

The Perspectives of Professionals and Parents on Inclusion in Head Start Programs

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This study examined the perspectives of professionals and parents on part-time inclusive preschool Head Start programs that included both children with and without disabilities. The purpose of this study was twofold: (a) to examine parent and teacher perspectives of inclusion on the developmental outcomes of all children and (b) to investigate their perspectives on what constitutes a high quality inclusive program. Thirty Head Start and Early Childhood Special Education preschool teachers, as well as 30 parents of children with and without disabilities participated in this study. The major findings indicated that both parents and teachers strongly agreed that all children with disabilities should learn in the same environment with their classmates without disabilities. The majority of parents and teachers had positive attitudes toward inclusion and perceived there were social, emotional and academic benefits for all children in inclusive settings. However, some of the teacher and parent participants were concerned about possible isolation for children with disabilities. In addition, findings also indicated that inclusive programs were still lacking some essential elements of a high quality inclusion program. Implications for practitioners and future research are discussed.

Keywords: Head Start, Inclusion, Disabilities, Professionals, Parents

Inclusion refers to the process of placing children with disabilities in the same classes as their typically developing peers and providing them with the necessary services and supports. The goal of inclusion is not to have children with disabilities just share the same physical space as typically developing children, but rather to provide the most

effective natural learning environment for all children (Division of Early Childhood/National Association for the Education for Young Children, 2009; Sandall, Hemmeter, Smith, & McLean, 2005). Although written about since the passage of the Education for All Handicapped Children's Act (EHA) (1975) with its Least

Restrictive Environment principle, inclusion only emerged as a major service alternative for young preschool children and families in the 1990's due to the passage of the Individuals with Disabilities Education Act (1990), and still continues to have various issues such as high quality components in programs and sustainability (Odom, Buysse, & Soukakou, 2011).

Successful inclusion of young children with disabilities requires individualized curricular and instructional support from general educators as well as special educators. All teachers need to be well-trained, highly skilled and knowledgeable to effectively implement instruction across content areas for both children with and without disabilities (Guralnick, 2001), however to “unpack” (Synder, Hemmeter, & McLaughlin, 2011, p. 366) all the quality dimensions of professional development on the how's and what's is still a work in progress.

In addition to the critical importance of teachers' skills and attitudes, parents' attitudes are also instrumental to the successful inclusion of children with disabilities (Soodak & Erwin, 2000) and those without disabilities (Peck, Staub, Gallucci & Schwartz, 2004). The literature indicates that there is a wide range of opinion amongst parents related to the placement of children in educational settings (Erwin, Soodak, Winton, & Turnbull, 2001; Stoneman, 2001). Some parents prefer and advocate for inclusive placement (Soodak & Erwin, 2000), while others favor separate special education classrooms to meet the needs of their children with disabilities (Turnbull & Winton, 1983). If equivocal attitudes of parents and educators continue, this will most likely have an impact on the future of inclusion in early childhood programs and the rate at which it happens.

Lastly, despite the controversy about whether inclusion is beneficial or not for all children, there is a strong literature base

(although not recent) from the 1990's that documents the positive outcomes of inclusive education for young children with disabilities (Erwin et al., 2001); however, there is less recent evidence about the implementation of high fidelity programs on children with more severe disabilities including Autism Spectrum Disorder (ASD) (Strain, Schwartz, & Barton, 2011). We do know that including preschoolers with severe disabilities and typically developing peers in an integrated program is a complex, dynamic process involving more than merely placing all the children physically together in the same program (Demchak & Drinkwater, 1992). Certainly, under the right conditions, high quality inclusion is feasible and can be beneficial for all children with and without disabilities. However, issues found in the literature and concerns in practice still remain regarding the efficacy of inclusion on all children's progress and how to best do it (Odom et al., 2011; Synder et al., 2011; Wolery & Hemmeter, 2011). What we currently know from the last 12 years about inclusion and its impact on the developmental skills of all children with disabilities, perspectives of parents and educators, and dimensions of quality inclusive programs are presented first.

Global Outcomes of Children with Disabilities

In terms of all young children with and without disabilities learning in inclusive environments, we know less from recent empirical data about their overall developmental outcomes than the school age population. However, Holahan and Costenbader (2000) did conduct two studies to compare developmental progress for preschool children with disabilities in inclusive and special education day classrooms (SDC). The participants were matched on six different demographic variables, and 29 children attended inclusive

classrooms while 37 attended SDC classes. Twenty-seven were enrolled in half-day inclusive programs (3 hours per day) and 39 were enrolled in full-day ones (5 hours per day).

The results of Study 1 indicated non-significant group differences in the rates of developmental progress achieved by preschool children with disabilities between the inclusive and special education classrooms. Interestingly, Holahan and Costenbader (2000) did find some within group differences whereby the children with disabilities who were functioning at relatively higher levels of social and emotional development progressed at a slower rate in special education classrooms compared to those children functioning at relatively lower levels. This latter group of children performed equally well in inclusive and self-contained settings.

The findings of Study 2 indicated that children in full-day classrooms with greater developmental delays achieved higher rates of progress than their half-day similarly matched peers in the areas of social/emotional development and global developmental skills. There was also a positive association between the amount of related services received and the rate of progress in children's social, emotional, and self-help skills. However, for the total group no significant relationship was found between the amount of related services received and their overall global developmental gains.

Language and Social Competence in Children with Disabilities

In terms of examining language and social competence among preschoolers with disabilities, Rafferty, Piscitelli, and Boettcher (2003) conducted a qualitative and quantitative study that consisted of 96 preschoolers with disabilities attending a community-based inclusion program or segregated special education classrooms. The

Preschool Language Scale-3 (PLS-3) (Zimmerman, Steiner, & Pond, 1992) and the teacher version of the Social Skills Rating System (SSRS) (Gresham & Elliot, 1990) were administered as pre and posttests by teachers and Speech Pathologists. The school psychologists administered the Wechsler Preschool and Primary Scale of Intelligence-Revised (WPPSI-R) (Wechsler, 1989). Of the group, 49% children had severe disabilities and 51% had mild disabilities.

The findings indicated no significant differences between program type and degree of disability. However, for those with severe disabilities, children in inclusion programs had greater language and social posttest scores, but more problem behaviors than their peers in segregated classes. On the other hand, for children with milder disabilities, inclusion and segregated classes did not have a differential impact on either language or social competence posttest scores. Thus it seems that preschoolers in this study with less severe disabilities did not make greater gains in inclusive settings, and children with more severe disabilities did regarding language and social skills.

Inclusion Training and Children with Autism and Significant Disabilities

Crucial to the successful inclusion of young children with disabilities is the premise that benefits occur when they socialize with peers and actively engage in preschool activities; particularly when teachers have received some type of specialized training. In the study by Nelson, McDonnell, Johnston, Crompton, and Nelson (2007), the researchers examined the effects of a visual intervention strategy, *Keys to Play* (developed by the authors) on the play initiations of four young children with autism in inclusive preschool classes when interacting with their typical peers. The results of the study indicated that all of the target children with autism exhibited increases in play initiations, and all of them

displayed a significant increase of engagement time in playgroups. In addition, because the intervention strategies used visual supports to encourage verbal language, the data revealed increases in verbal initiations across target children as well.

