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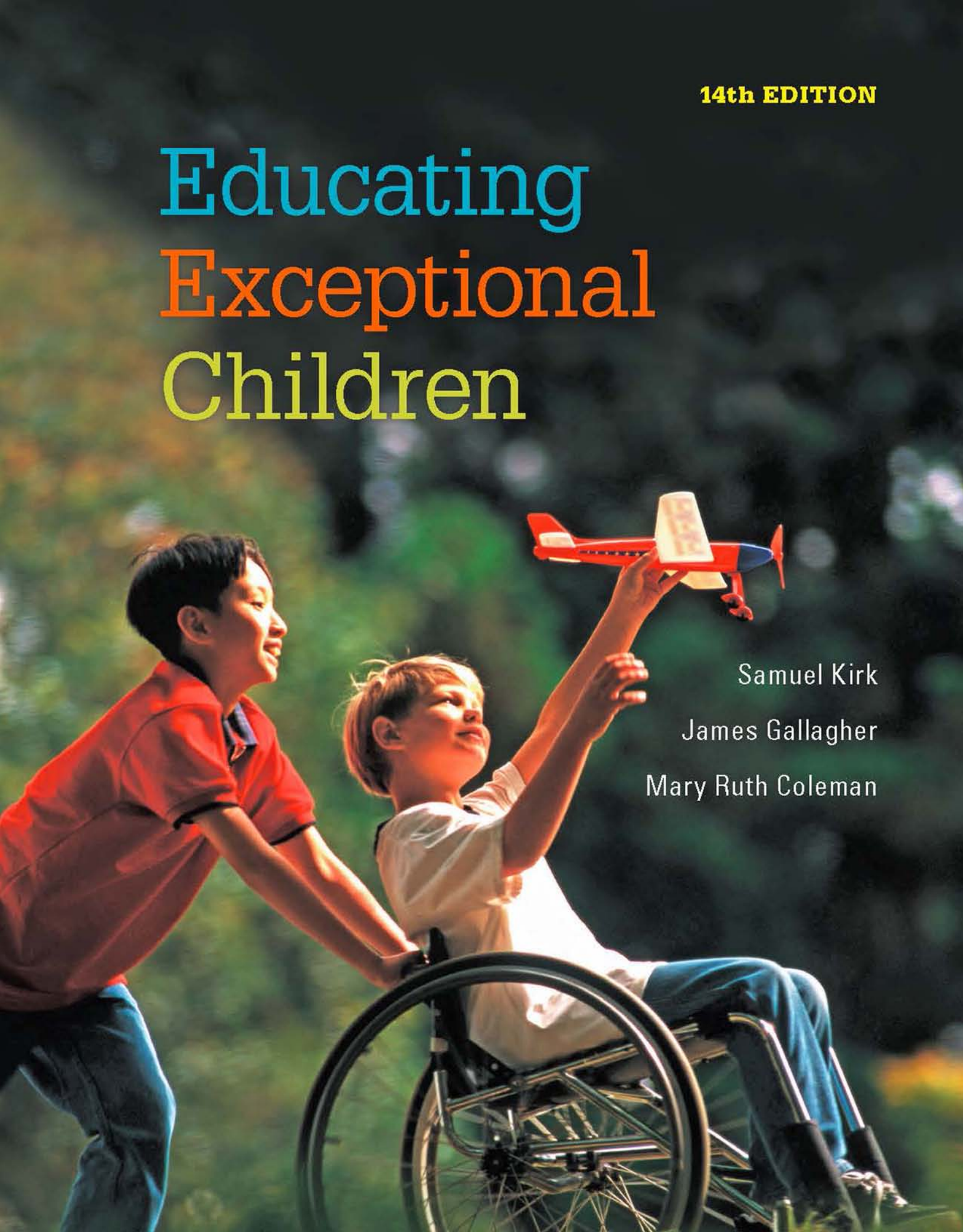
Educating Exceptional Children



Samuel Kirk
James Gallagher
Mary Ruth Coleman

Council for Exceptional Children Initial Preparation Standards:

CEC The CEC standards guide our field and define the set of knowledge and skills that make us "special educators." By learning the information presented in this text you will gain an initial understanding of what our field is all about. The standards are, however, a means and not an end. Adopting the Ethical Principles (see the inside back cover of this book) and committing to the actual work of helping children with exceptionalities and their families are also essential. The standards are the beginning point of your professional path, and we welcome you to the field of special education!

Standard 1 Learner Development and Individual Learning Differences

Beginning special education professionals understand how exceptionalities may interact with development and learning and use this knowledge to provide meaningful and challenging learning experiences for individuals with exceptionalities.

1.1 Beginning special education professionals understand how language, culture, and family background influence the learning of individuals with exceptionalities.

1.2 Beginning special education professionals use understanding of development and individual differences to respond to the needs of individuals with exceptionalities.

Standard 2 Learning Environments

Beginning special education professionals create safe, inclusive, culturally responsive learning environments so that individuals with exceptionalities become active and effective learners and develop emotional well-being, positive social interactions, and self-determination.

2.1 Beginning special education professionals, through collaboration with general educators and other colleagues, create safe, inclusive, culturally responsive learning environments to engage individuals with exceptionalities in meaningful learning activities and social interactions.

2.2 Beginning special education professionals use motivational and instructional interventions to teach individuals with exceptionalities how to adapt to different environments.

2.3 Beginning special education professionals know how to intervene safely and appropriately with individuals with exceptionalities in crisis.

Standard 3 Curricular Content Knowledge

Beginning special education professionals use knowledge of general and specialized curricula to individualize learning for individuals with exceptionalities.

3.1 Beginning special education professionals understand the central concepts, structures of the discipline, and tools of inquiry of the content areas they teach, and can organize this knowledge, integrate cross-disciplinary skills, and develop meaningful learning progressions for individuals with exceptionalities.

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3.2 Beginning special education professionals understand and use general and specialized content knowledge for teaching across curricular content areas to individualize learning for individuals with exceptionalities.
3.3 Beginning special education professionals modify general and specialized curricula to make them accessible to individuals with exceptionalities.

Standard 4 Assessment

Beginning special education professionals use multiple methods of assessment and data sources in making educational decisions.

4.1 Beginning special education professionals select and use technically sound formal and informal assessments that minimize bias.
4.2 Beginning special education professionals use knowledge of measurement principles and practices to interpret assessment results and guide educational decisions for individuals with exceptionalities.
4.3 Beginning special education professionals, in collaboration with colleagues and families, use multiple types of assessment information in making decisions about individuals with exceptionalities.
4.4 Beginning special education professionals engage individuals with exceptionalities to work toward quality learning and performance and provide feedback to guide them.

Standard 5 Instructional Planning and Strategies

Beginning special education professionals select, adapt, and use a repertoire of evidence-based instructional strategies to advance learning of individuals with exceptionalities.

5.1 Beginning special education professionals consider an individual's abilities, interests, learning environments, and cultural and linguistic factors in the selection, development, and adaptation of learning experiences for individual with exceptionalities.
5.2 Beginning special education professionals use technologies to support instructional assessment, planning, and delivery for individuals with exceptionalities.
5.3 Beginning special education professionals are familiar with augmentative and alternative communication systems and a variety of assistive technologies to support the communication and learning of individuals with exceptionalities.
5.4 Beginning special education professionals use strategies to enhance the language development and communication skills of individuals with exceptionalities.
5.5 Beginning special education professionals develop and implement a variety of education and transition plans for individuals with exceptionalities across a wide range of settings and different learning experiences in collaboration with individuals, families, and teams.
5.6 Beginning special education professionals teach to mastery and promote generalization of learning.
5.7 Beginning special education professionals teach cross-disciplinary knowledge and skills such as critical thinking and problem solving to individuals with exceptionalities.

(continued in the back)

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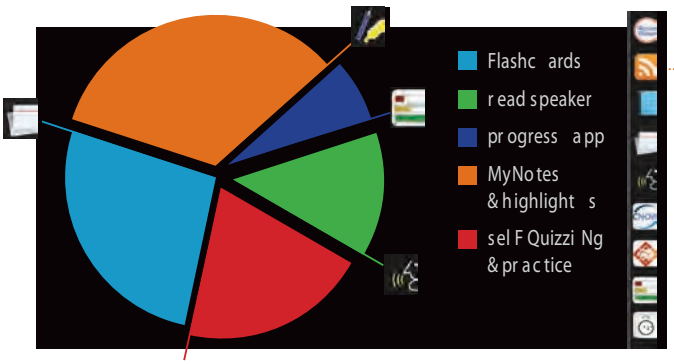

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Educating Exceptional Children

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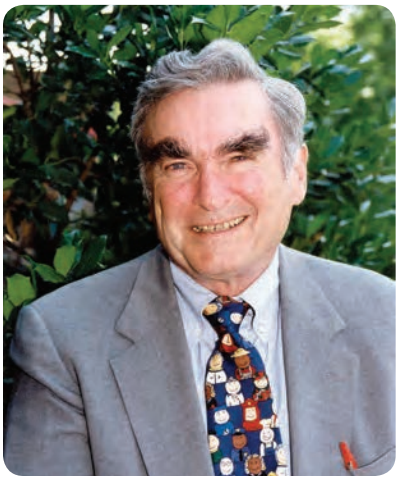
Honoring the Memory and Celebrating the Life of James J. Gallagher



FPG Child Development Institute

Dr. James J. Gallagher, senior author of *Educating Exceptional Children*, died on Friday, January 17, 2014 at the age of 87 in Chapel Hill, NC. Dr. Gallagher made numerous vital contributions to educational policy on state, national, and international levels. From 1967 to 1970, he served as the U.S. Associate Commissioner for Education and was the first Chief of the Bureau of Education for the Handicapped in the U.S. Office of Education. In that capacity he outlined the components of the first Handicapped Children's Early Education Assistance Act, beginning a national program of model projects that changed the nature of special education for young children with disabilities. He subsequently served as the Deputy Assistant Secretary for Planning, Research, and Evaluation for the Department of Health, Education, and Welfare (HEW).

