass.

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- McIntyre, Thomas. (1989). *A resource book for remediating common behavior and learning problems*. Allyn & Bacon.
- Metcalf, L. (1999). *Teaching towards solutions*. West Nyack, NY: Center for Applied Research in Education.
- Shore, Kenneth. (1998). *Special kids: Problem solver*. Paramus, NJ: Prentice Hall.
- Watson, G. (1998). *Classroom discipline problem solver*. West Nyack, NY: Center for Applied Research in Education.

### Web Sites

Centre for Studies on Inclusive Education (United Kingdom; <http://inclusion.uwe.ac.uk/csie/csiehome.htm>). CSIE is an independent organization working in the United Kingdom and overseas to promote inclusion and end segregation. The Web site provides abundant information about inclusive education and related issues.

Family Village: A Global Community of Disability-Related Resources ([www.familyvillage.wisc.edu/](http://www.familyvillage.wisc.edu/)). A site for individuals with disabilities and their families and friends that brings information together in a organized, easy-to-use resource.

IDEA 2004 Resources ([www.ed.gov/offices/OSERS/IDEA/updates.html](http://www.ed.gov/offices/OSERS/IDEA/updates.html)). Sponsored by the Office of Special Education and Rehabilitative Services (OSERS). Provides up-to-date news and information on IDEA 2004.

Inclusion . . . Yours, Mine Ours ([www.rushservices.com/Inclusion](http://www.rushservices.com/Inclusion)). The Florida Inclusion Network sponsors this Web site of ideas, inspiration, and resources for including children with special needs in the regular classroom. It contains specific ideas about how teachers have made inclusion work and examples of schools where inclusion works.

Our Kids ([www.our-kids.org/](http://www.our-kids.org/)). At this site, a “family” of parents, caregivers, and others who are working with children with physical and/or mental disabilities and delays can discuss children’s accomplishments and defeats; get some ideas of how others address specific problems/concerns with feeding, learning, schools, medical resources, techniques and equipment; and share problems and questions.

Project CHOICES ([www.projectchoices.org/](http://www.projectchoices.org/)). Provides information on Project CHOICES, a “least restrictive environment” initiative funded by the Illinois State Board of Education that supports preschool-age and school-age children by increasing the capacities of school districts and educational personnel to educate and provide supports and services in environments in which they would participate if

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not identified as having a disability. Site includes information and resources on inclusion.

World Association of Persons with Disabilities Newsletter ([www.wapd.org/news/index.html](http://www.wapd.org/news/index.html)). An association that advances the interests of persons with disabilities at national, state, local, and home levels. The Web site is a rich resource for materials and information.

Wrightslaw Special Education Law and Advocacy ([www.wrightslaw.com/](http://www.wrightslaw.com/)). Provides parents, advocates, educators, and attorneys with accurate, up-to-date information about special education law and advocacy so that they can be effective catalysts. The site is a repository for articles, cases, newsletters, and resources about dozens of topics.

### Organizations

Association for Supervision and Curriculum Development (ASCD)  
1250 N. Pitt St.  
Alexandria, VA 22314  
(703) 549-9110  
Web: [www.ascd.org/](http://www.ascd.org/)

Council for Exceptional Children (CEC)  
1110 N. Glebe Rd., Suite 300  
Arlington, VA 22201  
(800) 224-6830  
Web: [www.cec.sped.org/index.html](http://www.cec.sped.org/index.html)

National Association of State Boards of Education (NASBE)  
1012 Cameron St.  
Alexandria, VA 22314  
(800) 220-5183  
Web: [www.nasbe.org/](http://www.nasbe.org/)

National Information Center for Children and Youth with Disabilities  
(NICHCY)  
P.O. Box 1492  
Washington, DC 20013-1492  
(800) 695-0285  
Web: [www.nichcy.org/index.html](http://www.nichcy.org/index.html)

The Association for Persons with Severe Handicaps (TASH)  
29 W. Susquehanna Avenue  
Suite 210

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Baltimore, MD 21204  
Phone: (410) 828-8274  
Fax: (410) 828-6706  
Web: [www.tash.org/](http://www.tash.org/)

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