In another intervention study by Kohler, Anthony, Steighner, and Hoyson (2001), the investigators explored seven naturalistic teaching strategies and their impact on the social interaction skills of four preschool children with autism with their peers. Four preschoolers with disabilities and 35 of their typically developing peers participated in this study. Four teachers participated in a 45-minute session with the preschool director and investigators to become familiar with the seven naturalistic strategies. Moreover, each teacher received daily feedback and assistance on how to use the strategies to facilitate social interaction among children. Kohler et al. findings indicated that although all the teachers were familiar with the seven naturalistic strategies each of them had little success in facilitating social interactions with the children during the initial baseline phase. However, after their teachers received daily technical assistance and feedback, all four children with autism did exhibit higher levels of social exchanges i.e., more social overtures to their teachers and classmates. Clearly, the daily support and feedback were instrumental in facilitating teachers skills as all of them reported they only had success increasing their children's social interactions after they received these specific types of assistance.

Kohler, Greteman, Raschke and Highman (2007) examined the impact of an intervention, the *Buddy Skills Package* on the social interaction between a preschooler with autism and her peers without disabilities in an experimental design study. The results of this intervention showed: (a) an increase of social overtures of the typical peers toward their playmate with autism; (b) the child with

autism also directed more overtures to her peers without direct teacher support; and (c) the children continued to engage in high levels of exchanges during a maintenance condition when teacher support was absent.

In terms of professional development (PD) just for staff, Schepis, Reid, Ownbey, and Clary (2003) conducted an experimental study at a community preschool serving 160 typically developing children and six children with severe disabilities. The participants were staff members and two target children, Child #1 and Child #2, and one control, Child #3, all with disabilities. The components of the staff-training program included a 90-minute training session, in which the staff person received from the experimenters a written description of the scenarios that were representative of the types of play interactions observed (or lack thereof) between children with disabilities and their peers during free-play activities in the classroom. The descriptions identified five strategies to promote *cooperative participation* during play, and videotaped segments depicting each play scenario and a strategy to promote *cooperative participation*. Another component of the training was that the staff received regular individualized feedback on their performance throughout the experiment. *Overall participation* and *cooperative participation* were also measured on the children.

Some results of Schepis's et al. (2003) study found that the baseline percentages for *overall participation* of Child #1 and Child #2 averaged 18% and 33%, respectively. The respective averages increased to 76% and 96% following implementation of the staff training program. However the average scores for *cooperative participation* with peers only increased from 1% and 3% to 43% and 74% for Child #1 and Child #2, respectively. Increases in *overall participation* occurred for both preschoolers with disabilities after their assigned staff

member received all the training and feedback. More importantly, increases occurred in *cooperative participation* for the two children when their respective staff persons were not available. In contrast, for the one control participant, Child #3, whose staff person did not receive training, no consistent increase in *cooperative participation* was found during the course of the investigation. It appears from this data that this systematic and individualized training program designed for staff during free-play time was an effective one for increasing *cooperative and overall participation* skills in children with severe disabilities.

What are Quality Inclusive Programs?

Attitudes. A qualitative study by Cross, Traub, Hutter-Pishgahi, and Shelton (2004) revealed four elements of successful inclusion programs for seven young preschool children with significant disabilities. This research focused on educational and therapeutic practices implemented by therapists, Early Childhood Special Education teachers (ECSE) and Early Childhood General Education (EC) teachers who supported inclusion for children with significant challenges. The participants were the group of individuals who provided services, supports and education to seven children and their families. The procedure to gather data involved interviews with the 43 participants, three to five observations of interactions between each child and the staff, and reviews of written records on each child. The results from the study found that all professionals who supported the decision to include children with significant disabilities had (a) optimistic attitudes toward inclusion, (b) acceptance of children with disabilities, and (c) motivation to build on children's strengths. They also became more encouraged when the children with disabilities made progress in their inclusive

classrooms. It seems that the more positive experiences professionals have with children with significant needs, the more positive their attitudes are toward inclusion.

Downing and Peckham-Hardin (2007) also found that the positive and caring attitudes of community childcare providers, parents and preschool teachers were essential in creating a learning environment where all children were accepted and valued. Some teachers reported that they were hesitant to include children with disabilities because they felt unprepared (i.e., inadequate training, lack of equipment, insufficient child-specific information) to meet the needs of these children in their programs. However, when given the appropriate supports and additional strategies, the teachers became more open to including children with special needs, even those with significant disabilities. More importantly, when these community-based providers experienced the positive influence they had on the growth and development of children with disabilities, their attitudes and beliefs towards inclusion changed in a promising way.

In terms of just parents of children who were typically developing, Peck et al. (2004) administered a survey to 659 parents on their perspectives of their typically developing children in classrooms with children with severe disabilities. The researchers distributed surveys to parents of typically developing children in grades kindergarten through 6th who were enrolled in one of 25 elementary classrooms in six different schools in the Pacific Northwest. Children with disabilities enrolled in these classrooms all had severe disabilities. In general, the findings indicated that 78% of parents viewed the inclusive experience as having no effect on their child's academic progress; 15% of the parents reported positive effects; and only 7% of them reported decreases in academic progress for their children.

Collaboration and teaming. The importance of partnerships between parents and service providers was a key finding in the study by Cross et al. (2004). Ongoing interpersonal communication was found to be one of the most critical elements of the study and was maintained through a variety of strategies. That is, parents and staff members that exchanged information and were open to each other's ideas and suggestions were reported as important. Moreover, staff members who used information from parents to guide them in determining meaningful routines and activities for the children was also important. In sum, Cross et al. found that successful inclusive programs were ones that addressed children's needs using their families' input and provided various types of informal and formal communication.

Similarly, Downing and Peckham-Hardin's (2007) qualitative study also reported that regular communication among parents, teachers and related service providers was crucial to the success of including children with disabilities in general education classrooms. The participants included parents of children with disabilities, general and special education teachers, and paraeducators. Over 400 hundred children were in inclusive programs and 45 of them had Individualized Educational Programs (IEPs), of which 18 of them had moderate to severe disabilities. It was interesting that not only was collaboration between teachers and parents found important for parents, but they also wanted to collaborate more closely with all the related service professionals as well i.e., speech and language pathologists and occupational therapists.

In sum, the importance of including families in the planning process and eliciting their feedback on a regular on-going basis should be a part of the ongoing school-home partnership.

Hunt, Soto, Maier, Liboiron and Bae (2004) also investigated the efficacy of a

general and special education collaborative teaming process regarding the educational and social progress of four preschoolers with significant disabilities in inclusion programs. Study 1 focused on three teams composed of early childhood and special education teachers, instructional assistants, speech-language therapists, and parents who supported a child with significant disabilities attending one of the three participating preschools. Five core members of the educational teams for the four preschoolers participated in the study and they developed Unified Plans of Support (UPS) for each child. Each UPS contained the following: (a) a list of educational supports, i.e., adapted materials; (b) communication supports to promote classroom participation, i.e., speech facilitation; and (c) social supports, i.e., a partner system to increase interaction with peers. Study 2 extended the collaborative teaming model to include all preschoolers with disabilities from Study 1 attending one of the preschool programs who required intensive levels of support. The focus of the Study 2 investigation was not only to evaluate the impact of the collaboration process on child outcomes but also to explore the efficacy of this UPS collaboration model.

The analysis of observational data from Study 1 indicated that the following changes occurred in the preschoolers' performances: (a) decreased levels of non-engagement in classroom activities, (b) decreased occurrences of working alone, (c) increased interactions between the target children and their classmates, and (d) increased child-initiated interactions with the teacher or peers (or reciprocity). Study 2 documented that the effectiveness of the general and special educators' collaborative teaming process with full parent participation, increased the educational and social progress (i.e., increased social-interactions and engagement time) of these four preschoolers with significant disabilities.

