

New Jersey's Preschool Expansion Initiative and its Impact on Preschoolers with Disabilities

*By Cynthia Rice and
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Children of New
Jersey*

In January 2008, Governor Corzine signed into law a new state school funding formula that included a significant expansion of high quality, state-funded preschool for low-income children. Modeled after the nationally recognized Abbott Preschool Program, currently providing over 40,000 three- and four-year-olds living in New Jersey's lowest income school districts access to high quality preschool, this expansion represents an opportunity for an additional 30,000 preschoolers to participate in a program that is proving to make a difference in the educational lives of young children.

A portion of the new preschoolers to benefit from the preschool expansion are low-income children classified as preschool disabled. When fully implemented in 2013-2014, school districts will be able to provide preschool disabled children with increased access to inclusive preschool settings.

Districts with a high concentration of poor families will be required to offer a preschool program to all three- and four-year-olds. Districts with fewer low-income families will be required to offer the program only to those children whose families meet income eligibility requirements.

The preschool expansion initiative will not affect eligibility for preschool disabled services. As is now the case, children with disabilities who are eligible for special education will receive services regardless of family income.

Whether preschool disabled or typically-developing, all eligible children will have access to a full, six-hour day, five-day-a-week program, implemented by each school district and fully funded by the state. The program will affect preschool disabled children in two important ways:

First, it will provide them with a guarantee of additional hours of instruction above the current minimum described in state and federal law, and as dictated by the children's IEPs. Second, because of the size of the expansion, additional classrooms will be required in order to provide program access to eligible children. This means that school districts will have new opportunities to provide integrated classrooms for preschoolers with disabilities. There are various models of inclusion that districts may find appropriate for their preschool population (see story on page 7).

Depending on the model of inclusion, the expansion will include the quality components that have been part of the Abbott program, including a class size of no more than 15 children, a teacher with a bachelor's degree trained to teach young children, a teacher's aide, family workers and/or social workers to help families, and a research-based curriculum.

Every district will have a different approach to making sure there is adequate classroom space. Districts can offer their program in a variety of ways, including in-district classrooms, classrooms located in licensed child care centers, classrooms located in Head Start centers, or in a combination of these locations. This "mixed delivery system" has been very successful in the Abbott districts, where 65% of the three- and four-year-olds attend preschool in licensed child care and Head Start classrooms. Many preschool disabled children in Abbott districts attend inclusive settings in their community (see story on page 4).

School districts are required to establish a preschool-through-third-grade Early Childhood Advisory Council to review preschool program implementation and to support transition

*“School districts
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From the Courts

Supreme Court Issues Pro-Child Decision Regarding Unilateral Placements By Hillary D. Freeman, Esq. and Ira M. Fingles, Esq.

In late June, the U.S. Supreme Court issued a decision in the case of Forest Grove School District v. T.A. The specific issue in the case was fairly technical but may ultimately have a wide-ranging impact strengthening the guarantee that all students with disabilities are provided with a free appropriate public education.

It has long been the law that when confronted with offers of inappropriate educational services from their local school districts, parents of students with disabilities may resort to “self-help” to ensure their child’s educational needs are met. Specifically, parents have been entitled to receive reimbursement from their local school districts for the costs of placing their children in private schools. These situations are referred to as “unilateral placements” because the parent is acting independently of the school district.

In order to determine whether a parent is entitled to reimbursement in a unilateral placement case, a three-part test is applied:

- 1) Did the school district offer the student a free appropriate public education?
- 2) Was the private school selected by the parents proper for the student?
- 3) Are there any factors present that would make it inequitable or unfair for the school district to have to reimburse the parents?

When each of these questions is answered in the parents’ favor, they are entitled to recover the costs of sending their child to the private school, including tuition, transportation, and other related costs.

The issue in the Forest Grove case was whether reimbursement is available to parents of students who have never received any special education services by or through the school district. This was in dispute because the Individuals with Disabilities Education Act (IDEA) provides that the remedy of tuition reimbursement is available to parents of students who have “previously received special education or related services under the [school’s] authority.” In the Forest Grove case, the student at issue had never been found eligible for special education or related services by his local school district, and thus had not received those services prior to his parents’ placing him in a private therapeutic boarding school for students with disabilities.