He contributed to groundbreaking efforts to establish federal policy for gifted and talented students, including *The Marland Report* and *National Excellence: A Case for Developing America's Talent*. During his career, Dr. Gallagher served as president of the Council for Exceptional Children, the National Association for Gifted Children, and the World Council for Gifted and Talented Children.

Dr. Gallagher was a pragmatic visionary. He saw what could be, what should be. He saw the vision of educational excellence for all children, and he devoted his life to making this a reality.

- He realized that the complex needs of a child with disabilities would require a unique educational response and the IEP (Individualized Education Plan) was born.
- He understood that a prepared workforce of teachers would be critical to students' success and he wrote textbooks and created model demonstration sites.
- He knew that families were key to supporting child development and he advocated family friendly practices.
- He believed that gifts and talents existed across all cultural and economic groups and he advanced appropriate policies for identification and services.
- He saw that a strong infrastructure was critical for sustaining positive changes and he developed a technical assistance model of support.

From 1970 to 1987, Dr. Gallagher served as the Director of the Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill, one of the leading institutes dedicated to research in early childhood education. He was

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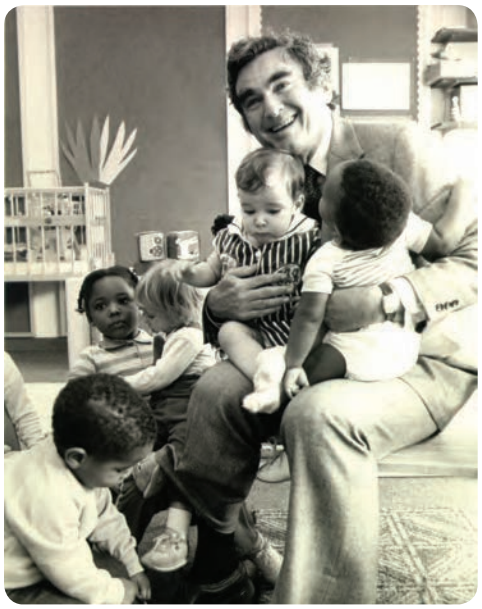

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a researcher on the Abecedarian Project, one of the first scientific studies to demonstrate important long-lasting benefits in academic performance in a cohort of children from lower socioeconomic circumstances. During his tenure, he served as Director of the Carolina Institute for Child and Family Policy.

Dr. Gallagher published over 200 journal articles and 39 books. He has been the recipient of numerous national and international awards, including the *Gold Medal of the American Psychological Association for Psychology in the Public Interest*, the *John Fogarty Award for Distinguished Government Service*, and the *Old North State Award* (the premier award for public service bestowed by the state of North Carolina). Other awards include the *Distinguished Scholar* and *Distinguished Service* Awards from the National Association for Gifted Children, the *J. E. Wallace Wallin Award for Contributions to Special Education* from the Council on Exceptional Children, the *North Carolina Department of Education Lifetime Award for Exceptional Service,* and the *Peabody Award* from the University of North Carolina School of Education.

Special and gifted education exist as we know them today to a large extent because of Dr. Gallagher.

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Dedication

We dedicate this 14th edition of *Educating Exceptional Children* to the memory of Dr. Nicholas Anastasiow, a colleague, a mentor, and a friend.

Dr. Anastasiow was a dedicated teacher and scholar who worked for more than 50 years in the service of children with a focus on early childhood and development. He began his work as an elementary school teacher and also served as a principal. The senior author of this text met Nick Anastasiow when they were both at Stanford University in 1960, and he was impressed by Nick's intelligence, commitment to education, and good humor. Nick received his Ph.D. from Stanford University in 1963 and served as the Director of the Institute of Child Study at the University of Indiana from 1967–79. He was on the faculty of the University of Colorado Medical School and was named the Thomas Hunter Professor of Education at Hunter College in New York City and professor of educational psychology at the Graduate Center of the City University of New York (CUNY). Nick retired from Hunter College in 1992.

Dr. Anastasiow was an influential member of the Division for Early Childhood of the Council for Exceptional Children, and he served as its president in 1976. He was devoted to his students, encouraging them in the same curiosity and integrity that marked his own professional career.

Dr. Anastasiow was a widely respected researcher and prolific writer, publishing both theoretical works and practical curriculum designs, and was an author of more than 200 articles and books, including *Languages and Reading Strategies for Poverty Children, The At-Risk Infant,* and *Development and Disabilities*.

Nick was coauthor of this textbook, *Educating Exceptional Children,* from the eighth edition in 1998 through the 13th. Nick passed away in 2013. As we prepared this 14th edition, we have missed his insights, guidance, and kind words of support.

James J. Gallagher & Mary Ruth Coleman

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Preface

More than fifty years ago, Sam Kirk, a brilliant scientist and educator, penned the first edition of *Educating Exceptional Children*. Since then monumental changes have taken place in our knowledge of these special children and in the educational strategies needed to help them achieve and prosper.

When the first edition of this text was published in the 1960s, the future for children with exceptional learning needs was just beginning to change. Still a decade ahead was the key legislation that promised children with disabilities a "free and appropriate public education" (FAPE). Still further ahead were the numerous court decisions that solidified the educational rights of these children with exceptionalities.

In the first edition of this book, there was no mention of "inclusion" or "positive behavior supports" or "common core state standards" or "mirror neurons" or "DNA." The brain, so central a concern of ours today, was treated as a black box where stimuli went in and responses came out. We had little understanding of what went on inside. The predominant educational strategy for children with serious losses in hearing, vision, or intellect was to isolate them in large residential institutions far away from family and ordinary schools.

We have learned a great deal since that time. As we learn more, we write new editions of this textbook that reflect the most current theory and research about special education, the increased sophistication of our educational strategies, and the most recent changes in public policies for exceptional students.

What's New in the 14th Edition?

As our knowledge about children with exceptionalities, their families, and their schooling expands, we add new emphases to each new edition of the text. In this 14th edition, we have updated each chapter with current research and best practices.

The Council for Exceptional Children's professional standards for new teachers are addressed within each chapter. You will see a note at the beginning of each chapter with the CEC icon that reminds you to check the standards that appear on the inside book covers.

We have incorporated new information from the recently released *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, and we emphasize access for *all* students to common core standards. Throughout each chapter we follow four themes:

- The Earlier, the Better
- Intensity and Duration
- Teaching to Strengths
- Education is a Team Game.

These themes are discussed in the Introduction section that follows this preface. Specifically, we address several areas worthy of additional consideration due to the progress that has been made in these special fields.

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The Common Core State Standards

The Common Core State Standards (CCSS) were assembled at the request of the National Governors Association and the Council of Chief State School Officers so that students would have a common set of standards throughout the country in K-12 language arts and mathematics. These standards were largely drawn from existing standards in individual states. The standards form a guide for the curriculum and instruction of each student. In this text we explore the impact of these standards on children with exceptionalities. We explore the challenges of honoring the child's IEP while ensuring that he or she has the opportunity to learn the common core. We discuss the importance of ensuring that, while accessing the CCSS, students continue to receive support in the expanded curriculum areas when needed (e.g., learning Braille, mobility skills, and/or functional life skills). We look at the special needs of children with severe disabilities and the role of the team in designing alternative learning standards that are aligned with the CCSS. In Chapters 3–13, we include a section showing how Universal Design for Learning strategies can be used to give students with exceptionalities access to the CCSS. These sections are highlighted with a special icon to call attention to their importance. There are concerns voiced in individual states about the standards but it appears that some version of these standards will be implemented by the majority of the states.

Text Coverage of Diversity Issues and Disproportionate Representation

Disproportionate representation of culturally and linguistically different, and economically disadvantaged, children within special and gifted education is a complex and persistent challenge. Within special education we see an overrepresentation of African American, Hispanic, and American Indian children. This pattern is reversed within gifted education, where these children are markedly underrepresented. Poverty, while certainly contributing to these patterns, does not fully explain them. In other words, ethnicity, language, culture, and gender all make unique contributions to the patterns of disproportionate representation that poverty alone cannot account for.

While we must make sure that all children who need supports and services receive them, we also must be sure that childrens' strengths and needs are appropriately identified. Throughout this text, we have examined these developmental patterns across areas of exceptionality. Within each chapter, we address the specific issues related to appropriate identification and services to address children's needs. We discuss the social as well as educational consequences of policies and practices. We also explore the role of culturally inclusive curriculum and family-centered approaches to create culturally responsive services for all children. Because we have integrated this content within each chapter, throughout the book we have placed a special icon showing where this important information is located within each chapter.

- Chapters 1 and 2 look at families and the social impact of culture, language, and poverty.
- Chapter 3 examines family-centered interventions and culturally resonant practice in early intervention.
- Chapter 4 explores the social implication of identification for children with intellectual and developmental disabilities, along with a discussion of the use of measurement data in decision making.
- Chapter 5 discusses the dramatic increase of identification of children with autism in our society. We also note gender differences—four times as many boys are identified with autism spectrum disorder as compared with girls.
- Chapter 6 explores the increasing identification of Latino youth as learning disabled and raises questions about the impact of language differences on identification.

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- Chapter 7 examines the differences in identification and treatment for children of color and poverty within ADHD, looking at the disparity in access to medical interventions.
- Chapter 8 examines the role of cultural perspectives in defining emotional and behavioral disorders, and the importance of cultural competence for appropriate identification and support.
- In Chapter 9, we discuss the critical importance of understanding a child's cultural and linguistic background in assessing communication, language, and speech disorders, along with typical language development patterns for bilingual children.
- Chapter 10 addresses the disproportionate underrepresentation of children of color and poverty in services for gifted learners, and offers examples of programs that have addressed these challenges.
- Chapter 11 explores the impact of Deaf culture on children and families, and the need for bilingual/bicultural approaches to understanding the needs of children with hearing impairments.
- Chapter 12 addresses the multicultural needs of children with visual impairments and their families.
- In Chapter 13, we focus on honoring differences, while recognizing the shared nature of humanity, as we address the needs of children with physical, health-related, and multiple or severe disabilities.