Environmental adaptations. Any change made to support a child's ability to develop, learn, and participate in the daily routines and activities of the general education setting is defined as adaptation (Cross et al., 2004) and this includes both modifications and accommodations. Successfully meeting the needs of children with disabilities in any setting depends upon the careful application of adaptations. In an earlier study by Demchak and Drinkwater (1992), their findings suggested that by modifying the physical environment for children with disabilities to interact more with their typically developing peers in play, and seating children with disabilities close to their typically developing peers could provide more natural opportunities for social interaction. This was similar to what Hunt et al. (2004) found in their study whereby educational adaptations and modifications were necessary in order to support the target children's full participation by decreasing non-engagement in small and large-group classroom activities and play.

Moreover, the findings from the study by Buysse, Skinner and Grant (2001) also echoed the importance of adaptation as an essential element to quality inclusive programs for children with significant disabilities. The results revealed that 84% of parents of typically developing children and 72% of parents of children with special needs reported the following two components of inclusion as important (a) adapting the general education environment in order to accommodate all individual needs, and (b) integrating related therapies and services into the daily classrooms' routines and activities. In sum, research has suggested special education teachers and general education teachers still have mixed opinions toward inclusion. Similarly, the literature base indicates that there is difference of opinion amongst parents related to inclusive placements and what components constitute a

high quality program. There is still not sufficient evidence -based training programs for professionals regarding inclusive program planning for all children including those with significant disabilities. In an attempt to close this research to practice gap, more research is warranted to better understand the perceptions and attitudes of parents along with general and special early educators in terms of all child outcomes and quality inclusive programs. In an attempt to address these issues, this study investigated the following three research questions:

1. What are the parent's perceptions of inclusion on their children's academic progress including their social/emotional development?
2. What are the attitudes of parents, general education teachers, and special education teachers toward inclusion of children with disabilities?
3. What do parents and teachers report as components of a quality inclusion program for all children?

Method

This descriptive study utilized a survey to examine the satisfaction levels and perspectives on inclusion of the following three groups: (a) early childhood preschool teachers (EC), (b) early childhood special education preschool teachers (ECSE), and (c) parents of children with and without disabilities in five Head Start Programs, and two all day special education preschool classes (SDC) in the South Bay of California. This study was approved by the Institutional Review Board at San Jose State University.

Participants

Parents. A convenience sample of 30 parents participated in this study. Specifically, there were 10 parents of children with severe levels of autism or orthopedic impairments, and 20 parents of typically

developing children between three and five years old. Parent participants included 80% female ($n = 24$) and 20% male ($n = 6$). In terms of parent educational levels, 18 (75%) had a 4 year bachelor's degree or some college, and 12 (25%) had graduated from high school or had some high school classes. Of the 10 parents with children with disabilities, seven had children with ASD, and three had children with orthopedic impairments.

Teachers. A convenience sample of 30 teachers, 83% females ($n = 25$) and 17% males ($n = 5$), participated in the study. Fifteen EC teachers worked at one of the five Head Start inclusion programs, and 15 were ECSE teachers teaching preschoolers with disabilities in one of the four SDC classes. All teacher participants had either a BA or MA degree. The majority of the 30 teachers (80%; $n = 24$) had one to ten years teaching experience, and 20% ($n = 6$) had 11 to 25 years of teaching experience.

All of these teachers (ECSE and EC) had professional development (PD) in a program called the *Inclusion Symposium* conducted by the Inclusion Collaborative (IC) Organization of Santa Clara County. It consisted of eight hours per month for a total of 32 hours of in-service training over a period of four months and six months of ongoing feedback with two visits per month for six months from an assigned IC inclusion coach for a total of 10 months of training. Other team members were involved in the training such as the teaching assistants and some related service professionals i.e., speech pathologists. They also met as a team once a month to discuss their inclusion program. All of this PD training occurred before the study began.

Setting

Head Start programs. The two Head Start classrooms that participated in this study offered part-day and full-day preschool and

family services. The Creative Curriculum (Dodge, Colker & Heroman, 2002) was used in the Head Start Programs. Although there are a variety of inclusion models in the early childhood field (Guralnick, 2001; Odom et al., 2011), inclusion is defined in this study as a blended model where all children have two teachers co-teaching, one ECSE teacher and one EC Head Start teacher, three teaching assistants, and assigned related services professionals who provided itinerant services during the morning inclusion sessions. The typically developing children were enrolled full day in two Head Start classrooms four days week and spent every morning session with children with disabilities in these two inclusive classrooms. The 10 children with disabilities attended one of these two Head Start inclusion programs 3 hours per day (part-time) in the morning 4 days per week. The seven children with ASD were in one class with 10 children who were typically developing. The three children with orthopedic disabilities attended a class with 17 children who were typically developing. Head Start Programs instruct children four days per week; therefore, the 10 children with disabilities attended their special education class all day on Mondays for 5.5 hours and 2.5 hours per day for the remaining four days of the week. In short, the children with disabilities spent 12 hours per week in their inclusion program and 15.5 hours per week in their special education program.

Surveys

The first author developed (a) one survey for both groups of parents of children with and without disabilities, and (b) one survey for the general and special education teachers. To establish the content validity of the survey, the questions in the parent and teacher surveys were derived from a review of educational journals published between 1977 and 2007.

Parent survey. The parent survey consisted of two sections with a total of 40 questions. Section one included 14 questions that consisted of four fill in the blank questions and 10 forced-choice type questions. Section two included 26 questions in a 5-point Likert scale format on parent perspectives of including children with and without disabilities in general education classrooms, and one open-ended question.

Teacher survey. The teacher survey consisted of two sections with a total of 30 questions. Section one included four forced-choice questions and Section two consisted of 26 questions in a 5-point Likert scale format regarding teacher perspectives on inclusion with one open-ended question.

Field Testing of Surveys

The test pilot of the parent and teacher survey questionnaires was conducted by having a EC Head Start teacher, a parent of a child with a disability and a parent of a typically developing child complete surveys and provide feedback. Lastly, to warrant reliability, specific instructions were given in person by the first author to these individuals before completing the survey. The overall suggestions from the EC teacher and parents were adding definitions for acronyms and eliminating any special education jargon. Appropriate revisions were made according to these suggestions, and these individuals were not included in the study's sample of participants.

Data Collection Procedures

The surveys and consent forms were distributed to parents of children without disabilities at the monthly Head Start parent meetings. For the 10 parents of children with disabilities, a survey packet was sent to their homes with instructions to complete and return the survey within one week. The surveys and consent forms were also distributed to all teachers at their staff

meetings, and returned to the researcher at the end of the meetings.

Results

Data Analysis

Both quantitative and content analyses were utilized in this study. Specifically, descriptive statistics (i.e., percentage scores) were used to analyze agreement and satisfaction levels of 30 parents and 30 teachers using the 5 point Likert scale questions on the surveys. For both groups of participants, total scores were collapsed from the Likert rating scale anchors and reported as one percentage score for *strongly agree* (5 rating) and *agree* (4 rating), one percentage score for *strongly disagree* (2 rating) and *disagree* (1 rating), and one percentage score for the rating of three which indicated *neither agree nor disagree*. Within group percentage scores are also reported for the two groups of teachers by years of teaching experience, i.e., those with 11 to 25 years (n=6) and those with 10 years or less (n=24). The percentage scores are reported in one of the three categories: (a) *agree*, (b) *disagree*, and (c) *neither agree nor disagree*. The following quantitative content analysis process was utilized to analyze the responses of the open ended question on both surveys: (a) response from common questions on each survey were typed word for word, (b) responses were read and re-read, and assigned an initial by categories, so that a more thorough analysis could be made, and (c) frequency counts and percentages were obtained and reported for each category (Gall, Gall, & Borg, 2010).