The Supreme Court rejected the school district’s argument that the language in the IDEA foreclosed the parents from seeking tuition reimbursement. because the student had not “previously received special education or related services.” The Court

“The Forest Grove decision makes clear that parents need not place their child into a special education program offered by the school district that is clearly inappropriate.”

based its decision on prior precedents, which held that courts reviewing cases under the IDEA have broad authority to take whatever action is necessary to ensure a student with disabilities receives an appropriate education. The Court noted the obvious problem with the school district’s argument that parents of a student receiving inappropriate special education services could seek reimbursement for the costs of a private unilateral placement, but parents of a student who had been deprived of special education services entirely were left without a remedy.

The Forest Grove decision is significant for two main reasons. First, there are many students with disabilities who are able to attend private schools for typical children for a number of years or attend public schools as regular education students, but whose disabilities eventually make it impossible for them to continue without greater support. The Forest Grove decision makes clear that parents need not place their children into special education programs offered by the school district that are clearly inappropriate. Instead, parents may place the child directly into a private school that can meet the student’s disability-related needs and then seek reimbursement from the district for the costs of doing so, assuming the requirements of the other factors above are met.

Second, the Supreme Court’s decision reaffirms the long-standing principle that the foremost consideration in special education cases is that the child receive a free appropriate public education, and that school districts may not escape responsibility for appropriately serving students based upon mere technicalities.

With that said, there are a multitude of potential pitfalls in unilateral placement cases. If a parent is considering privately placing a child with disabilities into a specialized private school (or has already done so), it is important to consult with experienced legal counsel to ensure the parent has the greatest chance of success if efforts are made to seek recovery of the costs of placement. 📄

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From the Capitol

Study Shows Positive Impact of New Jersey Preschool System

A new study on the effects of preschool found that children who attend New Jersey's Abbott preschool education programs outperform peers in first and second grades, and children who had two years of preschool rather than just one, had double the advantages. According to the study, preschool attendees perform better in oral language and conceptual knowledge; showed favorable reading difference; showed improved mathematics achievement; and, grade retention was cut in half. The Abbott Preschool Program Longitudinal Effects Study (APPLES), conducted by the National Institute for Early Education Research at Rutgers, followed children who had participated in Abbott district preschools through second grade.

The Abbott preschool programs were developed as a result of *Abbott v. Burke*, in which the New Jersey Supreme Court established basic program standards for preschool education in the state's poorer districts. The preschools must offer a full day of instruction, a maximum class size of 15, certified teachers with early childhood expertise, assistant teachers in every classroom, comprehensive services, and a developmentally appropriate curriculum.

The program currently serves over 43,000 three- and four-year-old children in preschool, including children with disabilities. It is provided through a mixed public-private delivery system overseen by the public schools through which private childcare providers and Head Start agencies contract with local boards of education to serve about two-thirds of the children. The remaining students are served in public school classrooms.

State Board of Education Adopts Preschool Teaching Standard

This summer, the New Jersey State Board of Education adopted new standards that will be used to guide preschool learning outcomes across New Jersey and will serve as a benchmark for determining how effectively the classroom curriculum is being implemented. The Preschool Teaching and Learning Standards of Quality replace the Preschool Teaching and Learning Expectations: Standards of Quality, and are, for the first time, directly aligned with the state's revised K-12 Core Curriculum Content Standards.

As with the Core Curriculum Content Standards, the new preschool standards are to be used by all districts in the state. They will serve as a guide for instructional planning and teaching; as a framework for ongoing professional development opportunities; and in the development of a comprehensive early childhood education assessment system.

Included in the implementation guide for the new preschool standards is a description of the intervention and support services that must be offered to children experiencing social, behavioral or learning difficulties. Each district offering preschool services must have or consult with a Preschool Intervention and Referral Team (PIRT) – a team of specialists working within a consultation model to help maximize general education preschool teachers' ability to support all students in their classroom, and to decrease the number of referrals to special education. The guide to the new model underscores the importance of providing the least restrictive environment (LRE) in preschool services for children with disabilities and requires local school boards to ensure that preschoolers are not suspended or expelled from school.