Throughout the text, we also focus on the RtI approach to addressing students' needs. We believe that this multitiered model holds promise for providing early supports to address children's diverse strengths and needs, and that through early intervention we can place all children on pathways for success.

New Chapter on Attention Deficit/ Hyperactive Disorders (ADHD)

The 14th edition includes a new chapter (7) focused on children with attention deficit hyperactive disorders (ADHD). We have chosen to add this chapter to highlight the specific needs of children who can be found in significant numbers within our schools. Supports and services for children with ADHD often include medical interventions, and in this chapter the role of the multidisciplinary team is discussed in detail. Since ADHD is a neurological condition that can and does appear with a variety of other exceptionalities (such as learning disabilities, autism, behavior disorders, and intellectual disabilities), we also address these *comorbidities* and the difficulty this can create in identification. ADHD also affects a child's ability to effectively process information; we offer several educational strategies to help students learn. We are excited about this new chapter!

The Information Processing Model

In this 14th edition, we continue to emphasize the information processing model (IPM) as it relates to the education of exceptional children. Our IPM visually illustrates how each area of exceptionality impacts an individual's ability to learn. In each chapter, the information processing model graphically outlines the key elements of information reception (input), thinking (central processing), and expression (output), as well as showing how the executive function interacts with each of these—all within the context of emotion. Understanding how a child processes information allows educators to adapt learning environments, teaching strategies, and curriculum to address the child's strengths and needs. Further, the IPM describes how decision making takes place through what we call the executive function. The executive function determines what we attend to, what mental processes are used

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to solve problems, and which of the many ways we have of acting on information. Finally, the IPM includes an emotional context that influences how we take in information, think about it, and act on it. For more detailed information about the IPM, please see the introduction that follows this preface, and note the appearance of the IPM in each chapter of the text.

Special Coverage of Neurology and Genetics

Two rapidly developing scientific fields, neurology and genetics, are dramatically changing our understanding of the development of children with special needs. Tools such as magnetic resonance imaging (MRI) and the results of the Human Genome Project have allowed us to peer into the brain's function and begin to understand the very building blocks of life: our genes and chromosomes. There have probably been more discoveries regarding brain function in the past two decades than in all previous history put together. We no longer think it unusual to ask the neurologist what is going on in the brain when a child solves the simple problem 2 + 2 = 4 or when a child imitates an adult bouncing a ball or mimics her mother in saying "ma-ma."

For many children and families, it is more important to understand what is happening neurologically when the child is *unable* to imitate the behaviors of others easily, as is the case for some children with autism. Our understanding of neurology can help us learn how we can counteract these difficulties. A special section in each chapter will bring readers up to date on current neurological findings related to children with exceptionalities. This section will be highlighted with an icon to mark its importance.

Great advances have also been made in the science of genetics. While we have long been aware of how children physically resemble their parents, now we can begin to develop a portrait of their genetic similarities. Looking at the relationship of genetics to exceptionalities, we can see the impact of genetic differences, and we can counsel parents regarding potential risk factors.

While we know that genetics does not predetermine the future of children and adults, we are nevertheless aware that genes can influence a child's development in various ways. Genetics can influence tendencies toward aggressiveness, hyperactivity, or social isolation. The progressive and sequential interactions between genetic traits and the environmental envelope surrounding the child remain a rich field to explore. In each chapter, we summarize key genetic information for each of the various exceptionalities under discussion.

Focus on Early Childhood and Early Intervention

In the not-too-distant past, we became aware of special developmental problems in children only when children appeared at the schoolhouse door at age five or six. While this age may seem young to us, it is, in fact, quite late in children's development if we wish to enhance their chances for optimal educational success. Early intervention and support, beginning at birth, can significantly improve the success of a child with special needs. Conversely, a failure to respond in the early years can prolong major difficulties—as when a child with serious hearing problems has difficulty in language development or a child with special learning disabilities is prevented from learning the phonics necessary for her to read.

The early years are so important to the development of exceptional children that we have not only devoted a full chapter to early intervention (Chapter 3), we also discuss this in each chapter; looking at the years from birth onward that are so crucial because if we intervene with appropriate supports and services we increase the child's chances for success.

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Coverage of Inclusion in Every Chapter

One of the consistent themes of modern special education is the desire to address the needs of children with exceptionalities within the general education classroom and school. Inclusion rests on the firm belief that children with exceptionalities should be *a part of,* not *apart from,* the general population. This issue has been underscored with the adoption of the common core curriculum and the requirement that *all* students participate to the greatest extent possible in both the learning of and assessments for these standards. A discussion of strategies needed for full inclusion of children with exceptionalities is now part of each chapter. We also realize that for some children, the least restrictive environment means that a different therapeutic approach may be needed, and so we also discuss the continuum of supports and services that must be in place to ensure that all students can meet with success.

Continued Emphasis on the RtI Model

One educational strategy that integrates both general and special education, providing a framework for inclusion, is the response to intervention (RtI) model. The illusion of two separate groups of children ("regular" and "special") has been created by laws designed to aid children with exceptionalities. One unintended consequence of these laws has been an overemphasis on eligibility for special education rather than a focus on meeting children's individual needs through educational problem solving. Many children who do not qualify for special education have trouble learning in school and need additional support to meet with success. Many children who are not eligible for gifted education have strengths that should be enhanced and nurtured. RtI, a multitier approach to supports and services, addresses the strengths and needs of the children who fall between general and special or gifted education. RtI plays a major role in our discussions throughout this text. We believe that this approach, if implemented well, may help address the challenges of disproportionate representation across exceptionalities that we discussed earlier. A special introduction to the RtI model appears in the introduction following this preface, so that students can begin to understand the model and see how it is changing the way we meet the needs of children with exceptionalities.

Increased Coverage of Assistive Technology

Human beings are toolmakers. Whenever there is a particular need (e.g., to create a means of transportation, prepare meals, or educate the young, for example), we devise special tools to make the tasks easier. The education of children with exceptionalities presents special challenges, and these challenges have brought forth a variety of tools. Cochlear implants and monoculars, for example, are two tools that help to minimize the impact of sensory disabilities.

The major tools of recent decades, however, have been computers and alternative/augmentative communication devices. A range of assistive technologies to support children with exceptionalities is discussed in each chapter; showing how, with appropriate support, the challenges of learning and life can be made a bit easier.

Reorganization of the Educational Response Sections

In this 14th edition, we have reorganized the educational responses portion of Chapters 3–13 into two primary sections:

- Organizational structures to support students (with each exceptionality)
- Curriculum and instruction for students (with each exceptionality)

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In the organizational structures section we discuss how a continuum of services can be delivered and include examples of the RtI approach using mutitier services. Within the curriculum and instruction section we include an expanded discussion of the use of Universal Design for Learning (UDL) to give students with exceptionalities access to the CCSS.

Each Chapter (3–13) includes a table showing UDL strategies that can be used to modify the curriculum for students. We also cover specific strategies to address the strengths and needs of each population. For example, we address disruptive behaviors through functional behavior assessment and positive behavior supports, and we address ways to enhance learning through the use of problem-based curriculum. The educational responses are highlighted by special shaded pages toward the end of these chapters. They provide a useful overview for preservice educators, clinicians, and individuals already practicing in the field.

Organization of the 14th Edition

This book is divided into three major sections. Part One provides the history and foundations of special education. Part Two deals with high-incidence exceptionalities (those experienced by more than 1 percent of the population). Part Three addresses low-incidence exceptionalities—those experienced by students who make up less than 1 percent of the general population. Although they will appear more rarely in the general classroom, their needs may be even more pressing and demanding of the attention of school personnel. Please refer to the detailed table of contents for more information about text and chapter organization.

Student Learning Features

In each chapter of the 14th edition, we have included evidence-based pedagogical features that are designed to help students master course content. It is our hope that these special text features will also enhance student learning:

- **Chapter-opening focus questions,** numbered and correlated to the main sections in each chapter, provide an overview of the key issues within each chapter. These questions guide readers as they work their way through the chapter. If students can give thoughtful answers to the focus questions, they are well on their way to understanding the needs of children with exceptionalities and their families.
- **Exceptional Lives, Exceptional Stories** boxes offer first-person pieces about exceptional children and their families. These special stories share the insights, perceptions, and wisdom of individuals with exceptionalities and their families, capturing the joys and sometimes the frustrations faced in everyday life.
- **TeachSource Video Connection boxes** feature footage from the classroom to help students relate key chapter content to real-life scenarios. Critical-thinking questions help the student reflect on the content in the video.

- **Neurology and Brain Development sections** describe how the brain is impacted by the exceptionalities discussed in each chapter. These sections spotlight recent scientific research findings that help us understand the neurological implications for children's learning.
- **Digital Downloads** include practical tools appearing in the textbook plus expanded coverage of RtI and UDL materials, for students to access online, often customize, and use to review key concepts and in the classroom! Look for the Digital Download label that identifies these items.

TeachSource Digital Download

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- **Marginal features** such as websites and icons alert the reader to special information throughout the chapter.
- **Educational Responses sections** (located within Chapters 3 through 13) offer practical guidance for future teachers and multidisciplinary teams. These sections address organizational structures for service delivery and teaching and learning strategies across grade levels for each area of exceptionality.
- **Assistive Technology sections** provide information on technologies that can be used to support exceptional individuals with learning and daily life skills. Relevant websites are often included in these boxes because the area of assistive technology is ever emerging!
- **Moral Dilemma boxes** at the very end of each chapter's narrative are brief case studies that offer students a chance to reflect on their own values and beliefs and explore how these will influence them in their work with exceptional children and their families.
- **Chapter-ending summaries** are provided to highlight key themes addressed within the chapter. These summaries should help the reader anchor learning by recapping the major points covered in each chapter.
- **Future Challenges sections,** now also available as digital downloads, discuss the areas we are still wrestling with as the field of special education continues to evolve. These are areas that students may wish to follow up on in future work as they grow professionally. They can also be used by professors for classroom discussion.
- **Relevant Resources** (such as journals, books, and websites) are provided at the end of each chapter to support further learning, and to help students who wish to pursue an area of interest in more depth.