All Parents' Perspectives on Social and Emotional Development

When all 30 parent participants were asked about their overall satisfaction regarding their child's emotional development in the inclusive program, 100% *agreed* they were satisfied. Similarly, when both groups of parents were asked about the emotional

development of their child, 97% (n = 29) *agreed* that their child's emotional development has been nurtured; however, one parent *neither agreed nor disagreed* with the statement.

Regarding parents' perception of their child's social needs, again 100% (n = 30) of the parents *agreed* that their child's social needs were best met in an inclusive classroom. One of the themes that emerged from the content analysis was the benefits for children who were typically developing. For example, "Our daughter has become more accepting of other children." When parents

were asked whether all children benefited socially from having children with disabilities in their child's class, 87% (n = 26) *agreed*, 7% (n = 2) *neither agreed nor disagreed*, and 7% (n = 2) *disagreed* there were social benefits from having children with disabilities in the classroom. Another example of a parent commenting on the social benefits of inclusion was, "They are all learning you do not have to be perfect to be valuable." Table 1 presents parent responses to the individual survey items related to their child's social and emotional outcomes.

Table 1

Parent Perceived Social and Emotional Outcomes by Item and Group Percentage Agreement

Survey Items	Agreement (n)	Disagree (n)	Neutral (n)
1. I am very satisfied with the child's emotional development.	100 (30)	---	---
2. In my child's current classroom placement, the emotional development of my child has been nurtured.	97 (29)	---	3.3 (1)
3. My child's social needs can be met <i>best</i> in an inclusion classroom.	100 (30)	---	---
4. My child can benefit socially from having student with disabilities in his/her class.	87 (26)	7 (2)	7 (2)

Note. n = number of participants; Neutral= neither Agree nor Disagree; --- indicates zero frequency.

All Parents' Perspectives on Academic Outcomes

When parents were questioned about their overall satisfaction with their child's academic progress, 100% or all 30 *agreed* they were satisfied with their child's progress. Likewise, when the parent participants were asked whether children with typical

development could academically benefit from having peers with disabilities in their class, 80% or 24 *agreed*, 13% (n = 4) *neither agreed nor disagreed*, and 7% (n = 2) *disagreed* there were academic benefits. Lastly, when inquired about whether children with disabilities would develop academic skills at a faster rate in regular inclusive classrooms than in special day classes (SDC),

57% (n = 17) of the parents *agreed*, 37% (n = 11) *neither agreed nor disagreed*, and 7% (n = 2) of the parents *disagreed* children with disabilities would develop academic skills more rapidly in an inclusion setting. One parent of a child with autism wrote, “Since

my child attended the inclusion class, he recognizes the alphabet and can identify some colors. He’s proud of himself and enjoys school.” Table 2 presents parent responses to the individual survey items related to children’s academic outcomes.

Table 2

Parent Perceived Academic Outcomes by Item and Group Percentage Agreement

Survey Items	Agreement (n)	Disagree (n)	Neutral (n)
1. I am very satisfied with the child's academic progress.	100 (30)	---	---
2. My child can benefit academically from having a student with disabilities in class.	80 (24)	7 (2)	13 (4)
3. Students with disabilities will probably develop academic skills more rapidly in regular classrooms than special classrooms.	57 (17)	7 (2)	37 (11)

Note. n = number of participants; Neutral= neither Agree nor Disagree; --- indicates zero frequency.

All Teachers’ Perspectives on Social and Emotional Development

When both Head Start and ECSE teachers were queried about the nurturing of children’s emotional development in the inclusive classroom, 93% (n = 28) *agreed* that their children’s emotional development has been nurtured, and 7% (n = 2) of the teachers *neither agreed nor disagreed* with the statement. For the group of teachers with 10 or less years of teaching experience, 92% (n = 22) *agreed* that children’s emotional development has been nurtured, and 8% (n = 2) of the teachers *neither agreed nor disagreed* with the statement. For the teachers with more than 10 years of teaching experience, 100% (n = 6) *agreed* that children’s emotional development has been nurtured in the inclusive classroom.

However, when all 30 teachers were questioned about their overall satisfaction regarding their students’ emotional development, 83% (n = 25) *agreed*, 13% (n = 4) *neither agreed nor disagreed*, and 4% (n = 1) *disagreed* they were satisfied with their emotional development. To support the high level of satisfaction, one Head Start teacher reported, “Students who are educated in inclusion classrooms had a greater number of interactions and social contacts with students without disabilities.” Another Head Start teacher wrote, “Students with disabilities have more lasting social relationships with students without disabilities.” For the group of 24 teachers with 10 or less years of teaching experience, 83% (n = 20) *agreed* that children’s emotional development has been nurtured, 13% (n = 3) of the teachers *neither agreed nor disagreed* with the statement, and 4% (n = 1) *disagreed*. For the group of six

teachers with more than 10 years of teaching experience, 83% (n = 5) *agreed*, and 17% (n = 1) of the teachers *neither agreed nor disagreed* that children's emotional development has been nurtured in the inclusive classroom.

Regarding the social needs of children, 87% (n = 26) of the 30 teachers *agreed*, 10% (n = 3) of teachers *neither agreed nor disagreed*, and only one teacher *disagreed* inclusion classes met the social needs of children. For the group of 24

teachers with 10 or less years of teaching experience, 88% (n = 21) *agreed* that children's social needs were met, 4% (n = 1) *disagreed*, and 8% (n = 2) of the teachers *neither agreed nor disagreed*. For the group of six teachers with more than 10 years of teaching experience 50% (n = 3) *agreed*, 33% (n = 2) of the teachers *neither agreed nor disagreed*, and 17% (n = 1) *disagreed* that children's social needs were met in the inclusive classroom.

Table 3

Teacher Perceived Social and Emotional Outcomes by Item and Group Percentage Agreement

Survey Items	Agreement (n)	Disagree (n)	Neutral (n)
1. In my children's current classroom placement, the emotional development of my children have been nurtured.	93 (28)	---	7 (2)
2. I am very satisfied with the children's emotional development.	83 (25)	4 (1)	13 (4)
3. My children's' social needs can be met best in an inclusion classroom.	87 (26)	3 (1)	10 (3)
4. My children can benefit socially from having a child with disabilities in class.	90 (27)	---	10 (3)

Note. n = number of participants; Neutral= neither Agree nor Disagree; --- indicates zero frequency.

Moreover, when all the teachers were asked whether there were social benefits to having a student with disabilities in class, 90% (n = 27) *agreed*, and 10% (n = 3) *neither agreed nor disagreed* there were social benefits of having children with disabilities in these general education classrooms. To support the high percentage of agreement a Head Start teacher wrote, "Not only do children become more aware of disabilities, I believe that participation in an inclusive

classroom promotes children's appreciation for diversity and enhances the development of their prosocial skills." For the group of 24 teachers with 10 or less years of teaching experience, 92% (n = 22) *agreed* that there were social benefits and 8% (n = 2) of the teachers *neither agreed nor disagreed*. For the group of six teachers with more than 10 years of teaching experience 100% (n = 6) *agreed*. Table 3 presents all teachers responses to the individual survey items

related to children's social and emotional outcomes.