Positive Behavior Act Reintroduced in Congress

This summer, Congressman Phil Hare (D-IL) reintroduced the Positive Behavior for Safe and Effective Schools Act (H.R. 2597). The bill proposes amendments to the "No Child Left Behind" Act to allow federal funds to be used to develop, implement, and support positive behavior programs. In addition the Act addresses program sustainability by specifying that development would be data driven, and implementation would require teacher and principal preparation. Finally, it would establish an Office of Specialized Instructional Support Services that would provide support for, and ensure adequate evaluation of, programs that provide specialized instruction in related service areas, such as physical and occupational therapy.

The legislation includes findings indicating that reactive approaches to school discipline are 'ineffective and often counterproductive' and highlights evidence supporting positive behavior support programs, such as School-Wide Positive Behavior Support (SW-PBS), are more effective practices.

Nominee Announced for Assistant Secretary for Special Education and Rehabilitative Services

The White House has nominated Alexa Posny to serve as the next Assistant Secretary

for Special Education and Rehabilitation Services in the U.S. Department of Education. Posny currently serves as the Commissioner of Education in Kansas, where she is responsible for over 450,000 students, and oversees a state education budget of \$4.5 billion. Previously, Posny was appointed Director of the Office of Special Education Programs (OSEP) for the U.S. Department of Education. She serves on the Board of Directors for the Chief State School Officers, the National Council for Learning Disabilities, and chairs the National Assessment Governing Board's Special Education Task Force. She has been a teacher at the elementary, middle and high school levels and remains a teacher today, serving as adjunct faculty with the University of Kansas.

Federal Medicaid Regulations Rescinded

The U.S. Department of Health and Human Services has rescinded three controversial regulations governing Medicaid and agreed to postpone and possibly rescind a fourth. The regulations were among seven that the Bush administration tried to implement in 2007 and 2008. Advocates charged that the rules would shift nearly \$20 billion in Medicaid spending from the federal government to the states. Medicaid, a health insurance entitlement program for the poor, is a shared federal-state program that can be tapped for a range of services.

One of the regulations rescinded would have narrowed Medicaid payments for what are called "case management services" that some states offer to Medicaid clients. Another would have prohibited Medicaid reimbursement for administrative costs incurred by schools, and for transporting Medicaid-eligible children to school. A third would narrow the definition of "outpatient services" under Medicaid – medical treatment performed outside a hospital or clinic. And the regulation that was postponed until at least 2010 would limit taxes that some states assess on health providers to help pay the state portion of Medicaid expenses.

The regulations were rescinded because the Department believed they might have harmed Medicaid beneficiaries. By rescinding the rules, the Department expects that children will continue receiving services through their schools, beneficiaries will be able to access all available case management resources to help them better manage their health care, and outpatient hospital and clinic services can continue to be covered.



Almost all privately-run child care centers (including even small, home-based centers not licensed by the state) and all child care services provided by government agencies like Head Start, summer programs, and extended school day programs must comply with the ADA. Even private child care centers operating on the premises of a religious organization are covered by ADA. Only centers controlled or operated by a religious organization do not have to comply with ADA. However, even those centers may have to comply if they have agreed to do so through contract with a federal, state, regional, or local government agency.

What are the basic requirements of the ADA for child care centers?

Child care providers may not discriminate against persons with disabilities. They must provide children with disabilities and their parents an equal opportunity to participate in their programs and services.

They cannot exclude children with disabilities from their programs unless their presence would pose a direct threat to the health or safety of others or would require a fundamental alteration of their program.

They must make reasonable modifications to their policies and practices to include children, parents, and guardians with disabilities in their programs unless doing so would be a fundamental alteration of their program.

They must provide appropriate auxiliary aids and services needed for effective communication with children or adults with disabilities, unless doing so would be an undue burden or significant expense, relative to the child care provider's resources or the resources of a parent company.

