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A conceptual analysis of key concepts in inclusive education

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University of Iowa

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A CONCEPTUAL ANALYSIS
OF KEY CONCEPTS IN
INCLUSIVE EDUCATION

by

Thomas Ernest Boston-Kemple

An Abstract

Of a thesis submitted in partial fulfillment of the requirements for the
Doctor of Philosophy degree in Educational Policy and Leadership Studies
(Schools, Culture and Society),
in the Graduate College of The University of Iowa

May 2012

Thesis Supervisor: Associate Professor Christine McCarthy

ABSTRACT

The concepts of an inclusive classroom, inclusion, co-teaching, and disability have been called poorly defined and in need of fresh conceptual analyses. In Chapter 1, I respond to this call for further analysis and then demonstrate, using current educational headlines, that these concepts of ‘an inclusive classroom,’ ‘inclusion,’ ‘co-teaching,’ and ‘having a disability’ are not just issues that are discussed in academia, but are also current issues in schools, courtrooms, and statehouses. In Chapter 2, the Literature Review examines philosophical literature of inclusive education, legislative and judicial history, and service delivery models for special education. In Chapter 3, Methods: A Conceptual Analysis, we examine the history and practice of conceptual analysis, and then look at the models. Chapter 4, Conceptual Analyses, is the core of this dissertation, containing a generic analysis of the ‘inclusive classroom,’ differentiation analyses of ‘inclusion,’ and ‘co-teaching,’ and a generic analysis of ‘having a disability.’ Finally, in Chapter 5, Discussion, we examine implications for further research and conclusions.

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CERTIFICATE OF APPROVAL

PH.D. THESIS

This is to certify that the Ph. D. Thesis of

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CHAPTER 1

INTRODUCTION

Inclusive education has been defined as “all students being educated where they would be educated if they did not have a disability (i.e., in age-appropriate general education classes in their neighborhood school) with necessary supports provided to students, educators, and families so that all can be successful” (Dukes & Lamar-Dukes, 2006, p. 4). Paul Collins, of the University of Rochester, has written, “The inclusion model has gained a wide prominence in the field of education very quickly, yet the model remains ill-defined in its implementation and practice” (2003, p. 457). Collins has called for more conceptual work to be done on this “popular and contentious issue.” Responding to Collins’ article, Suzanne Rice of the University of Kansas argues that differences in the understandings and definitions of disabilities add to the confusion over the meaning of inclusive education. According to Rice, “What is regarded as a ‘disability’ is unstable,” and therefore Rice suggests a closer analysis of the concept of disability: “the question of where students’ needs might be best met would be advanced by closer analysis of how these needs are conceptualized” (2003, p. 460).

I answer these recent calls for further analysis by providing in this dissertation a conceptual analysis of the key concepts in inclusive education. The concept of an ‘inclusive classroom’ is analyzed through a generic-type conceptual analysis to determine a set of necessary and sufficient criteria. ‘Inclusion’ and ‘co-teaching’ are examined through a differentiation-type analysis, resulting in new definitions for these key concepts. ‘Having a disability’ is often seen as a gateway to receiving

special education and related services. This concept of having a disability is analyzed through a generic-type analysis to provide a set of necessary and sufficient criteria. The conceptual analyses of these concepts answer the calls for further research and clarification of these key terms in inclusive education.

These particular concepts of ‘an inclusive classroom,’ ‘inclusion,’ ‘co-teaching,’ and ‘having a disability’ were selected for this analysis in large part because of the call for clarification of ‘inclusion,’ and ‘disability,’ by Collins and Rice. This dissertation, and the conceptual analyses therein, are a direct response to their calls for further study and analysis of ‘inclusion’ and ‘disability.’ There are, indeed, dozens of other vital concepts related to special education that could also be elucidated by the process of conceptual analysis. The fields of education, in general, and special education, in particular, could benefit from conceptual analyses of many of the concepts that are central to these areas, including, ‘achievement,’ ‘best practice,’ ‘collaboration,’ ‘discrepancy,’ ‘exceptionality,’ ‘goals,’ ‘highly qualified teachers,’ ‘labeling,’ ‘individualized educational plan,’ ‘instruction,’ ‘instructional strategies,’ ‘least restrictive environment,’ ‘progress monitoring,’ and ‘response to intervention’ to name a few. For this dissertation, in addition to the analyses of ‘inclusion,’ and ‘disability,’ there is an analysis of the concept of ‘co-teaching.’ Co-teaching is one of the primary teaching styles in an inclusive classroom, and since much of the academic and popular writing on special education links these two concepts, it seemed germane to provide a conceptual analysis of ‘co-teaching,’ along with ‘inclusion,’ and ‘disability.’