Specific Chapter Revisions in the 14th Edition

We have revised and updated each of the chapters in this 14th edition. Here are the highlights of these chapters:

Chapter 1: Children with Exceptionalities and Their Families

Explored in this chapter are the definition of exceptionalities and the influence of family and siblings on the child with exceptionalities. We also discuss the information processing model, which describes the effect of the exceptionality on the child's learning and adaptation potential, as well as the RtI model, which is a key response of the schools to students with special needs.

Chapter 2: Children with Exceptionalities and Social Institutions: Government, Schools, and the Courts

This chapter presents the social and cultural influences on children with exceptionalities. The predominant influences from society come from the institutions of government, the courts, and the schools. Legislation such as No Child Left Behind is analyzed for its influence on children with exceptionalities, and the latest actions of the courts are noted as well. The influence of schools, and the rules and standards they set, are described so that the reader can gain a perspective on the impact these

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entities have on children with exceptionalities. We introduce the common core state standards and explore what these mean for children with exceptionalities.

Chapter 3: Early Intervention Supports and Services

Early intervention has seen the rapid development of preschool programs for both exceptional children and children of typical development. The importance of early intervention is now widely accepted by both professionals and the general public. This chapter addresses how early intervention supports and services can meet the needs of young children and their families. Early childhood mental health, inclusion within an RtI framework, and family-centered approaches are focus areas for the chapter.

Chapter 4: Children with Intellectual and Developmental Disabilities (IDD)

This chapter explores the special needs of students in the intellectual and adaptive behavior domains. It also explains reasons for changing the terminology from *mental retardation* to *intellectual and developmental disabilities*. Attention is given to how RtI can be used to cope with the educational and social challenges these students face, strategies for accessing the common core, and a special emphasis on the transition stage from school to community.

Chapter 5: Children with Autism Spectrum Disorders

Autism is the fastest growing disorder in the population of children with special needs. This chapter presents the social and communicative needs of these children. It also details the many recent advances in diagnosis (including the new *DSM-5*) and the array of methods designed to cope with the special social, motor, and learning challenges faced by these students. The reasons for the rapid increase in prevalence are noted together with a major emphasis on early intervention approaches. Specific strategies to support the social and educational success for children with ASD are presented.

Chapter 6: Children with Learning Disabilities

The largest group of children in special education consists of those with learning disabilities. The distinctive nature of the individual's needs creates educational challenges for the teacher. The RtI model stressed in this text emerged out of concern for children with learning disabilities and the shortcomings of historical definitions. An expanded section addresses strategies to support students with learning disabilities in accessing the common core standards successfully.

Chapter 7: Children with Attention Deficit Hyperactive Disorders

This new chapter features a discussion of students with ADHD and the role of the multidisciplinary team in designing and implementing educational and/or medical interventions. We examine the comorbidity of ADHD with other disabilities and discuss the dilemmas presented with identification of strengths and needs. Strategies for learning and coping with ADHD are given. This chapter also addresses the use of UDL to access the common core standards.

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Chapter 8: Children with Emotional and Behavior Disorders

Children with pervasive interpersonal challenges and children with deep anxieties and depression are described separately with regard to their identification and treatments. The roles played by positive behavior supports and functional behavioral assessments are emphasized. The information processing and RtI models are presented to show the developmental areas of special concern. We discuss UDL strategies for accessing the common core and explore strategies to help students cope with their challenges.

Chapter 9: Children with Communication, Language, and Speech Disorders

This chapter addresses the needs of children who have communication, language, and speech disorders. In it we examine how the needs of children can be addressed through collaboration within an RtI framework. Special emphasis is given to children with language differences and to children who are bilingual. We also address UDL strategies for supporting students as they access the common core curriculum.

Chapter 10: Children Who Have Special Gifts and Talents

The reasons why these students have substantially been ignored in the educational system are laid out in the debate between equity and excellence as educational goals. The major societal contributions that some of these students make in adulthood are discussed, along with the difficulty and importance of finding students with gifts and talents from culturally and linguistically diverse and/or economically disadvantaged families. A variety of methods, such as educational acceleration and special curriculum interventions (e.g., the International Baccalaureate) are analyzed, and strategies to enhance the common core curriculum standards are given.

Chapter 11: Children Who Are Deaf or Hard of Hearing

The challenges of early language development are discussed together with the need for intense support for communication with young children who are deaf or hard of hearing. New medical and technological advances with cochlear implants are presented along with the need for multiple supports and services. Attention is also devoted to the Deaf culture, bilingual approaches to sign language, and to the need for family support in decision making regarding communication systems. Best practices for supporting academic development and reading have been expanded along with UDL strategies for accessing the common core curriculum.

Chapter 12: Children with Visual Impairments

Students with visual impairments include individuals who can use visual enhancement techniques to learn and individuals who require an expanded core curriculum (including Braille, mobility training, and specially trained teachers) for success. Given the low incidence of students who are blind, the challenges of providing services that are intensive and sustained enough to make a difference are discussed. The Universal Design for Learning is presented along with the advanced technology to give students access to the common core curriculum. The RtI model is part of a full continuum of services.

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Chapter 13: Children with Physical Disabilities, Health Impairments, and Multiple or Severe Disabilities

This chapter provides students with an opportunity to reflect on all they have learned about other areas of disability as they focus on students with some of the most intense challenges. Addressing the needs of children with physical, health-related, and multiple or severe disabilities requires a multidisciplinary team; how this team works collaboratively is the focus of much of the chapter. An expanded discussion of the challenges and supports needed for accessing the common core learning and assessments has been included. A new section explores the role of chronic sorrow in the family's journey to cope with their child's disabilities.

Supplemental Materials to Aid Teaching and Learning

This edition offers an expanded and enhanced package of support material for students and instructors:

Student Ancillaries

Cengage Learning's Education CourseMate brings course concepts to life with interactive learning, study, and exam preparation tools that support the printed textbook. Access the eBook, Did You Get It? quizzes, Digital Downloads, TeachSource Videos, flashcards, and more in your Education CourseMate. Go to CengageBrain.com to register or purchase access.

TeachSource Videos

The TeachSource Videos feature footage from the classroom to help students relate key chapter content to real-life scenarios. Critical-thinking questions provide opportunities for in-class or online discussion and reflection.

Instructor Ancillaries

Cengage Learning's Education CourseMate brings course concepts to life with interactive learning, study, and exam preparation tools that support the printed textbook. CourseMate includes the eBook, quizzes, Digital Downloads, TeachSource Videos, flashcards, and more—as well as EngagementTracker, a first-of-its-kind tool that monitors student engagement in the course. The accompanying instructor website, available through login.cengage.com, offers access to password-protected resources such as PowerPoint® lecture slides and the online Instructor's Manual with Test Bank. CourseMate can be bundled with the student text. Contact your Cengage sales representative for information on getting access to CourseMate.

Online Instructor's Manual with Test Bank

An online Instructor's Manual accompanies this book. It contains information to assist the instructor in designing the course, including sample syllabi, discussion questions, teaching and learning activities, field experiences, learning objectives, and additional online resources. For assessment support, the updated test bank includes true/false, multiple-choice, matching, short-answer, and essay questions for each chapter.

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In this text, we attempt to capture the changing views of the child with exceptionalities, our changing bodies of knowledge, and the changing education scene. We welcome your comments as this text continues to grow along with the field.

James J. Gallagher
Mary Ruth Coleman

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Introduction

The 14th edition of *Educating Exceptional Children* contains several themes and models that are addressed in each of the context chapters (3–13) of this text. We describe them briefly here so that you can familiarize yourself with them and recognize them when they reappear in the chapters.

Themes

- The Earlier, the Better
- Intensity and Duration
- Teaching to Student Strengths
- Education is a Team Game

Models

- Information Processing Model (IPM)
- Response to Intervention (RtI)

As you read each chapter you will see how these themes and models play out; helping us understand children with exceptionalities, their families, and the educators who work to meet their needs.

Themes

The Earlier, The Better

In the early years of special education we adopted a "Wait to Fail" approach and most children had to fail in their general education program before we would attempt to modify it to help them meet with success. When students showed that they were unable to learn under "normal" circumstances they would be referred for assessment and placed in special education—if they qualified. Attempts would then be made to remediate the learning problems of the student. By the time special education services kicked in, many students would have experienced a couple of years of school failure, compounding their original learning challenges and solidifying their learning behaviors into patterns that were difficult to modify.

Since then, a mountain of research has been building on how important the early years are for the development of every child, so the approach we now take in special education has changed. We actively attempt to find youngsters who are in need of supports as early as possible; beginning our interventions in the preschool years or earlier. The result is that many children with early challenges can enter school with the positive attitude and skills they need to meet with success. Early intervention with the needed supports and services will not always "cure" the difficulties, but it will almost always lead to more positive outcomes.

We believe this approach in the early years is so important that we have devoted an entire chapter just to early intervention, or the attempt to find and

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developmentally enhance the skills of young children with exceptionalities. The public schools are also recognizing the importance of the early years and many have introduced preschool programs, like Head Start. These public preschools allow children to enter school at age four, and sometimes even three; giving them extra years of support prior to kindergarten. When we see a hesitancy to do this in some geographic areas, this reluctance has more to do with economic barriers (how do we pay for this?) than with disagreements about the positive impact of early intervention.

The "earlier the better" principle also comes into play for older students, where we know that if we can recognize and address emerging difficulties we can often prevent secondary problems. If we can, for example, provide early intervention support for a child who is experiencing difficulties with learning to read, we can prevent secondary problems with self-esteem, patterns of acting out, and perhaps dropping out of school. You will see the theme of the "earlier the better" in each chapter and learn how critical early intervention is to helping students with exceptionalities achieve positive outcomes.