And, they must make their facilities accessible to people with disabilities. Existing facilities must remove any readily achievable barriers, while newly constructed facilities and any altered portions of existing facilities must be fully accessible. If existing barriers can be easily removed without much difficulty or expense, child care providers must remove those barriers now even if there are no children or adults with disabilities using the program. Installing offset hinges to widen a door opening, installing grab bars in toilet stalls, or rearranging tables, chairs, or other furniture are all examples of readily achievable barrier removal. Centers run by government agencies must insure that their programs are accessible unless making changes would impose an undue burden; this will sometimes include larger structural changes to facilities.

In order to demonstrate "reasonable efforts," child care providers must attempt to access available resources outside of their programs. For example, resources to support the inclusion of a child with a disability may be provided by the New Jersey Early Intervention System-New Jersey Department of Health and Senior Services, or by a local school district through its special education program. Other resources may be available through the Special Needs Child Care project of the New Jersey State Department of Human Services and the local county Unified Child Care Resource and Referral agency, which offer free information and assistance to child care providers.

How do I decide whether my center can meet the needs of a child with a disability?

Child care providers must individually assess whether they can meet the particular needs of each child with a disability whose family seeks services from their program, without fundamentally altering their program. In

continues on page 5

Some reasons that are not acceptable for rejecting children with disabilities:

- Higher insurance rates.** If any extra cost is incurred, it should be treated as overhead and divided equally among all paying families.
- The need for individualized attention,** unless the extent of the child's need for individualized attention would fundamentally alter the child care program, or the cost of providing said support would be an undue burden on the program.
- The need for a Seeing Eye dog,** even if the center has a "no pets" policy, is not grounds for exclusion. Service animals are not pets.
- The need to receive medication** while at the child care program.
- Allergies,** even severe, life-threatening allergies to bee stings or certain foods. Child care providers need to be prepared to take the appropriate steps in the event of an allergic reaction.
- Delayed speech or developmental delays.** Under most circumstances, children with disabilities must be placed in age-appropriate classrooms.
- Mobility impairments** - or the need for assistance taking off and putting on leg or foot braces. It is likely that doing so would not be so time-consuming that other children would have to be left unattended, or so complicated that it could only be done by licensed health care professionals.
- The need for toilet training** - even if the provider has a general rule about excluding children over a certain age unless they are toilet-trained. Under state regulations, the child care provider must have an approved toileting area if toileting services are provided for any child, regardless of age.

Q&A: Child Care & Children with Disabilities *continued*

each case, the provider must talk with the parents or guardians and other professionals who work with the child. Child care providers are often surprised at how simple it is to include children with special needs in their programs, and alternatively, providers are not required to accept children who would pose a direct threat to the school population or whose presence or necessary care would fundamentally alter the nature of their program.

What are some acceptable reasons for not accepting a child with disabilities?

Children, such as those who pose a direct threat, or a substantial risk of serious harm to the health and safety of others, do not have to be admitted into a program. This determination may not be made on generalizations or stereotypes; it must be based on an individualized assessment that considers the particular activity and the actual abilities and disabilities of the child.

Child care providers may ask all applicants whether a child has any communicable diseases such as active infectious tuberculosis that in fact poses a direct threat through the types of incidental contact expected to occur in child care settings or specific conditions. Providers may not inquire about conditions such as AIDS or HIV infection that have not been demonstrated to pose a direct threat.

What are some acceptable reasons for removing a child with disabilities from a child care program after he or she has been admitted?

If a child care provider has made reasonable efforts to meet the needs of a child with disabilities already in their program, but these cannot be

met, or the child continues to pose a direct threat to the health or safety of others, the child may be removed from the program. However, this decision must be made on an individual basis.

How does a child care provider cover the costs of providing special services to a child with a disability?

Child care providers may not charge parents of children with special needs additional fees to provide services required by the ADA. For example, if a center is asked to do simple procedures required by the ADA, like finger-prick blood glucose tests for children with diabetes, it cannot charge an extra fee to the child's parents. (The parents must provide all appropriate testing equipment, training, and special food necessary for the child). Instead, the provider must spread the cost across all families participating in the program. If the child care provider is providing services beyond those required by the ADA, like hiring licensed medical personnel to conduct complicated medical procedures, it may charge the child's family.