In addition to the academic purpose of continuing the conceptual analysis of key terms in inclusive education, as stated above, there is a second, more personal, purpose for this research. Throughout over a dozen years of teaching in a variety of classroom settings, including regular education classrooms, special education classrooms, and numerous variations of inclusive classrooms, I have seen my colleagues and co-teachers struggle when discussing the concepts of inclusion, co-teaching, and disability. This struggle is not due to a lack of knowledge or experience, or due to a lack of passion on these topics, but it is often due to a lack of common vocabulary. I have had conversations with compassionate, effective, experienced teachers that began, "Inclusion is not working for me or my students." Then, in the course of our dialogue, I discovered that the classroom they described was not what I considered to be an inclusive classroom. They may have a combination of some students who have been identified with learning disabilities, and others who have not. They may even have a para-educator in their class to assist with the instruction or classroom management. However, they were not given any additional training about how to serve the needs of the students with disabilities. These teachers feel as if they are failing because their students are failing. Then, when I describe some of the services that could be provided, or accommodations that could be made to instruction, or strategies they could use in their classroom; these teachers begin to understand the concept of inclusion. What they had described as an inclusive classroom was not what I understood as one. Often in these conversations, terms such as mainstreaming, least restrictive environment, and inclusion were used interchangeably. In the course of intelligent, passionate dialogue about teaching, I

have seen teachers' attitudes evolve from thinking that inclusion was ruining their classroom to believing that inclusion could provide hope for their students and for themselves. I believe that confusion, disagreements, and division are often rooted in misunderstanding. It is my sincere hope that this research will clarify these terms and eliminate some of the misunderstanding that surrounds inclusive education. Then, this research will help teachers, parents, administrators, and others involved in the education of children, to have intelligent, informed, passionate conversations about inclusion.

In the remainder of Chapter 1, I demonstrate, using current educational headlines, that these concepts of 'an inclusive classroom,' 'inclusion,' 'co-teaching,' and 'having a disability' are not just issues that are discussed in academia, but are also current issues in schools, courtrooms, and statehouses. In Chapter 2, the Literature Review examines philosophical literature of inclusive education, legislative and judicial history, and service delivery models for special education. In Chapter 3, *Methods: A Conceptual Analysis*, I examine the history and practice of conceptual analysis, and then look at the models of conceptual analysis as detailed by Jonas Soltis. Chapter 4, *Conceptual Analyses*, is the core of this dissertation, containing a generic analysis of the 'inclusive classroom,' differentiation analyses of 'inclusion,' and 'co-teaching,' and a generic analysis of 'having a disability.' Finally, in Chapter 5, *Discussion*, I examine implications for further research and conclusions.

Headlines from recent educational news sources show that the debate over inclusion, inclusive classrooms, co-teaching, and the understanding of disability are as lively in the popular print as they are in the academic. Shah (2011) writes in

Education Week about “changing the fundamental culture of how students with disabilities, and really all students, are taught” (p. 1). Many students with disabilities are still segregated from other students for a part of the day. Shah (2011) reports that one professor of special education, Mr. Sailor from the University of Kansas, recently said “by destroying any opportunity for a student with disabilities to be segregated from other students, all students can benefit and achieve” (p. 1). This advocacy for inclusion has been repeated by other educators. DeWitt (2011) writes, “For seven out of eleven years I taught inclusion and was known as the inclusion teacher. I liked the challenge of meeting the needs of a wide range of learning abilities. I learned a great deal from the special education teachers with whom team-taught and they showed me some of the best instructional techniques” (p. 1).

Detroit schools are in the process of moving 5000 high school students with learning disabilities into general education classrooms. In part this is due to mandates to meet state and federal special education guidelines, but in the process, the school district has learned some important steps about such a transition. District teachers did receive training in co-teaching and the benefits of inclusion, yet most teachers felt that more training was needed (Samuels, 2010; Shah, 2011). Detroit Public School officials said, “The shift allows students to earn diplomas, instead of certificates of achievement, encourages children to rise to their level of capabilities and helps the district come into compliance with a more inclusive special education model” (Samuels, 2010, p. 1).

The San Diego school district has also recently shifted to an instructional model with greater inclusion. “Now three years into the shift to inclusion, parents

and educators are wondering: Did San Diego move too fast” (Shaw, 2012, p. 1). Once again, lack of training and understanding of disabilities and inclusion was cited in the process. Some of the comments from teachers and staff were, “The district tried to train its teachers to work with students with disabilities, but it made the training optional,” “the training wasn’t enough,” “some of the students should be segregated,” and, “that’s certainly not the way this should have happened with such a huge transition” (Shaw, 2012, p. 1).