All Teachers' Perspectives on Academic Outcomes

Indeed, when the teachers were questioned about their overall satisfaction of children's academic progress, 83.3% (n = 25) *agreed*, 13.3% (n = 4) *disagreed*, and 3.3% (n = 1) *neither agreed nor disagreed* they were satisfied with their children's academic progress. For the group of 24 teachers with 10 or less years of teaching experience, 88% (n = 21) *agreed*, 8% (n = 2) *disagreed*, and 4% (n = 1) of the teachers *neither agreed nor disagreed*. For the group of six teachers with more than 10 years of teaching experience 83% (n = 5) *agreed* and 17% (n = 1) of the teachers *disagreed* that they were satisfied with children's academic progress.

Likewise, 83.3% (n = 25) of the

teachers *agreed*, 13.3% (n = 4) *neither agreed nor disagreed*, and 3.3% (n = 1) *disagreed* that academic benefits occurred due to the inclusive learning environment. For example, one ECSE teacher wrote, "I have seen placement in inclusion programs lead to academic gains for students with disabilities, including mastery of Individualized Education Program (IEP) goals, on-task behavior, more positive interactions with peers, and motivation to learn." For the group of 24 teachers with 10 or less years of teaching experience, 83% (n = 20) *agreed*, 13% (n = 3) of the teachers *neither agreed nor disagreed*, and 4% (n = 1) *disagreed* there were academic benefits from having a student(s) with disabilities in the general education classrooms. For the group of six teachers with more than 10 years of teaching experience, 100% (n = 6) *agreed* that academic benefits occurred due to inclusion.

Table 4

Teacher Perceived Academic Outcomes by Item and Group Percentage Agreement

Survey Items	Agreement (n)	Disagree (n)	Neutral (n)
1. I am very satisfied with the children's academic progress.	83.3 (25)	13.3 (4)	3.3 (1)
2. Typical children can benefit academically having a child with disabilities in class.	83.3 (25)	3.3 (1)	13.3 (4)
3. Children with disabilities will probably develop academic skills more rapidly in gen.ed. classrooms than special classrooms.	37 (11)	27 (8)	37 (11)

Note. n = number of participants; Neutral= neither Agree nor Disagree; --- indicates zero frequency.

In addition, when teachers were asked whether students with disabilities developed academic skills more rapidly when they attended inclusive programs, 37% (n = 11)

neither agreed nor disagreed, 37% (n = 11) *agreed*, while 27% (n = 8) *disagreed*. The responses suggest there is division among general and special educators whether

children would develop academic skills more rapidly in the general education classrooms or special education classes. For the group of 24 teachers with 10 or less years of teaching experience, 38% (n = 9) of the teachers *neither agreed nor disagreed*, 33% (n = 8) *agreed*, and 29% (n = 7) *disagreed*. For the group of six teachers with more than 10 years of teaching experience 50% (n = 3) *neither agreed nor disagreed*, 33% (n = 2) *agreed*, and 17% (n = 1) *disagreed* that academic skills increased at a faster rate in inclusion programs. Table 4 presents all 30 teacher responses to the individual survey items related to children's academic outcomes.

All Parents' Attitudes on Children in Inclusive Settings

All 30 parent participants *agreed* that inclusion would likely prepare children with disabilities to function better overall in the real world than those who did not attend programs with children who are typically developing. A parent of a child with autism reported, "Students with severe disabilities educated in general education classrooms had more social contacts and richer friendship networks that included peers without disabilities and provided and received more social support than their peers who were educated in self-contained classrooms." Again, all 30 parents *agreed* there were specific benefits of inclusion on classmates without disabilities as well. For example, one Head Start parent wrote, "Inclusion programs helped my child understand individual differences in physical appearance and behavior, the connection between their experiences and the feelings of students with disabilities, and the worth of their peers."

When parents were asked whether inclusion provided children with disabilities

opportunities to be actively involved in non-academic activities with peers, again 100% (n = 30) *agreed*. Additionally, all parents reported in strong agreement that inclusion enhanced the awareness of individual differences in all children. Examples of written comments made by parents were: "Kids without disabilities learn so much from kids with disabilities" and "All students whether they are disabled or not need to be aware of each other." Furthermore, when parents were asked about inclusion having a positive impact on the self-esteem of their child, 83% (n = 25) *agreed*, and 17% (n = 5) *neither agreed nor disagreed* that inclusion promoted positive self-esteem in their children.

Specifically, when parents were asked whether their child's education would be compromised by having children with disabilities in class; an overwhelmingly majority of 87% (n = 26) of them *disagreed* that their child's education would be negatively influenced; however, 13% (n = 4) of the parents did have some concerns. One Head Start parent wrote, "My child's academic performance was not affected in any way because he was in an inclusion program." Similarly, when parents were questioned whether inclusion would specifically negatively impact the emotional development of their child, a great number of them, 83.3% (n = 25) *disagreed*, 13.3% (n = 4) *neither disagreed nor agreed*, and 3.3% (n = 1) *agreed* with this negative statement. One parent of a child with typical development wrote, "Since my child has been enrolled in Head Start inclusion program, she has increased her tolerance of individual differences. It has helped her become more accepting of children with disabilities."

Table 5

Parent Attitudes about Inclusion by Item and Group Percentage Agreement

Survey Items	Agreement (n)	Disagree (n)	Neutral (n)
1. Inclusion is more likely to prepare children with disabilities for the real world.	100 (30)	---	---
2. Inclusion is more likely to prepare classmates without disabilities for the real world.	100 (30)	---	---
3. Inclusion provides children with disabilities a chance to participate in a variety of activities.	100 (30)	---	---
4. In inclusion, children without disabilities are more likely to learn about differences.	100 (30)	---	---
5. Inclusion is more likely to make children with disabilities feel better about themselves.	83 (25)	---	17 (5)
6. My child's education would be compromised by having a child with disabilities in his/her class.	---	87 (26)	13 (4)
7. My child's education would be compromised by having a student with severe disabilities in his/her class.	3.3 (1)	86.6 (26)	10 (3)
8. Inclusion is likely to hurt the emotional development of the child with disabilities.	3.3 (1)	83.3 (25)	13.3 (4)
9. The children with disabilities will be socially isolated by regular classroom students.	16.6 (5)	36.6 (11)	46.6 (14)

Note. n= number of participants; Neutral= neither Agree nor Disagree; --- indicates zero frequency.

Interestingly, when parents were asked about whether or not children with disabilities were socially isolated in inclusive classes, 46.6% (n = 14) of them responded *neither agree nor disagree*, 36.6% (n = 11) *disagreed*, and 16.6 % (n = 5) *agreed* about possible social isolation. One parent of a child with autism wrote, "I am always worried whether the other kids would play with my son since he does not know how to

play with kids". Table 5 presents parents responses to the survey items related to their attitudes.

All Teachers' Attitudes on Children in Inclusive Settings

When teachers were asked whether inclusion was likely to prepare children with disabilities and without disabilities for the real world, 93% (n = 28) *agreed*, and 7% (n = 2)

neither agreed nor disagreed to the question. For the group of 24 teachers with 10 or less years of teaching experience, 96% (n = 23) *agreed* and 4% (n = 1) of the teachers *neither agreed nor disagreed*. For the group of six teachers with more than 10 years of teaching experience 100% (n = 6) *agreed*. Also 100% (n = 30) of teachers *agreed* that inclusion provided opportunities for students to be involved in a variety of activities, not just academic ones and thus was beneficial. An ECSE teacher reported, "Inclusion gave the children opportunities to accept, understand, and tolerate individual differences." Another ECSE teacher wrote, "Being in the Head Start classrooms resulted in positive outcomes for children with disabilities, particularly in terms of social and interpersonal skills."