To help offset the cost of actions or services required by the ADA, such as architectural barrier removal, providing sign language interpreters, or purchasing adaptive equipment, tax credits and deductions may be available. Contact the ADA Information Line at 800-514-0301, for more details. Contact the Special Needs Child Care Project at 609-984-5321, for more information or for the Resource and Referral agency nearest you.

From the New Jersey Early Intervention System's *Transition Booklet*, available online at http://www.njeis.org/NJEI_trans.html.

Preschool Expansion *continued from cover*

as children move from preschool through grade three. While implementing a high quality program will have positive effects on participating children, preschool services must be planned with an eye toward future learning experiences. Coordinated programs that link preschool with the early elementary years and special education are crucial to obtaining positive outcomes for children. Districts' early childhood advisory councils will be set-up to think globally in order to maximize program impact during the childrens' early learning years.

What can parents do?

While the preschool expansion initiative is part of the state's new school funding formula, the FY 2010 state budget included no money for that expansion. School districts may use some of their dollars from the federal stimulus package for preschool, but only a handful will actually do so. School districts need to hear from parents and other people in the community that preschool expansion is critical to the educational success of students; and that the initiative provides preschoolers with disabilities increased opportunities to attend high quality, inclusive programs.

Getting Involved

- Learn the status of your district's Early Childhood Advisory Council and offer to participate.
- Ask your school district about its preschool expansion plan.
- Tell your school board that you support preschool expansion.
- Visit a quality, inclusive preschool classroom.
- Spread the word! Talk to other parents about the expansion.
- Stay informed! Check the following websites:

New Jersey Department of Education:
www.state.nj.us/education/ece

The Association for Children of New Jersey:
www.acnj.org

The Statewide Parent Advocacy Network:
www.spannj.org

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A Teachers Perspective: Accommodating All Children in the Early Childhood Classroom

The activities and materials used in most early childhood classrooms are designed to meet the needs of many children with or without disabilities. When they do not meet the specific needs of a child, they can be adapted or expanded in order to do so, thereby assisting children in compensating for intellectual, physical, or behavioral challenges. These modified materials allow children to use their current skills while promoting the acquisition of new skills. Adaptations can make the difference between a child merely being present in the class and a child being actively involved.

Developing adaptations and accommodations for a child with special needs is a continuous process that involves each child's collaborative team. The first step is to assess the child's abilities and the environment where the child will be spending time. Once the goals and objectives are identified and expectations for the child's participation in that environment established, the team selects or creates adaptations and accommodations that address those needs. Once implemented, their effectiveness should be assessed on an ongoing basis and revised, as needed.

To meet the specific needs of a child, changes may need to be made in one or more of the following instructional conditions. Remember, when the child can participate in an activity, as it is, no changes need to be made.

Instructional groupings or arrangements. For any given activity there are a number of instructional arrangements from which to choose: large groups, small groups, cooperative learning groups, peer partners, one-to-one instruction, and/or independent tasks.

Lesson format. The format of a lesson may be altered to meet the needs of a child by including more opportunities for full class discussions, games, role-playing, activity-based lessons, experiential lessons, demonstrations, and/or thematic lesson organization.

Teaching strategies. A change in teaching strategies can influence a child's ability to participate. Examples include simplifying directions, the addition of visual information and use of concrete materials/examples, sequencing learning tasks from easy to hard, repeated opportunities to practice skills, changes in the schedule of reinforcement, elaboration or shaping of responses, verbal prompts and/or direct physical assistance.

Curricular goals and learning outcomes. To match the needs of a child within the context of an activity, it may be appropriate to individualize learning objectives. This can often be accomplished using the same activities and materials. If children are working on a classification concept by sorting blocks, a child with a disability could

participate in the same activity, but focus on reaching, grasping, and releasing skills.

Adaptations to the method for responding. Sometimes children may understand a concept yet need an adaptation in the way they demonstrate that knowledge. Use of augmentative communication systems, eye gaze, and demonstrations may better allow a child to demonstrate his/her skills.