Intensity and Duration

The second theme that we follow throughout the chapters is that the intensity and duration of support must be sufficient to address the needs of each student. With each student, the question is "how intense and how long (duration) must the special adaptations be to have a positive impact?" How much effort must we apply to get the growth we want, over what period of time? We know intuitively that five days a week is likely to be better than once a week, and that six weeks is likely better than one week. We know that having one teacher to work with a small group of students will likely have more impact than one teacher for a group of 30. We know these things generally, but how to decide the specific duration and intensity needed for Maria or for Marcus? These decisions must also be made in the context of the limited resources we have available (funds, special personnel, time) to address each student's needs.

There is always the temptation to hold back and use as few resources as possible because of the economics of education. But we have learned that when too few resources are applied, we run the risk of getting no meaningful response at all.

In each chapter we have described programs that have been successful in adapting the program for individual students. In almost every case the successful interventions have been of high intensity and have been delivered over an extended period of time. We realize that we are in the business of trying to modify behavioral patterns that have been established over years and that it takes a major and extended effort to change them, regardless of the nature of the intervention we apply. This is naturally bad news for the administrator trying to apply the scarce resources available to meet seemingly unlimited needs, but it is a fact that we ignore at the peril of the exceptional individuals we serve. If we do not provide supports of a sufficient intensity and duration, our goals for children with exceptionalities cannot be reached. So *intensity* and *duration* are key parts of effective special education programs and we will see how this works for the children we meet across the chapters.

Teaching to Strengths

One increasing trend over the past two decades has been to use the strengths of the child and family as the basis for making progress. This is in direct contrast to the older idea of trying to "repair the child's deficit." This may mean, for example, helping children with hearing losses to find alternative means of communication that use their capabilities (using sign language) and strengths

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with visual arts, as well as supporting their speech deficiencies and difficulties. It may mean focusing on constructive strategies of learning to read and concentrating on building successful school experiences instead of simply punishing the child who acts out with hostile and aggressive language when he is frustrated with school.

The use of the relatively stronger abilities of the child instead of focusing on the deficient reverses the medical model we have used in the past—that of attacking the illness directly. It is in line with the positive psychology championed by Martin Seligman and others. Positive psychology stresses positive experiences, relationships, and institutions. This philosophy does not aim to replace an emphasis of seeking and eliminating the causes of various disorders, but rather to take advantage of the strengths present in the child and family to build toward success.

This positive approach also recognizes the emotional attitude of the child involved. If we focus on what children have great difficulty doing, we are pointing out their negative aspects and may unintentionally reinforce the children's sense that they are failures and not as worthy as their peers. When that is combined with possible negative comments from peers, the result can be depression and undermine children's willingness to attack the tasks in front of them.

The positive approach recognizes that how children feel about themselves will contribute a great deal to the eventual goal of independence and self-management. Once they feel good about themselves, their motivation to learn new skills and knowledge increases. There are suggestions for teaching to strengths of the child and family in each of the chapters.

Education Is a Team Game

Much of the literature about education has dealt with the teacher-student relationship, of how one person can influence and shape the lives of young people for the better. Such stories are often inspiring and true, but give an incomplete picture of modern education. If we still have that image of that dedicated teacher, let us remind ourselves that we are now asking that teacher:

- to have mastery of curriculum at the level of his or her students
- to assess students' progress in meeting academic goals
- to diagnose learning problems
- to remediate those students who fall behind
- to understand problem behavior and emotional problems and control misbehavior when it occurs
- to plan for tiered assignments to deal with individual differences
- to understand and work well with differences in cultural backgrounds
- to be a good counselor and communicator to parents
- to fit into the bureaucracy of the school faculty and administration.

We can go on, but the impossibility of one human being carrying out these goals should be obvious, particularly when faced with a student body that is diverse in ability, motivation, interests, and backgrounds. What is called for is a *team approach* by professionals, in partnership with families, each of whom brings to the table some unique skills to apply to this impressive collection of responsibilities.

The legally mandated individualized education program (IEP) requires team planning for the exceptional child with a minimum group of a special education teacher, general education teacher, parent, psychologist, principal, and others as needed. This recognizes the need for a team of individuals who can use their special knowledge and skills to devise and carry out the necessary adaptations for the child with exceptionalities. The medical profession has recognized the importance

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of a team approach to deal with complex problems. Education needs to do the same and organize for collaboration to be an expected part of the special education program (Coleman, Gallagher, & Job, 2012).

Common Core State Standards

The adoption of CCSS by 45 states has been a significant recent school reforms. These standards guide the curriculum for *all* students, including students with disabilities. The implementation of a single set of standards is not without challenges as we look at the range of strengths and needs of today's students. In each chapter of the text we explore the impact that the standards are having. We look at how Universal Design for Learning principles can be applied to give students access to the standards. For students with significant cognitive delays, we discuss the tension that can exist between the students' IEP goals for functional living skills and state standards. We reflect on the role of alternative standards for students with severe challenges and how these alternative learning goals should be assessed. In the chapter for students with gifts and talents we include a discussion of how standards can be enhanced to address advanced learners. For students with sensory and mobility challenges we consider the difficulties of addressing extended core curriculum needs (such as Braille, mobility, assistive technology) while still addressing the common core standards. There are no simple answers to many of these issues, so throughout the text we examine the standards and offer suggestions for their use in the education of children with exceptionalities.

Models

The two models used throughout this text are designed to help us keep the complex nature of the learner and the learner's environment in mind. The information processing model (IPM) helps us see the nature of the difficulties the child is experiencing and how these can impact learning. Response to Intervention (RtI) offers a structured approach to address the needs of the child with collaborative supports and services. Both models, discussed below, are used to anchor our understandings of the child and how we can support the child's success.

Information Processing Model (IPM)

Human beings have a complicated system that helps us react effectively to our environment and the necessary tasks within it. When one element of the system experiences difficulties it influences other parts of the system, causing even more difficulties. As we have discovered more about how children learn, how they processes information, we become more impressed with how complex these processes are and how many factors go into making the process work well. In order to capture the complexity of these processes and enable us to keep the whole system in mind, we present an information processing model (IPM) for each area of exceptionality. The IPM within each chapter shows a likely pattern of challenges and strengths for the children with each exceptionality, and more importantly, it also shows us the direction we can take to support the child's success. The major parts of the IPM are shown in ◗ Figure 1 and are discussed below.

- INPUT—These are the variety of environmental stimuli that impact on the student. If the means for absorbing these stimuli are blocked or are not functioning (e.g., think about vision being absent) then this will influence all of the other parts of the system.

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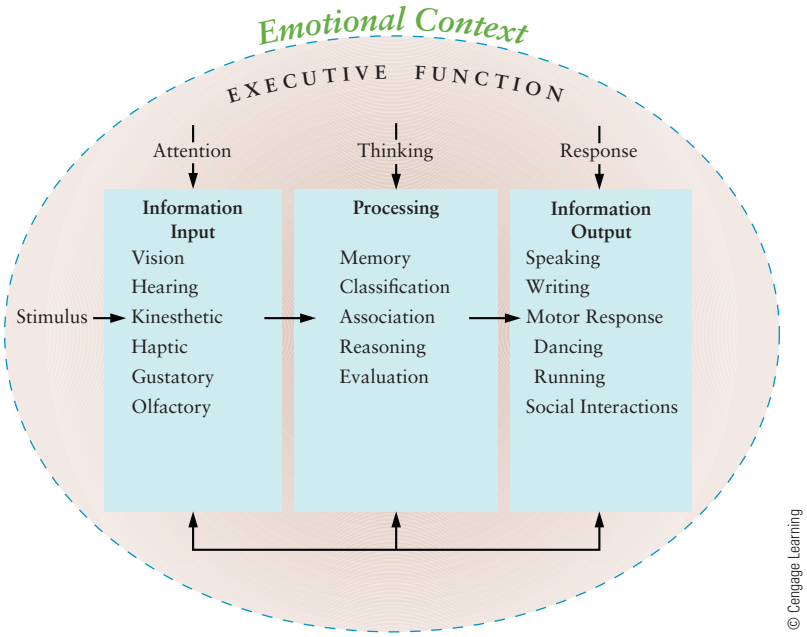

Figure 1 **The Information Processing Model**

- PROCESSING—These are the elements that allow the student to take new information and transform it for personal use through reasoning, evaluation, or combining with already existing knowledge in their memory. We often call this "thinking."
- OUTPUT—The student then responds to the information in a variety of ways, such as speaking, writing, and participating in social interactions. Again, if any of these processes are impaired the student will experience difficulties.
- EXECUTIVE FUNCTIONING—This is the part of the model that determines what alternatives the student acts upon with the information, it is the *decision-making* part of the model. It determines what we pay attention to, what thinking processes we use and what responses we will make to the information. The inability to make proper use of executive function can be very challenging for students.
- EMOTIONAL CONTEXT—How well we use the rest of the model is dependent in part on the emotional context with which the information is received. Is the student angry or depressed, or worried about family or peer relations? If so it will color all the rest of the model.

Differing parts of the IPM will be shaded to represent the areas of special impact. For example, social interactions will be difficult for children with autism, executive function for children with intellectual and development disabilities, and so forth. These will represent special areas that need to be attended to in planning a program for groups of students, or for the individual student. The rest of the model will also represent strengths that can be responded to. The IPM represents a model to be used in designing the legally mandated individualized education program (IEP), described further in Chapter 2.

The Response to Intervention Model (RtI)

One of the major challenges teachers face in schools today is meeting the wide range of student needs. In any given classroom, teachers will have students who struggle to learn sitting beside students who learn easily. Most classes will have

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students who have been formally diagnosed with disabilities, and other students who just seem to need more support in order to achieve success. Some students will have emotional difficulties and behavior problems, while others may have social adjustment needs. The range of students' needs can feel overwhelming to a teacher. But the good news is that in today's schools teachers are not expected to do the job alone! Teams of teachers can work collaboratively to address their students' strengths and needs. In fact, this collaborative approach is catching on across the country through a movement called **RtI**.