Furthermore, when teachers were queried whether students without disabilities were likely to learn about individuals who were different, 96% (n = 29) *agreed*, and 3% (n = 1) *neither agreed nor disagreed* that inclusive programs would enhance individual awareness among children. For the group of 24 teachers with 10 or less years of teaching experience, 100% (n = 24) *agreed*. For the group of six teachers with more than 10 years of teaching experience, 66.6% (n = 4) *agreed*, 16.6% (n = 1) of the teachers *disagreed*, and 16.6% (n = 1) of the teachers *neither agreed nor disagreed*.

When teachers were questioned whether the inclusion experience would improve the self-esteem of children with disabilities, the majority of the teachers, 83.3% (n = 25) *agreed* the experience would be positive; however, 13.3% (n = 4) *neither agreed nor disagreed*, and 3.3% (n = 1) *disagreed*. For the group of 24 teachers with 10 or less years of teaching experience, 88% (n = 21) *agreed*, 8% (n = 2) of the teachers *neither agreed nor disagreed*, and 4% (n = 1) *disagreed*. For the group of six teachers with more than 10 years of teaching experience,

83% (n = 5) *agreed* and 17% (n = 1) of the teachers *neither agreed nor disagreed*.

When teachers were asked whether children's educational progress would be compromised by having children with mild or severe disabilities in class, 90% (n = 27) *disagreed*; however, 10% (n = 3) of the teachers did indicate concerns. For the group of 24 teachers with 10 or less years of teaching experience, 92% (n = 22) *disagreed*, 4% (n = 1) *agreed*, and 4% (n = 1) of the teachers *neither agreed nor disagreed*. For the group of six teachers with more than 10 years of teaching experience, 66.6% (n = 4) *disagreed*, 16.6% (n = 1) *agreed*, and 16.6% (n = 1) of the teachers *neither agreed nor disagreed*. When teachers reported on the impact of the emotional well-being of children with disabilities, the majority of the teachers, 66.6% (n = 20) *disagreed* that inclusion was likely to negatively influence these children's emotional development, 20% (n = 6) *neither agreed nor disagreed*, and 13.3% (n = 4) *agreed* with the negative statement. For the group of 24 teachers with 10 or less years of teaching experience, 79% (n = 19) *disagreed* and 21% (n = 5) of the teachers *neither agreed nor disagreed*. For the group of six teachers with more than 10 years of teaching experience, 50% (n = 3) *disagreed*, 33% (n = 2) *agreed*, and 17% (n = 1) of the teachers *neither agreed nor disagreed*.

With regards to social isolation, 66% (n = 20) teachers *disagreed* that children with disabilities would be socially isolated, and the remaining 33% (n = 10) of them did express possible social isolation concerns. Although the numbers of concerned teachers are small, it is worth mentioning. One Head Start teacher expressed concerns due to time and resources; she wrote, "I often don't have the time, expertise, training, or resources to implement inclusion effectively." For the group of 24 teachers with 10 or less years of teaching experience, 71% (n = 17) *disagreed*,

21% (n = 5) *agreed*, and 8% (n = 2) of the teachers *neither agreed nor disagreed*. For the group of six teachers with more than 10 years of teaching experience, 50% (n = 3) *disagreed*, 33% (n = 2) *agreed*, and 17% (n = 1) of the teachers *neither agreed nor disagreed*. Table 6 presents all teacher responses to the individual survey items related to their inclusion attitudes.

Dimensions of Quality Inclusive Programs: Perspectives of Parents

The majority of the parent participants, 93% (n = 28) *agreed* that children with disabilities needed to learn with their classmates without disabilities; however, 7% (n = 2) of the parents *neither agreed nor disagreed*. The themes that emerged for support of this finding included (a) more appropriate role models, (b) use of natural supports, (c) more conversational partners, and (d) typical peers were motivators for children with disabilities. The following quote from a parent highlights why this aspect of an inclusive program was deemed highly important. "Kids are his champions. One of the teachers was telling me that the therapist was working with (student) while he was trying to walk and the PT was trying to intervene and do stuff for him and one of the friends said, "no, no, no, he can do that." And as soon as he heard the peer telling him that he could do it, he did it. It's like they motivate him and they support him in such a huge way."

When the parents reported on curricular adaptations to meet the needs of those children with disabilities, 93.3% (n = 28) of the parents *agreed*, 3.3% (n = 1) *neither agreed nor disagreed*, and only one parent *disagreed* that adaptations were necessary to meet the specialized needs of their children. Furthermore, when parents were questioned specifically about their overall satisfaction with the amount of individualized time their children had with teachers, 90% (n = 27) *agreed*; however, 10% (n = 3) *neither agreed nor disagreed* they were satisfied with the amount of individual time. Likewise, when parents were asked whether children with disabilities received enough individualized instructional support, 93.3% (n = 28) of them *agreed*, 3.3% (n = 1) *neither agreed nor disagreed* and 3.3% (n = 1) *disagreed* their child received enough individual support. Despite the fact that the majority of the parents expressed overall satisfaction with the amount of individualized time and instructional support for their children, some parents did express concerns. One parent of a child with orthopedic impairment wrote, "It is always easy to teach those who do not have problems. Some teachers do not want to be bothered with problems—disabilities." Another parent of a child with autism reported, "Their training is different, so is their expertise. Not all regular education teachers want to teach special education students."

Table 6

Teacher Attitudes about Inclusion by Item and Group Percentage Agreement

Survey Items	Agreement (n)	Disagree (n)	Neutral (n)
1. Inclusion is more likely to prepare children with disabilities for the real world.	93 (28)	---	7 (2)
2. Inclusion is more likely to prepare classmates without disabilities for the real world.	93 (28)	---	7 (2)
3. Inclusion provides children with disabilities a chance to participate in a variety of activities.	100 (30)	---	---
4. In inclusion, children without disabilities are more likely to learn about differences.	97 (29)	---	3 (1)
5. Inclusion is more likely to make children with disabilities feel better about themselves.	83.3 (25)	3.3 (1)	13.3 (4)
6. Typical child's education would be compromised by having a child with mild disabilities in his/her class.	10 (3)	90 (27)	---
7. Typical child's education would be compromised by having a student with severe disabilities in his/her class.	10 (3)	90 (27)	---
8. Inclusion is likely to hurt the emotional development of the child with disabilities.	13.3 (4)	66.6 (20)	20 (6)
9. The children with disabilities will be socially isolated by general education children.	33 (10)	67 (20)	---

Note. n= number of participants; Neutral= neither Agree nor Disagree; --- indicates zero frequency.

In terms of collaboration with team members, 93.3% (n = 28) of the parent participants *agreed* that the availability of specialists and support staff to all children was adequate. Nonetheless, a small number of parents, 3.3% (n = 1) *neither agreed nor disagreed*, and 3.3% (n = 1) *disagreed* there were enough specialist and staff to adequately meet the needs of children. Hence, some written comments from parents of children

with disabilities suggested that support for inclusion was conditional. A parent of a child with orthopedic impairment wrote, "So much depends on the individual teacher, the programming, and attitudes of the administration and the district as a whole." Likewise, a parent with a child with autism wrote, "It depends on the school system—we moved seven times." Table 7 presents parent responses to the individual survey items

related to the dimensions of quality inclusive programs.