A recent report from the Thomas B. Fordham Institute (2011) echoes the call for more research and training in several areas of special education. “What’s needed, the Washington think tank says, is better, more consistent data about students with disabilities and uniform definitions of different types of disabilities...and a fresh approach to teaching all students, all of whom have unique needs” (Shaw, “Report Probes the Future of Special Education,” p. 1). Even more dramatically, this report concludes that “special education, like general education, needs a makeover for the 21st century” (p. 1).

The concept of disabilities also continues to spark debate, new regulations, and lawsuits. Perry Zirkel, an education professor at Lehigh University, has commented on new guidance from the federal government, provided by the Office for Civil Rights that “clarifies school district responsibilities under amendments to the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973” (Shaw, “Expert: Feds Gave More Questions,” p. 1). The federal guidance could open the door for more students to be evaluated for special education services or others services under Section 504. Zirkel says, “If there are more kids eligible, what are

they legally entitled to? How far do you have to go? What is the entitlement or the right” (Shaw, “Expert: Feds Gave More Questions,” p. 1). He concludes with the expectation that this guidance will lead to more complaints and lawsuits filed against school districts by parents concerning what is a disability and what accommodations are appropriate (p. 1).

Almost four decades after the passing of the Individuals with Disabilities Education Act (IDEA) of 1973, there is still disagreement on how to identify disabilities. “While many schools use an IQ-Achievement Discrepancy model to identify the presence of a disability, that is students with learning disabilities show an unexpected gap between their potential and achievement, there is a push for schools to use a Response to Intervention (RTI) method to identify learning disabilities (LD)” (“Identifying Learning Disabilities,” 2011, p. 1). RTI attempts to identify students with disabilities by measuring responses to intensive interventions. Students who do not respond to the interventions would be identified as disabled. One of the problems with the discrepancy model is the “wait and fail” notion. “Students must be in third or fourth grade to have a discrepancy large enough to be identified as disabled” (“Identifying Learning Disabilities,” 2011, p. 1). RTI appears to address the “wait to fail” concern, however, it raises others, such as the lack of effective measures for children in preschool and lower elementary and for identifying students who are gifted and have a learning disability. The position of the Council for Exceptional Children is that, “more research needs to be done before moving to RTI to identify LD. The ability-achievement discrepancy formula should not be used as the sole criterion to determine eligibility. The discrepancy formula remains a hallmark of

identifying specific learning disabilities” (“Identifying Learning Disabilities,” 2011, p. 2). In light of these calls for more research on disabilities and identification, a clear understanding of the concept of disability is needed now more than ever.

Finally, education headlines have been laden with news about the Elementary and Secondary Education Act, more commonly known now as No Child Left Behind (NCLB). A recent *Education Week* (2012) headline stated, “Duncan: NCLB Has Significant Flaws and It’s Time to Fix Them” (“Duncan: NCLB,” p. 1). U.S. Education Secretary Arne Duncan states that even though NCLB has improved American education in some ways, there are flaws in the law that need to be fixed. Duncan said, “NCLB was right to shine a bright light on achievement gaps and set a clear expectation that all students must learn to the same standards. This has led to great progress in schools focusing more on the needs of English learners and students with disabilities and other at-risk-students” (Diament, 2011, p. 1). It is clear that in the months and years ahead, as NCLB is updated for reauthorization, that the issues of accountability, achievement gaps, and disability will remain in the center of the discussion.

CHAPTER 2

LITERATURE REVIEW

This conceptual analyses of key terms related to inclusive education rests upon a thorough examination of related literature. One key component of the literature is a review of the philosophical debate and problems concerning inclusive education. A second component is the legislative and judicial history of special education. A third element is a review of the literature about service delivery models for special education.

Philosophical Literature of Inclusive Education

There are a variety of understandings of what is commonly called among educators “a philosophy of inclusive education.” The term ‘philosophy’ is being used in this context to merely indicate a set of beliefs, and not a philosophical study or debate. Barry Wilson, Department Head of Educational Psychology and Foundations at the University of Northern Iowa (UNI), has said “inclusion is not just about ‘where’ children are educated; it’s a philosophy that includes a whole school and it’s everyone’s responsibility” (“Philosophy of Inclusive Education,” 2006, p. 1). Wilson compares the inclusive classroom of today to the one-room school house where students learned from each other, and the teacher was expected to provide instruction to every student who entered the class.