RtI is a multitier framework designed to meet the needs of all students. It brings together important information about the child (including data on the child's strengths and challenges) with evidence-based instructional approaches, so that teachers and related service providers can recognize and respond to students' needs. As we will see as we explore this for any given child, RtI is not a linear set of services by which a student begins in Tier I, moves to Tier II, and finally is served in Tier III. All three levels of services are often needed by the same child for different aspects of his or her supports and enhancements. The three tiers are designed to help teachers and service providers determine the level of the child's needs in order to organize their responses to meet these needs. Again, remember that the greater the strengths and needs of the child, the more intensive the services must be.

RtI is the approach used throughout this text to describe supports and services for children with exceptionalities. We have chosen RtI as the anchor for this text because it reflects our belief in the collaborative approach needed to meet the needs of today's students. RtI approaches are being implemented in a variety of ways in school districts across the country. While we believe that RtI holds promise for the future, we know that it must continue to evolve through further research and experience in the coming years, and we look forward to this evolution.

RtI Coverage within This Text

Through this text, when RtI is discussed, you will find a small RtI triangle icon in the margin.

When you see this icon, you may wish to refer back to this introduction to remind yourself what RtI is and to refresh your understanding of the key components of the RtI approach.

Why RtI?

In the past we often created two groups of children, the "regular education children" and the "special education children." This is an artificial dichotomy. There are not two groups of children, there are just children, and many of the children we teach will have special needs. Two major difficulties are created when we divide children into distinct groups:

- Teachers get assigned to one or the other group and often do not pool their expertise to meet the needs of all children.
- The children who are struggling with some aspect of learning, *but who do not meet the eligibility criteria for special education,* often fall through the cracks. getting very little extra help to be successful. Conversely, children who are advanced but do not qualify for gifted education services often get little help address their strengths.

We need a structure that allows us to work together, collaboratively combining resources and expertise to meet the needs of children. The tiered approach to services that RtI offers (see below) provides the structure needed to support the collaboration between general and special education. Tiered supports and services provide a framework for addressing the strengths and needs of children. Using this

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framework we can provide extra support for children who do not need the intense and full services we provide through special education. We can also provide additional enhancements for children who need them. Tiered supports and services allow us to match the child's strengths and needs with appropriate interventions.

We believe that RtI represents an educational approach that moves us toward a better future, a future where children's needs are addressed by *multidisciplinary teams* (professionals from various domains such as special education, speech pathology, and occupational therapy) working collaboratively to address children's special needs. Resources are focused on meeting children's needs, and families work in partnership with professionals, consistent with the "education is a team game" theme.

Key Components of RtI

RtI can be implemented in many ways, but all RtI approaches share some key components:

- A tiered hierarchy of supports and services
- Comprehensive assessments and progress monitoring used to make informed decisions about a child's strengths and needs
- Standard protocols, drawn from evidence-based practices, for intervention when children need more support
- Problem-solving approaches that include parents to plan supports and services.

Explaining the RtI Model

Figure 2 shows the relationships between each of the key components in the response to intervention (RtI) model. As you look at the RtI triangle carefully, you will see that the shading deepens as you move from the bottom to the top. This shading indicates that the supports and services offered at each tier increase in intensity and duration—with Tier III being the most intense level of service. *The RtI triangle shows that as the intensity of the child's strengths and needs increase, our response to these strengths and needs also increases in intensity.*

- Tier I: Universal supports and services are typically provided in a general education setting for all children. This tier incorporates universal screening to detect if children need any additional support or enhancement to meet with success, and progress monitoring to ensure that the support being provided is appropriate for the child. Progress monitoring is critical because it allows educators to see very quickly when a child needs additional supports and

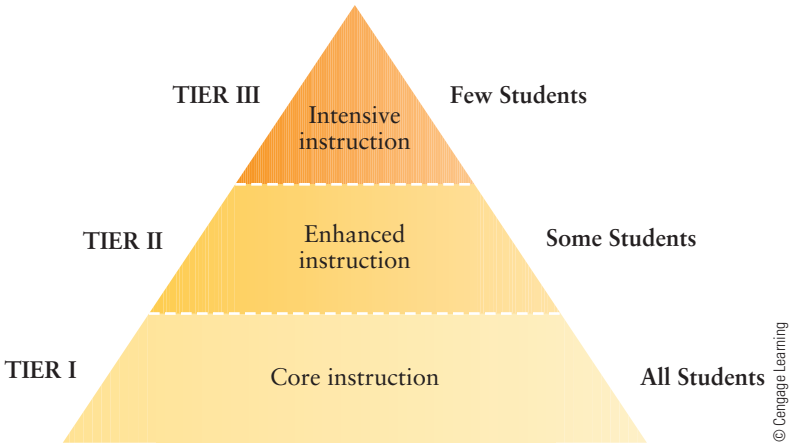

Figure 2 Visual Representation of the RtI Model

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enhancements to achieve success. For children who need more support, we can move to Tier II.

- Tier II: Targeted supports and services are provided collaboratively, drawing on general and special educational resources, and additional personnel when needed. A full implementation of Tier II will likely require additional personnel. In Tier II, the supports and enhancements become more targeted and they are based on the documented strengths and needs of the children. These services may include more intensive and explicit instruction or more rigorous and challenging curriculum provided in smaller groups, and will often involve more frequent progress monitoring to make sure that learning stays on track. Some children will need even more intensive supports and/or enhancements to meet with success. For these children, Tier III should be considered.
- Tier III: Intensive supports and services are provided to address specific student strengths and needs. These supports and services may include the formal identification of students for special and/or gifted education. Supports and services provided at Tier III are tailored specifically to the child's strengths and needs and typically require individualized educational programming. Most of the children you will meet in this text will receive supports and services at the Tier III level.

You may also notice, as you examine the RtI triangle, that there are dashed lines between each tier. The dashed lines are important because as children develop and as their strengths and needs change, our educational services should also change. You will meet several children in this text and learn through them that our educational supports and services must remain flexible. It is important to note that children with intense needs may be referred for the services provided at Tier III at any time from the other tiers.

The use of a collaborative planning process must also be part of an RtI approach, because this allows a multidisciplinary team to work together to address the child's needs (usually through his IEP). This team should include teachers, related service providers, and parents. Throughout the text, the importance of the multidisciplinary team will be discussed. The importance of the parents or caregivers as members of the multidisciplinary team, described as the family-centered approach, is a cornerstone of special education and is critical to RtI.

Major innovations like the RtI model always bring with them a series of questions in the school system's attempt to implement them. How will the RtI program be administered, and who will be responsible for hiring staff and monitoring the program? This is especially true of Tier II, which is an addition to existing operations. Also, who will pay for the costs of the RtI model, which will likely go beyond existing funding? There are many hardworking educators who are addressing this issue right now, and some form of collaboration between general education and special education is expected. The recognition of the need for such a model to assist students with exceptionalities is almost universal, and we expect the next decade to be one of expanding the existing RtI services.

Taken as a whole, the RtI approach attempts to bring together the best of general and special education to create a bright future for children with exceptionalities.

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About the Authors

Samuel Kirk, Ph.D., is the founding author of *Educating Exceptional Children*. He earned his doctorate in clinical psychology from the University of Michigan in 1935, which led to 60 years of work and research. He developed the term "learning disabilities" in the 1960s after years of observation during work with teenagers with IDD in Chicago and a training school in Ann Arbor. President Kennedy named him as the director of the Federal Office of Education's Division of Handicapped Children, and Dr. Kirk was instrumental in convincing the government to provide funding for training teachers to work with students with special needs. He was also the founding director of the Institute for Research on Exceptional Children at the University of Illinois. He ended his career at the University of Arizona.

James J. Gallagher, Ph.D., is a senior scientist emeritus and former director of FPG Child Development Institute, which he has been affiliated with since 1970. Dr. Gallagher served on Governor James B. Hunt's planning team to develop the North Carolina School for Science and Mathematics. Prior to joining FPG, Dr. Gallagher was the first Chief of the Bureau of Education for the Handicapped in the U.S. Office of Education. He oversaw a wide range of new legislation representing the first major thrust by the federal government to help children with disabilities. The Bureau was the leader in helping to implement laws that provided funds for research, personnel preparation, technical assistance, regional resource centers, centers for media development, and state grants to help with the education of children with disabilities. He was promoted to Deputy Assistant Secretary for Planning, Research, and Evaluation during the tenure of Commissioner Jim Allen. Dr. Gallagher also served as the assistant director of the Institute for Research on Exceptional Children at the University of Illinois at Champaign-Urbana. Dr. Gallagher has produced over 200 articles in a wide range of professional journals. He has also authored and edited a number of book chapters and books.

Mary Ruth Coleman, Ph.D., is a senior scientist at the FPG Child Development Institute at the University of North Carolina at Chapel Hill and a research associate professor in the School of Education. She directed Project U-STARS~PLUS (Using Science, Talents, and Abilities to Recognize Students~Promoting Learning in Under-served Students), and Project ACCESS (Achievement in Content and Curriculum for Every Student's Success). She was the coprincipal investigator for the Early Learning Disabilities Initiative sponsored by the Emily Hall Tremaine Foundation. She has served three terms on the board of directors for the Association for the Gifted (TAG), one of which she was president; three terms on the board of the National Association for Gifted Children (NAGC); and two terms on the board of directors for the Council for Exceptional Children (CEC). She was president of the Council in 2007.