Environmental conditions. The environmental arrangement is an important aspect of any early childhood setting. Changes in lighting, noise level, visual and auditory input, physical arrangement of the room or equipment, and accessibility of materials are important considerations.

Modification of instructional materials. It is sometimes necessary to physically adapt instructional or play materials to facilitate a child's participation. Materials can be physically adapted by: increasing their stability using Dycem™ or Velcro™; augmenting their ease of handling by adding handles or making them larger; increasing their accessibility by developing a hand splint to hold materials, or attaching an elastic cord or string to objects so they can be easily moved or retrieved; or, improving their visual clarity or distinctiveness by adding contrast or specialized lighting.

Level of personal assistance. A child's need for assistance may range from periodic spot checks to close continuous supervision. Assistance may vary from day to day and be provided by adults or peers.

An alternate activity. This curricular adaptation should be used as a last choice when the above conditions cannot be used to meet a child's needs.

Reprinted from "Accommodating all Children in the Early Childhood Classroom," 2002, University of Kansas. 20 May, 2009. www.circleofinclusion.org/english/accommodating/index.html.

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Together from the Start: Preschoolers with Disabilities in Inclusive Settings

By Pamela Brillante and Liz Vaughan, New Jersey Department of Education

The preschool years are an exciting and promising time. A preschool child enters a classroom for the first time with a desire for learning and an eagerness for new friends. High quality early childhood programs welcome each child and recognize him or her as an individual.

An inclusive school community provides a positive foundation for both children with disabilities and their nondisabled peers. Lessons of diversity, acceptance, and mutual respect are part of the everyday educational experience. Recognizing that all students can learn together, regardless of strengths and needs, contributes to a school climate in which it is “fair” for teaching to be differentiated and for learning to occur with the benefit of a variety of supports.

In inclusive early childhood classrooms, a child with a disability has increased opportunities to interact with peers and learn and achieve new social, communicative, and adaptive skills, while participating in activities designed for all children. Providing young children with a high quality preschool educational experience is an important building block for future inclusive school opportunities, as well as a life of full inclusion within the community, workplace, and society.

Effective early childhood inclusive programs focus on curriculum selection that is guided by knowledge of child development and careful observation of the needs and interests of individual children. In order to maximize student participation and involvement, inclusive programs use a planned process by which instructional adaptations and modifications are embedded within daily routines and activities.

Research-based curriculum facilitates access to the preschool classroom for all children. Professionals working with young children in early childhood settings need an understanding that what is developmentally appropriate learning at this age is guided exploration of rich materials during activity-based opportunities with fellow peers. The process of identifying the needs of individual preschoolers, linking instruction to the early childhood curriculum, providing appropriate supports and program modifications, and evaluating child progress is a collaborative, team process. The family, early childhood staff, and the district’s child study team process work jointly to implement an inclusive program.

The New Jersey Department of Education, Office of Preschool and Office of Special Education Programs have been collaborating to promote high quality inclusive opportunities for preschool-aged children with disabilities. Through the ongoing collaboration of general education and special education school personnel, community partners, and families, early childhood classrooms throughout New Jersey are implementing inclusive practices that provide all children with educational, social, and emotional benefits.

As children, families, and school personnel experience the benefits of inclusive programs, and as districts merge resources, and increasingly use collaborative problem solving and innovative strategies to address each child’s unique needs, early childhood programs are realizing the vision, in which “All truly means All.”

Resources:

Division for Early Childhood Council for Exceptional Children:

<http://www.dec-sped.org>

New Jersey Department of Education:

<http://www.state.nj.us/education>

National Association for the Education of Young Children:

<http://naeyc.org>

National Early Childhood Technical Assistance Center:

<http://nectac.org>

Real Life Stories

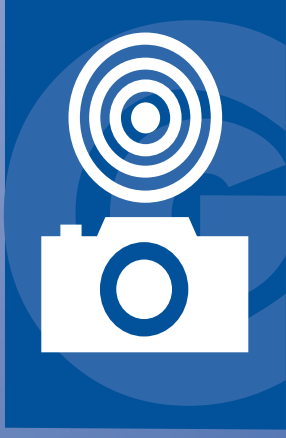
Michael is a four-year old child from northern New Jersey diagnosed with autism. The Individualized Education Program (IEP) team met to identify Michael’s strengths and needs. They approached the discussion first with the consideration of the district early childhood classroom that uses a high quality researched -based curriculum. The early childhood teacher led the discussion of the activities and routines of the preschool day. The team identified goals and objectives and specially designed instructional methods to meet Michael’s developmental, communication, and social needs that were to be embedded within these activities and routines. Once the program was implemented, the classroom staff, in collaboration with the school psychologist, collected and analyzed data on Michael’s progress in meeting the IEP goals and objectives. The data was used to inform classroom practices that would make Michael more independent. As a result, classroom supports originally specified in Michael’s IEP, were systematically decreased as he became more independent. This successful inclusive preschool experience was followed by Michael’s enrollment in the district’s general education kindergarten class with limited supports or services.

Three-year-old Emma lives with her family in southern New Jersey. She participates in a community child care center licensed by the New Jersey Department of Children and Families, where she is provided a preschool education in accordance with an IEP developed by the local district staff and her parents. Emma’s school district pays the child care center tuition using federal IDEA (Individuals with Disabilities Education Act) funds. At preschool, Emma’s program consists of weekly consultation between the district speech therapist and the childcare teacher that encourage Emma’s communication with peers throughout the day. Emma’s goals and objectives addressed her functional communication needs. Emma’s speech therapist and teacher have developed ways to embed specific strategies to encourage communication with peers throughout the routines of the day. Additionally, on a weekly basis, the speech therapist works directly with Emma while she plays with her peers during center time. Emma has been successful in this classroom, achieving most of her goals and making many friends.

In a third New Jersey school district, plans are in the approval process through the local school board to begin a preschool general education classroom. The district serves approximately five preschool children with disabilities every year. Next year, the district will use local funds to begin the district’s new general education preschool classroom, in which preschoolers with disabilities will be included along with their typically developing peers. IDEA funds will be used to provide specific supports and program enhancements to support students with disabilities. The district recently selected a research-based early childhood curriculum and is currently conducting ongoing professional development training of all administrative and classroom staff members involved. In anticipation of this new classroom, special education staff and parents will develop IEPs to address specific learning and behavioral strategies, environmental modifications, and the assistive technology that may be necessary for individual children to succeed.

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Early Childhood Education and Preschool for Children with Disabilities



SNAPSHOT

Preschoolers with Disabilities in New Jersey

Trends in Placement and Eligibility

1

In New Jersey in 2007, there were 18,360 children with disabilities ages 3-5 classified as eligible for special education. That same year, more than 9,000 infants and toddlers with disabilities received services through the New Jersey Early Intervention System.

2

Of IDEA-eligible three-year-olds, 2,300—or roughly 50 percent—were placed in separate classes or separate schools.

3

Of IDEA-eligible three-year-olds, 17 percent were placed with typical peers for 80 percent or more of the school day; of IDEA-eligible four-year-olds, 27 percent were placed with typical peers for 80 percent or more of the day; and of IDEA-eligible five-year-olds, 44 percent were placed with typical peers for 80 percent or more of the day.

4

Roughly 60 percent of IDEA-eligible three- to five-year-olds attend either a general

early childhood program or kindergarten for at least part of the school day.

5

37 percent of all preschoolers with disabilities ages 3-5 are placed in either a separate class (30 percent) or a separate school (7 percent).

6

Since 2002, there has been an increase of 2,249 students ages 3-5 classified as eligible for special education.

7

According to the Association for Children of New Jersey, nearly 50,000 children were enrolled in state funded preschool in 2007.

8

According to the Association for Children of New Jersey, there are more than 4,300 licensed childcare centers in New Jersey, with the capacity to serve more than 339,000 children, including those with disabilities.

Unless noted otherwise, data are from the New Jersey Department of Education, Office of Special Education Programs. Data from December 1, 2007, the most recent year for which data are available.