The College of Education at UNI has gathered other statements of philosophy on inclusive education, including a parent’s “philosophy” which states that school prepares her son, who has a disability, and other children for the real world of living and working. This parent says “after my son is out of public school, he’ll be living

and working with a diverse population of people” (“Philosophy of Inclusive Education,” 2006, p. 1). She wants her child with disabilities to be accepted as much when he is out of school as when he is in school, saying, “That’s why inclusion is a key.” A teacher in a second grade inclusive classroom shares her philosophy on inclusive education, stating “inclusion involves all kinds of practices that are ultimately practices of good teaching. What good teachers do is to think thoughtfully about children and develop ways to reach all children” (“Philosophy of Inclusive Education,” 2006, p. 1).

Melissa Heston, Associate Professor of Education, UNI, states in her philosophy of inclusive education that “it operates from the assumption that almost all students should start in a general classroom, and then, depending on their needs, move into more restrictive environments” (“Philosophy of Inclusive Education,” 2006, p. 1). Inclusion starts with the belief that students belong in the general education classroom. If the needs of the student require other placement, then more restrictive settings should be considered. These views documented by UNI represent a shift from the assumption that students with disabilities would be taught in alternative settings, and under unusual circumstances be mainstreamed with non-disabled students. Both orientations require that there be a range of settings in which to educate students, which will be introduced in the next section.

Wilson and Heston’s ideas and others represent a non-philosopher’s view of “a philosophy of inclusive education.” However a more rigorous debate of inclusive education is represented in recent articles by Paul Collins and Suzanne Rice. They reach conflicting conclusions as a result of their divergent analyses of key concepts.

In his essay, Collins (2003) sees inclusion as an educational placement that places social skills over academic skills. He defines inclusion as “an educational philosophy that places a high value on the acquisition of social skills and holds that segregating students inhibits this acquisition. To eliminate any and all segregation, inclusion prescribes regular classroom placements for all students and correspondingly proscribes, or eliminates, all options for alternative placement.” (Collins, p. 449). Collins, however, in my view, fails to recognize the growing body of literature in which the focus of inclusion is academic improvement. Nelson, Palonsky and Carlson (2000), for example focus on academics. They advocate for “careful inclusion,” described as thoughtfully involving certain children with special needs in regular school classes and activities on an individual basis, particularly those whose academic work is likely to be enhanced.

Collins compares inclusion to mainstreaming. The inclusion model, like the mainstreaming model, places students with disabilities into the regular education classroom. However, Collins (2003) further defines the mainstreaming practice, stating, “Mainstreaming uses little or no special services or support in the regular education classroom and, although there is still the option of going outside the regular classroom for help, the regular education teacher in the classroom is primarily responsible for the student’s progress” (Collins, p. 450). I agree with this understanding of mainstreaming, especially the lack of supports in the regular classroom for students with varying needs, including those with disabilities. I also concur with Collin’s (2003) concern about the use of these terms. “There is a great difference between the underlying concepts of mainstreaming and inclusion as they

relate to placement decisions. Mainstreaming is not simply a watered down version of inclusion, and using these two terms synonymously is not only confusing but fails to highlight the philosophical differences that many educators and disability advocates wish to emphasize” (p. 450). Such differences, especially in terms of the level of support that accompanies my understanding of inclusion, will be detailed in the conceptual analyses of ‘inclusion’ and ‘the inclusive classroom’ in Chapter 4.

I disagree, however, with Collins’s (2003) representation of inclusion as a “radical educational perspective or philosophy, one that is focused almost exclusively, not on the outcome of the educational process as measured in academic achievement, but on how to achieve equality simply through classroom placement” (p. 451). Collins mentions Stainback and Stainback as proponents of this view. Collins writes that “an inclusive school is one that educates all students in the mainstream...and it is possible to have a mainstream that meets everyone’s needs *if* ample support and assistance is provided to both teachers and students in regular education classes” (Collins, 2003, p. 451). Collins fails, in my view, to recognize the “if condition” that “ample support and assistance is provided.” In my conceptual analysis of the inclusive classroom, I will argue that academic achievement is not only relevant, but central to the understanding of inclusion.

Rice’s brief analysis of the key concept “disability” points to a major problem in not only the discussion of inclusive education, but also in the discussion of special education as a whole. The problem is that students receive services based on their level of disability, but the definition of “disability” varies by state. She points out that, in Ohio, students whose IQ is below eighty are classified as “mentally retarded”

and are taught in separate classrooms. However, in Kentucky, the same students would not be deemed mentally retarded (now referred to as intellectually disabled) and would be placed in regular classroom (2003). Even more disturbing is the way in which race factors into identification of disabilities. Rice points out that in two Alabama school districts of the same size, a district with a population of 99% black students identified 236 students who were mentally retarded and 14 who were learning disabled. In another district with a population of 99% white students, 15 were identified as mentally retarded, while 271 were identified as learning disabled. Such striking differences point to the need for a new conceptual analysis of “disabilities,” and a study of the way the interpretation of disabilities is used to determine services such as placement in an inclusive classroom.