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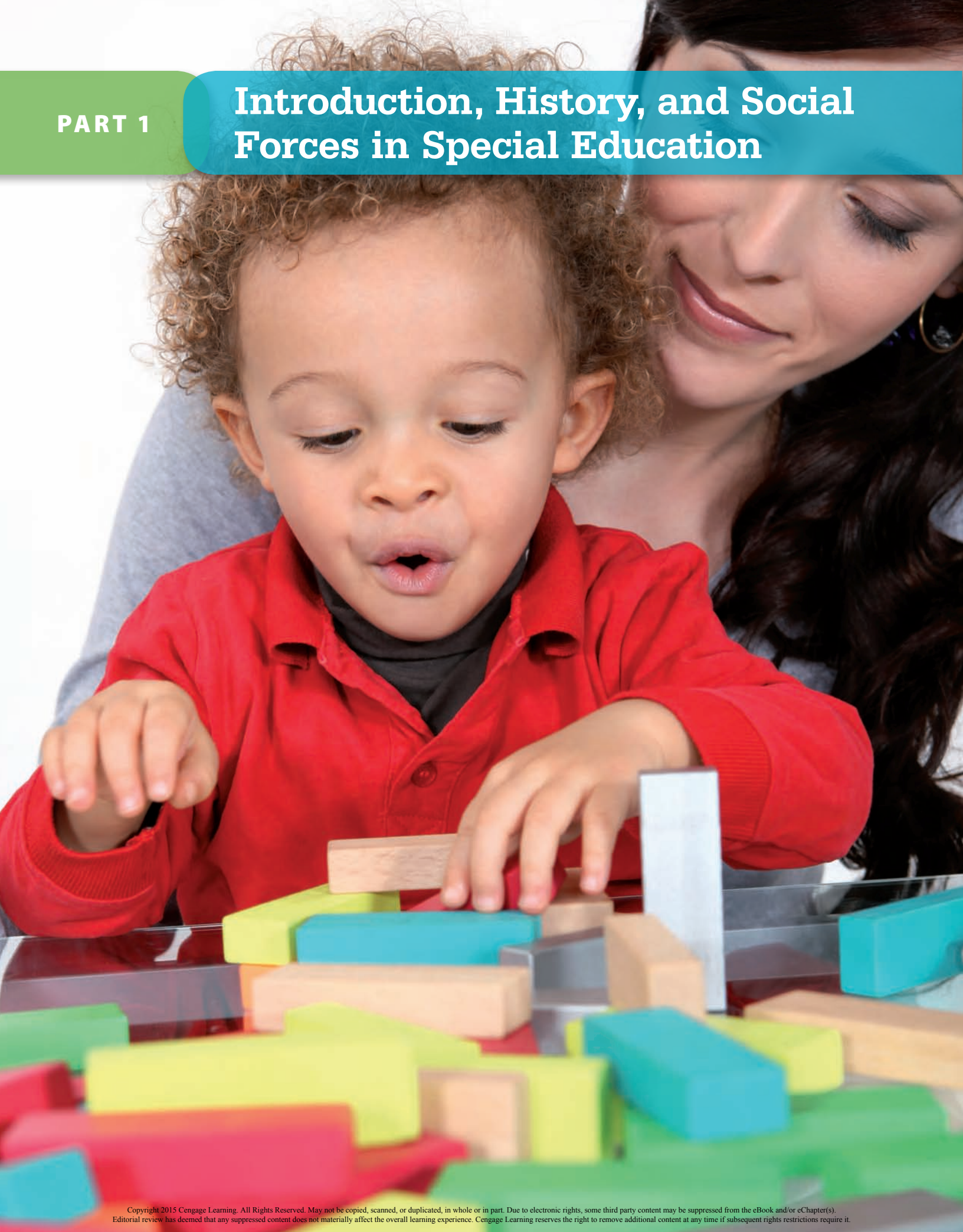
PART 1

Introduction, History, and Social Forces in Special Education



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CHAPTER 1

Children with Exceptionalities and Their Families

Standards Addressed in This Chapter

All of the CEC Standards are addressed in this chapter. Please see the inside book covers for the complete list of the standards.

CEC

FOCUS QUESTIONS

1-1 Who is the child with exceptionalities?

1-2 Why is early identific tion of children with exceptionalities so important?

1-3 What are some of the major causes of exceptionalities?

1-4 How many children with exceptionalities are there?

1-5 How does the child with exceptionalities affect the immediate family—the parents and the siblings?

1-6 How do cultural differences in families affect children with exceptionalities?

1-7 What challenges do students with exceptionalities face as they transition to life beyond school?

The main goal of this book is to introduce you to children with exceptional educational needs. Throughout the chapters, you will come to know and understand many children, learning the most effective ways to support and educate them. Whether you plan to teach in general education, teach in special education, or specialize in speech pathology, school psychology, or educational administration, you will meet children with exceptionalities every day.

In this first section, we begin with a look at who **children with exceptionalities** are. We will review the rich history of special education over the past five decades, and we will learn about the social forces that have played a significant role in establishing special education in the schools. In Chapter 1, we focus on children with exceptionalities, their families, and the social environments that surround them. In Chapter 2, we explore the impact of three major social institutions on children with exceptionalities: the government, the courts, and the public schools.

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It's not easy being different. We have all felt the sting of not belonging, of not feeling a part of the group. We have all felt overwhelmed when asked to do things beyond our skills and capabilities, and bored when asked to do simple things that do not challenge us. Of course, being different is not always negative: It is what makes us interesting people.

But it also means we may have to adapt to social expectations that are often designed for the person who is "typical." When being different means that a child is not able to receive information through the normal senses; is not able to express thoughts, needs, and feelings; or processes information differently, special adaptations in the education program are necessary. All children need and deserve an educational environment where they belong and where their differences are addressed and honored. This book will provide you with important information about how schools and communities can support individuals with special needs across a variety of environments to ensure that being different does not mean being left out!

1-1 The Child with Exceptionalities: An Overview

Who is the child with exceptionalities? The term *exceptional* is generally used to include both the child with developmental disabilities and the child with gifts or talents. Here we define a child with exceptionalities as a child who differs from the typical child in (1) mental characteristics, (2) sensory abilities, (3) communication abilities, (4) behavior and emotional development, and/or (5) physical characteristics (these areas of difference are fully explained in Table 1.1). In exceptional children, these differences occur to such an extent that they require either a modification of school practices or special educational services to develop their unique capabilities.

Of course, this definition is general and raises several questions. What do we mean by "the *typical* child"? How extensive must the differences be for the child to require a special education? What is special education? What role does the environment play in supporting the child? We ask these questions in different forms throughout this text as we discuss each group or category of children with exceptionalities.

Individuals with exceptionalities help us better understand human development. Variation is a natural part of human development; by studying and teaching children who are remarkably different from the norm, we learn about the many ways in which children develop and learn. Through this knowledge, we inform ourselves more thoroughly about the developmental processes of all children. In this way, we develop our teaching skills and strategies for all students. Throughout this book we will meet many children and their families, and we will glimpse a small part of the life they lead. We also come to understand that while an area of difference makes the child unique, the child with exceptionalities is a child first and so shares the same needs as all children.

1-1a Educational Areas of Exceptionalities

If we define a child with exceptionalities as one who differs in some way from a group norm, then many children are exceptional. A child with red hair is "exceptional" if all the other children in the class have black, brown, or blond hair. A child who is a foot taller than his or her peers is "exceptional." But these differences, though interesting to a geneticist, are of little concern to the teacher. Educationally

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TABLE 1.1 Disability Categories under IDEA (2004)

The definitions of the specific disability categories are below. These are federal terms and definitions.

1. Autism	A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child's educational performance.
2. Deafness	A hearing impairment so severe that a child is impaired in processing linguistic information through hearing, with or without amplification, that adversely affects a child's educational performance.
3. Emotional Disturbance	A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance: **a.** An inability to learn that cannot be explained by intellectual, sensory, or health factors. **b.** An inability to build or maintain satisfactory interpersonal relationships with peers and teachers. **c.** Inappropriate types of behavior or feelings under normal circumstances. **d.** A general pervasive mood of unhappiness or depression. **e.** A tendency to develop physical symptoms or fears associated with personal or school problems. The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.
4. Hearing Impairment	An impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but is not included under the definition of *deafness*.
5. Intellectual and Developmental Disability (formerly known as Mental Retardation)	Significantly subaverage general intellectual functioning, existing concurrently [at the same time] with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance.
6. Multiple Disabilities	Concomitant [simultaneous] impairments (such as intellectual disability–blindness, intellectual disability–orthopedic impairment, etc.), the combination of which causes such severe educational needs that they cannot be accommodated in a special education program solely for one of the impairments. The term does not include deafblindness.
7. Orthopedic Impairment	A severe skeletal impairment that adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).
8. Other Health Impairment	Having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment: **a.** due to chronic or acute health problems such as asthma, attention-deficit disorder or attention-deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and **b.** adversely affecting a child's educational performance
9. Specific Learning Disability	A disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations.

(Continued)

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TABLE 1.1 Disability Categories under IDEA (2004) (*Continued*)

10. Speech or Language Impairment	A communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment that adversely affects a child's educational performance.
11. Traumatic Brain Injury	An acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's education performance. The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.
12. Visual Impairment Including Blindness	An impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.

SOURCE: Individuals with Disabilities Education Improvement Act of 2004, Public Law 108–446, U.S. Department of Education, Washington, D.C.

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speaking, students are not considered "exceptional" unless the educational program needs to be modified to help them be successful. If a child's exceptionalities mean he needs additional support to read or to master learning, or if he is so far ahead that he is bored by what is being taught, or he is unable to adjust to the social needs of the classroom, then special educational methods become necessary.

Kali Nine LLC/E+/Getty Images

There are children with exceptionalities in almost every classroom in the country.

A child with disabilities can be eligible for special education services in thirteen different legal categories, as shown in Table 1.1. These categories are outlined in the Individuals with Disabilities Education Improvement Act (IDEA) of 2004, an important piece of federal legislation (discussed in detail in Chapter 2). The definitions in the table are given in technical language, but they are the best descriptors that we have of these areas of exceptionalities. Through case studies and vignettes in the chapters ahead, we will meet students who live with these disabilities. We will also come to see how we can support each child's success.

You may have noticed that children with special gifts and talents are not included in Table 1.1. This is because federal legislation, which generated this list, does not address children with special gifts and talents. These children do, however, have special needs. They need to escape from boredom with the typical curriculum and be motivated to use their talents to the fullest. Every child has the right to reach his or her potential; for children with special gifts and talents, it is also important to society that we support their unique contributions.