Dimensions of Quality Inclusive Programs: Perspectives of Teachers

Similar to the parent participants, 97% of all teachers (n = 29) *agreed* that children

with disabilities should be given every opportunity to learn in the general education classroom setting; however, 3% (n = 1) *neither agreed nor disagreed*. For the group of 24 teachers with 10 or less years of

Table 7

Parent Dimensions of Inclusion by Item and Group Percentage Agreement

Survey Items	Agreement (n)	Disagree (n)	Neutral (n)
1. Students with disabilities should be given every opportunity to function in the regular classroom setting where possible.	93 (28)	---	67 (2)
2. In my child's current classroom placement, the curriculum has been adapted to meet the individual needs of my child.	93.3 (28)	3.3 (1)	3.3 (1)
3. I am very satisfied with the amount of time the child has individually with the teacher.	90 (27)	---	10 (3)
4. In my child's current classroom placement, the instruction has been adapted to meet the individual needs of my child.	93.3 (28)	3.3 (1)	3.3 (1)
5. In my child's current classroom placement, the availability of specialists and aides to all children has been adequate to meet the needs of my child.	93.3 (28)	3.3 (1)	3.3 (1)

Note. n= number of participants; Neutral= neither Agree nor Disagree; --- indicates zero frequency.

teaching experience, 96% (n = 23) *agreed* and 4% (n = 1) of the teachers *neither agreed nor disagreed*. For the group of six teachers with more than 10 years of teaching experience 100% (n = 6) *agreed*. The following quote from an ECSE teacher stressed the importance of peer modeling for children with disabilities. "He needs peer models...He learns so much from them. He learns more from them than he does from me or the paraeducator because that's what kids look at.

I think primarily, it's like--what are my friends doing? And sometimes we'll use that as a cue "where are your friends now?"

The majority of teachers reported the importance of differentiated instruction and curriculum modification as important aspects of quality inclusive program for all children not just those with disabilities, but rated their levels of satisfaction and agreement lower and disagreements levels higher than the parents. That is, when teachers were

questioned whether the curriculum had been adapted to meet children's individual needs, 87% (n = 26) *agreed* and 13% (n = 4) *disagreed*. For the group of 24 teachers with 10 or less years of teaching experience, 83% (n = 20) *agreed* and 17% (n = 4) *disagreed*. For the group of six teachers with more than 10 years of teaching experience 100% (n = 6) *agreed*.

Similarly, when teachers were asked about their overall satisfaction with the amount of time the students met individually with the teacher, 83% (n = 25) *agreed*, and 17% (n = 5) teachers *disagreed* they were satisfied with the individualized time children received in inclusive classrooms. For the group of 24 teachers with 10 or less years of teaching experience, 79% (n = 19) *agreed* and 21% (n = 5) *disagreed*. For the group of six teachers with more than 10 years of teaching experience, 100% (n = 6) *agreed*.

Furthermore, when teachers were asked whether differentiated instruction was available to address children's needs, 80% (n = 24) *agreed*, and 20% (n = 6) *disagreed* individual support was available for all children who needed it. For the group of 24 teachers with 10 or less years of teaching experience, 88% (n = 21) *agreed* and 12% (n = 3) *disagreed*. For the group of six teachers with more than 10 years of teaching experience, 67% (n = 4) *agreed* and 33% (n = 2) of the teachers *disagreed*. Written comments from the Head Start teachers showed their willingness to be more receptive to inclusion. One teacher wrote, "When I received the trainings and support, I gained confidence to work with students with disabilities. This resulted in positive attitudes toward the placement of students with disabilities in my classroom." Another Head Start teacher wrote, "Once I realized the impact I have as a positive role model for students, I felt confident and proud in my ability to teach and be open to change and the willingness to modify my instructional

techniques to promote the learning of *all* children in my class."

Lastly, a dimension of quality inclusive program for all students requires collaboration amongst team members as reported in previous research (Cross et al., 2004). When teachers reported on the availability of related service specialists and support staff, 90% (n = 27) teachers *agreed* that the availability of related service specialist and support staff had been adequate to meet the needs of all the children. However, 10% or three teachers *disagreed* and that there were not enough adequate specialists and staff to support children's needs. For the group of 24 teachers with 10 or less years of teaching experience, 88% (n = 21) *agreed* and 12% (n = 3) *disagreed*. For the group of six teachers with more than 10 years of teaching experience, 100% (n = 6) *agreed*. Table 8 presents all teacher responses to the individual survey items related to the dimensions of quality inclusive programs.

Discussion

The key findings of the study indicated the majority of the parents were generally satisfied with their children's academic progress including social and emotional development in the inclusive classrooms. Additionally, both groups of parents and teachers strongly agreed that children with disabilities should be given every opportunity to learn together in EC general education classrooms, and that there were academic and emotional benefits for both groups of children in these inclusive settings along with some social isolation concerns for the children with disabilities. Also when the group teacher scores were examined by years of experience, there were no within group score differences in terms of levels of agreement. Moreover, the within group agreement scores for teachers were the same as the total group teacher scores.

Therefore, the teacher responses are discussed in terms of their overall group scores. Lastly, the participants reported that there needs to be more open communication and collaboration among all members of the team, not just the lead teachers, to ensure that all children are receiving the individualized attention they need in these large inclusive classrooms.

Academic Benefits

Both parent and teacher participants reported an overall high level of satisfaction with children's academic progress. Similarly, a vast majority of the parents as well as teachers agreed there were academic benefits from having peers with disabilities in class.

These findings were similar to the findings of Downing and Peckham-Hardin (2007) study which reported that placement in inclusion classrooms did not interfere with the academic performance of children without disabilities. Also Buysse et al.'s (2001) study found that all directors and the majority of parents and teachers reported benefits such as improved development and learning in children with disabilities. Peck et al. (2004) also found that the majority of parents of typically developing children viewed their children's experience of being in an inclusive classroom as having no negative effect on their academic progress.

Table 8

Teacher Dimensions of Inclusion by Item and Group Percentage Agreement

Survey Items	Agreement (n)	Disagree (n)	Neutral (n)
1. Students with disabilities should be given every opportunity to function in the regular classroom setting where possible.	97 (29)	---	3 (1)
2. The curriculum has been adapted to the individual needs of children with disabilities.	87 (26)	13 (4)	---
3. I am very satisfied with the amount of time child w/disabilities has individually with the teacher.	83 (25)	17 (5)	---
4. Differentiated instruction has been adapted to meet the individual needs of child w/disabilities.	80 (24)	20 (6)	---
5. The availability of specialists and aides to all children has been adequate to meet the needs of child w/disabilities	97 (27)	10 (3)	---

Note. n= number of participants; Neutral= neither Agree nor Disagree; --- indicates zero frequency.

Although the findings in this study found parents and teachers were generally

satisfied with their children's academic progress, there were apparent differences in

scores between parents and teachers regarding whether or not academic skills would increase at a faster rate in general early education classrooms compared to special education ones. That is, 50% of the parents believed children with disabilities developed academic skills more rapidly in inclusive classrooms than in SDC ones; however, 37% of the parents were undecided. Additionally, the majority of teachers neither agreed nor disagreed that children with disabilities would gain academic skills more rapidly in inclusive versus special education classrooms. It seems that although the majority of parents and teachers are satisfied with their children's academic progress, some participants are still undecided about which setting promotes learning at a faster rate. These particular findings were similar to those Holahan and Costenbader's (2000) study; whereby there was lack of significant differences on the rates of developmental progress achieved by preschool children with disabilities whether they were placed in inclusive or special education classrooms. Odom et al. (2011) also found that children with disabilities performed as well in inclusive settings as in traditional special education settings. The findings from this study as well as those from other research studies may suggest there is still inconclusive evidence on the academic progress of children with disabilities in either part or full day inclusive settings.

Social and Emotional Development.

The findings revealed the vast majority of the parents and teachers were very satisfied with all children's emotional development and that inclusion did not negatively impact this developmental area for them. A majority of the parents and teachers also agreed inclusive settings prepared all children for functioning well in daily routines and activities, and had positive effects on classmates i.e., more acceptance with increased sensitivity to individual differences.

In addition, the majority of parents perceived that their children's self-esteem increased as a direct result of participating in an inclusive program.

A high percentage of teachers also reported there were social and emotional benefits for children with and without disabilities in inclusive settings. These findings were similar to findings from Peck et al. (2004) study, which found parent perceptions of inclusion on their children's social and emotional development generally positive. Likewise, Buysse et al. (2001) found a vast majority of parents of children with disabilities reported that their children's well-being (i.e., self-esteem, confidence, happiness) was a benefit of attending an inclusive program.

Some key findings of this study also suggested that the majority of the parents and teachers agreed there were social benefits for all children in inclusive settings. In addition, all the parents and teachers strongly agreed that children with disabilities should be given every opportunity to be educated with children without disabilities and that all children's social needs could be met in inclusive programs. The participant's rationale for needing to be with peers without disabilities included appropriate role models, use of natural supports, competent conversational partners, and peer as motivators. Again, crucial to the successful inclusion of young children with disabilities was the premise that social benefits occur when children socialize with peers and actively engage in preschool activities.

Although a majority of parents and teachers generally viewed children's participation in inclusive classrooms favorably, there were responses from teachers and parents that expressed social isolation concerns for children with disabilities. Thus, it is worth mentioning that young children with disabilities may participate less in preschool activities with typically developing

peers unless teachers and staff members are trained to facilitate social interactions among peers in methods that promote cooperative participation (Schepis et al., 2003).

Dimensions of Quality Inclusive Settings

Attitude. In this study, the parents and teachers who supported the decision to include children with disabilities in inclusive settings all had optimistic and positive attitudes toward inclusion. A vast majority of the parents as well as teachers strongly agreed that children with disabilities needed to learn with their classmates without disabilities in inclusion programs. Specifically, a large percentage of teachers agreed that having a child(ren) with disabilities in class would not have a negative influence on the education for the other children. Thus, the findings suggested a strong support for inclusive settings based on the parents' and teachers' general positive attitude towards inclusion. The findings in this study were supported by literature on the topic of dimensions of quality inclusive setting; that is, the more positive experiences childcare providers have with children with disabilities, the more positive their attitudes are toward inclusion (Downing & Peckham-Hardin, 2007) and the more they enjoy their jobs (Cross et al., 2004).

Adaptations. The parent and teacher participants in this study stressed the importance of adaptation, specifically individualized curricular and instructional support as essential components of a quality educational program. The findings indicated a large group of the parents and teachers agreed that adapting curriculum in the classrooms was necessary to meet the needs of children with disabilities. These findings echoed similar ones to Hunt et al.'s (2004) and Buysse et al.'s (2001) work where both studies found that the majority of parents and teachers reported that adapting the environment to accommodate individual

needs of children was another important dimension of quality inclusive programs.

Besides adapting the curriculum, parents and teachers also reported that individualized instructional support was another essential component of a quality inclusion program. The findings from this study indicated that the majority of parents and teachers were very satisfied with the amount of time their child had individually with their teachers. Conversely, the findings from the study by Cross et al. (2004), suggested parents were concerned about the amount of time the EC teachers worked individually with students and shared the view that special education teachers were better skilled to instruct students with special needs than EC teachers. The above findings are in line with research that indicated that coordinating and integrating services for individual children with disabilities and their families still represent barriers to implementing inclusion (Buysse et al., 2001); however, in this study such a concern was less prominent.

Collaboration. Another key finding in this study was that most parents and teachers agreed that open communication and collaboratively working together as a team were important components of a quality program. Similarly, Downing and Peckham-Hardin (2007) reported the importance of regular communication between parents and teachers as critical to the success of including children with severe disabilities in general education classrooms. Moreover, Hunt et al. (2004) documented the effectiveness of the general and special educational collaborative teaming process, with full parent participation as an important component. The importance of the partnership between parents and providers was also a key finding in the study by Cross et al. (2004). Clearly, the findings from this study and others suggest the importance of collaborative teaming and

regular on-going communication as effective components of quality inclusion.

Limitations

The outcomes of this study were subject to several limitations. First, a small convenience sample was used to conduct this study. Additionally, the study only focused on the impact of inclusive practices for preschool children with severe levels of ASD and orthopedic impairments not those with other disabilities. These limitations make it difficult to generalize the findings to the larger population of young children with disabilities. Finally, the children with disabilities attended a 12 hour week inclusion program and a 15.5 hour week special education program making it difficult to determine which setting or both was really more responsible for these children's positive learning outcomes even though the participants reported them due to the blended inclusive program. The method in this study was not designed to evaluate the developmental outcomes of children across conditions but to examine the parent and professional perspectives.

Future Research

Future research is needed to address some of these limitations and to expand the empirical data base on high quality inclusion programs. In light of the findings in this study, it appears that more information is needed to examine the concerns reported by teachers and parents. One concern was that some children with disabilities appeared to be socially isolated in inclusive classrooms. More single-subject research could examine a random sampling of children both with and without disabilities regarding their levels of social interaction with peers and adults. Another reported concern of the Head Start teachers was the lack of time and resources to implement high quality programs. Perhaps more qualitative research using focus groups

with both EC and ECSE teachers are needed to further examine these logistical planning issues along with possible resolutions. In addition, some parents and teachers reported they were undecided about which type of classroom setting i.e., inclusive versus segregated special education ones, promoted faster rates of learning in children. It seems more studies using experimental research designs and multiple measures are needed to empirically examine this concern in both these types of programs regarding all educational and social outcomes for all children. Lastly, in addition to measuring child outcomes and parent and professional perspectives, perhaps future studies could examine other aspects of inclusion such as program outcomes using valid and reliable measures such as The Quality Inclusive Experiences Measure (QuIEM) (Wolery, Pauca, Brashers, & Grant, 2000) or the more recent Inclusive Classroom Profile (ICP; Soukakou, in press).

Conclusion

In closing, the 1990 Individuals with Disabilities Education Act strengthened the Part B requirement of EHA that preschool age children with disabilities be served in the least restrictive environment (LRE) and educated with their typically developing peers. The inclusive movement which embraces LRE has the potential to have a positive impact on both children with and without disabilities and influence the attitudes of professional and team members; however, it seems these positive outcomes are not being fully realized as of 2012. Findings from this study indicated that professionals and parents for the most part support this movement, but are still not sure about the dimensions of high quality evidence-based programs where all children learn together and progress at their expected rates. In light of the nature of this study and its limitations, more research is warranted to draw conclusions about the

impact of quality inclusive programs on all children with a range of disabilities and those who are typically developing in both full-time and part-time programs.

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