You may also note that attention-deficit hyperactivity disorder (ADHD) is included under Other Health Impairment instead of having a category of its own; Chapter 7 will go into detail explaining this oddity.

1-1b Interindividual and Intraindividual Differences

Children with exceptionalities are different in some ways from other children of the same life age. These differences between children are called **interindividual differences**, and they can present educators with many challenges. What

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sometimes goes unnoticed is that some students also show substantial intraindividual differences. **Intraindividual differences** are differences that occur within a single child. These differences must be taken into account when planning for the child. For example, Jason, who is 9, has the intelligence of an 11-year-old but the social behavior of a 6-year-old, and so both interindividual and intraindividual differences must be addressed.

It is just as important for teachers to know the child's unique pattern of strengths and challenges as it is to know how the child compares with other children. Understanding a child's intraindividual differences can help us develop individualized approaches to instruction. These approaches are tailored to the strengths and needs of the individual child. One reason for the development of the **individualized education program (IEP)**—we will discuss IEPs throughout the text—is that these intraindividual differences can pose unique patterns of needs that educators must address.

1-1c The Story of Max: A Historical Case Study

Let us now gain some historical perspective about society's treatment of children with special needs. Consider the story of Max, a short, stocky 8-year-old boy who has been diagnosed with autism, a condition that seriously affects his ability to communicate and form relationships with others. He is receiving special services to strengthen his social skills and build his academic achievement. An interesting question, though, is this: What would have happened to Max if he had been born in 1850 or 1900 or 1925 or 1950 or 1975?

In 1850, only a smattering of physicians were interested in children like Max. Two doctors, Jean-Marc Itard and Edouard Seguin, were the first known individuals who tried to teach children with intellectual and developmental delays (which is likely how Max would have been viewed). In all likelihood, Max would have dropped out of school early, if he had had any schooling at all. At this same point in history, several individuals were interested in helping children who were deaf. Thomas Gallaudet and others were experimenting with various models of communication for children with hearing loss. However, this would not have been much help to Max.

In 1900, there were some isolated stirrings within urban communities focused on starting classes for children with disabilities. These, however, would have been unlikely to help Max, who would probably have been called "mentally deficient" if he had received any attention at all.

In 1922, the Council for Exceptional Children (CEC) was founded in order to organize teachers who were working to help children with exceptionalities. A few classes had begun in urban settings, but these still would not have been much help to Max.

In 1950, the post–World War II era saw the beginnings of special programs for children with exceptionalities (in states such as California and Illinois). If Max had been in the right place, he might have received some help in one of these special classrooms.

By 1975, Congress had enacted legislation designed to provide real help for children like Max. The courts were validating parents' claims to a free and appropriate education for their exceptional child. Still, autism was not a well-known disorder, and

Courtesy of the University of Illinois Archives

Dr. Sam Kirk—a key figu e in the beginnings and organization of special education, original author of this text, and director of the Institute for Research on Exceptional Children at the University of Illinois, 1948–1966.

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TeachSource Video Connection

Watch the video, "Inclusion: Grouping Strategies for the Classroom." In this case, you will see a fifth-grade classroom where a teacher uses small groups to provide appropriate learning opportunities for typical children and for children with special needs. The teacher collaborates with specialists to individualize the lessons focused on a shared topic.

As you watch this video, what do you notice about the collaboration between these teachers? How is the lesson enhanced by having specialists involved?

Watch online

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any well-meaning efforts might not have been sufficient for Max's needs.

Today, there is a greater likelihood that Max would be seen by a multidisciplinary team of specialists (neurologists, psychologists, speech pathologists, etc.) who would be aware of his condition and the special adaptations needed to maximize Max's strengths and abilities. The good news is that today Max's opportunities to meet with educational success have greatly increased.

This brief historical overview featuring Max reveals, however, that intentional, organized, and multidisciplinary efforts are a relatively new development for children with disabilities. For good reasons, the medical profession was the first to become interested in children with exceptionalities. Many children with exceptionalities had physical and health problems that brought them to the attention of physicians. The early terminology relating to these exceptionalities was dominated by medical labels, such as *phenylketonuria, Down syndrome, mental deficiency, blindness,* and *deafness*.

The medical community is still deeply involved in the prevention and discovery of causes related to exceptionality. However, even though a disability might have a medical cause, we in education have gradually realized that we are the key professionals who must address the needs created by the unusual and atypical development of children with exceptionalities. Teachers work with and spend the most time with the child every day. Further, enhancing developmental patterns is usually the province of educators, social scientists, and therapists rather than of medical practitioners. For these reasons, education has become the key profession responsible for supporting the child with exceptionalities.

The field of special education received a good amount of attention at the beginning of the twenty-first century. This is due to the fact that during the 1970s, a strong state and federal legislative base for special education was established. A history of favorable court decisions supporting a "free and appropriate public education" (FAPE) for all students also resulted in the establishment of special education practices (see Chapter 2 for more details about FAPE). This interest of the government, the courts, and schools in children with exceptionalities is a clear indication of the general support of the larger society. This support is critical as programs for children with exceptionalities continue to evolve.

RtI

In public education today, a new approach used by teams of school professionals is the **Response to Intervention (RtI).** As noted in the introduction of this book, the RtI model has three layers or tiers of intervention. Tier I includes classroom-wide changes to incorporate children with exceptionalities into regular programs (with adaptations within the classroom). Tier II provides for targeted intervention for small groups of students requiring special instruction (such as special reading groups). Tier III represents individualized programming for children with special needs and even a totally different school environment. RtI provides educational environments for special education to collaborate with general education to meet the needs of children who need help but who sometimes may not need special education services. Each chapter of this text will spotlight different aspects of the RtI model.

When children have learning problems, the chances are that something has gone wrong with their processing of information. Box 1.1 provides a model for that system, to be used throughout the text, which is used to pinpoint the problem.

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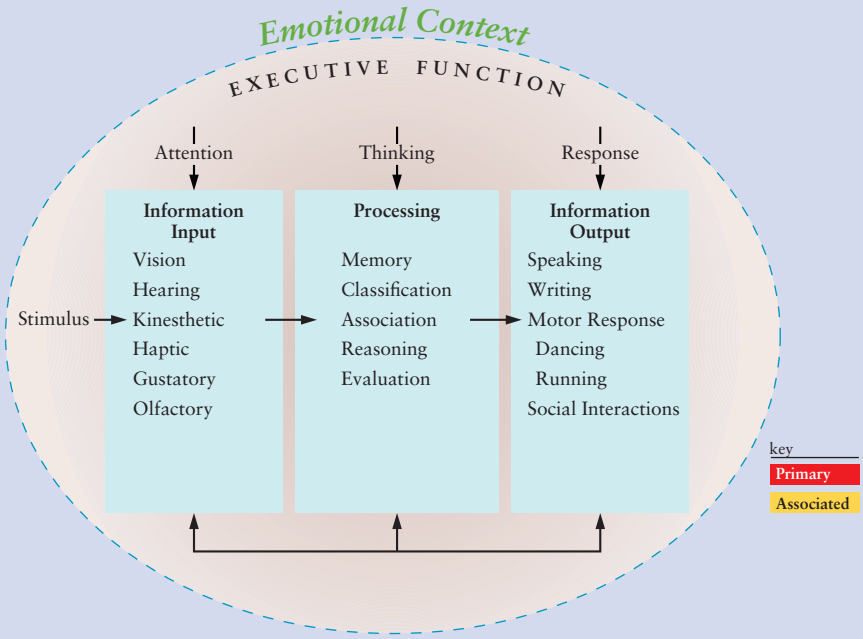
BOX 1.1 The Information Processing Model

One way to think about the complex way children learn is by using an **information processing model (IPM).** We will be using an IPM ◗ Figure 1.1) throughout this text to explore the various components of information processing that are impacted by the presence of a disability or exceptionality. Information processing explains how students interact with and respond to the world around them and describes the learning process. First, children receive information from their senses through input (visual, auditory, etc.). Next, they process this information through memory, classific tion, reasoning, and evaluation abilities. Finally, they respond to information through output, such as speaking, writing, or acting. Students are aided in this processing of information by their *executive function,* or a decision-making ability to choose how to interpret the information and which option to use in response. Information processing takes place within an overall *emotional context* that influen es every aspect of the system: input, processing, output, and executive function.

For example, Gloria may hear from her teacher (hearing) about an assignment of a report due on Friday. The assignment is also written on the teacher's handout (seeing). Gloria remembers (memory) what happened the last time she missed an assignment and decides to use her *reasoning* and *evaluative* abilities to create a report. She will go to the library (motor) and prepare to give an oral report (speaking). Finishing the report tends to reduce Gloria's anxiety about her school performance (emotional context).

Special education is often required when a student is unable to process information effectively. The problems of a student may be in the *input* of information (visual, auditory, or other) or the internal *processing* of that information (using memory, reasoning, or evaluation) or in the *output* or response to the information. The *executive function* is the decision-making aspect of the model that helps the student attend to the input by choosing what thinking processes he or she should call upon and deciding how to react. Imagine what happens when the executive function doesn't respond well.

All of this information processing is done within an *emotional context,* which can help or scramble the other components of the model under conditions of stress, anxiety, or lack of self-confiden e. In each of the following chapters, we will present the information processing model and show which elements may be impacted by the exceptionality under discussion.



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◗ **Figure 1.1 Information Processing Model**

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1-2 Early Identification of Children with Exceptionalities

Educators take identification of students with exceptionalities (defined in Table 1.1) quite seriously, because this identification is often the first step to successful interventions. Appropriate identification is important so that we can match supports and services, or interventions, to the child's specific needs. If we know, for example, that a child has a learning disability in reading, we know what interventions should be put in place to support the child. There is also an economic reason for appropriate identification. Children who are formally identified as having disabilities (as defined in Table 1.1) can receive support from specialized personnel. These

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