Rice (2003) also weighs in on the question of academic progress as she raises serious concerns about educating students with disabilities in special classrooms. She points to “a huge body of literature arguing that children with so-called special needs do not fare better when they are placed in special education programs” (460). Rice mentions “6-hour retarded children – children who are retarded for six hours a day, that is, when they are in special education, and at home and in other extra-school contexts, these same children acted remarkably like their ‘normal’ peers” (460). Such arguments call in to question the validity of special classes and highlight the need for more dialogue and understanding about inclusion and educating students with disabilities in the regular classroom with their non-disabled peers.

The previous literature has dealt with varying aspects of identification of students with disabilities, and their placements in separated or inclusive classrooms.

These discussions have primarily been from a constructivist point of view. Danforth and Rhodes (1997) argue “the term social constructionism has been used to describe positions claiming that what is assumed and understood to be objectively real by persons in the course of their activities is more accurately said to be constructed by those persons in their thoughts, words, and interactions” (p. 359). In terms of special education, social constructionists have typically focused on the way a given disability diagnosis or category gained the status of “reality,” how the “real” came to be considered real (Danforth and Rhodes, 1997). Disabilities have been explained and used as political and social artifacts, realities created in broad sweeps of social activity by professionals and others.

Sleeter (1996) explained the increased diagnosis of students with learning disabilities from relative obscurity to assumed reality. In her analysis (1996) “learning disabilities arose as a politically acceptable means of differentiating the poor academic performance of White, middle class students from the school difficulties of poor, non-White students” (p. 162). In response to the expanding social constructs in the areas of disabilities and special education, Danforth and Rhodes (1997) state that by failing to question and contest the disability construct as universally true and real, even inclusion advocates have “unintentionally worked against their own integrationist and civil rights purposes, supporting the devaluation and stigmatization of students ‘with disabilities’ while decrying the same” (p. 357).

Even well meaning special educators, who have advocated for more respectful and egalitarian ways of identifying, labeling, and serving students with “disabilities,” are still working within a system of social constructivism that identifies students by

their abilities and disabilities. Social constructivism “assumes that the various forms of ‘disability’ are not physical absolutes, but social designations that are made by people in interaction and relationship” (Danforth and Rhodes, 1977, p. 359). Disability, therefore, is considered to be constructed by society, or a social construction.

Deconstructionists, rather than the improvement of current concepts, advocate the dismantling of the social constructs that have been created in regards to special education. Danforth and Rhodes (1997) state that “the goal of the following deconstruction of disability is to dismantle the logical scaffolding supporting the diagnostic process, demonstrating the inherent faulty reason of that procedure. The result is the disruption and invalidation of the assumed rationality of the common practice of sorting of students into categories of ability and disability” (p. 361).

A deconstructionist with this goal would question the very rationale for such a project as this dissertation, namely, a conceptual analysis of key elements in inclusive education. For deconstructionists, the analysis of criteria for identification of having a disability is considered to be a promulgation of an unjust social construct. Danforth and Rhodes (1997) argue that “where the inclusion movement has erred is not so much in developing techniques for integration or in championing a moral direction for educators, but in articulating a logical and consistent philosophy that supports the non-exclusionary education of all students. Continued support of the commonly accepted concept that physiological or psychological disabilities exist in specific individual students no longer supports the philosophical and practical purposes of inclusion advocacy” (p. 357). Yet Danforth and Rhodes also realize that

“philosophical issues are not quickly and decisively handled with a single paper. Therefore a deep and thoughtful conversation among the multitude of concerned parties is best” (1997, p. 358). Kang (2009) also holds that the social constructs of “disability” that have created the current process by which students with disabilities are identified, are temporary. She argues that the construct of “disability” is temporary and can change across time. “The meaning of disability, like so many other meanings within culture, is not fixed but rather is changed across time and place” (p. 1).

This ‘changing’ construct of disability is widely used in federal, state, and local school district regulations and rules examined for special education. It is the author’s sincere hope that the conceptual analyses in this paper will help promote that ‘deep and thoughtful conversation’ as called for by Danforth and Rhodes (1997). Also, even though the labeling of students with disabilities is seen as an unjust social construct to deconstructionists, for now, a new conceptual analysis of disability is needed to create a more just social construct.

Legislative and Judicial History

From the passing of the federal Education for All Handicapped Children Act (PL 94-142) in 1975, to the subsequent passage of the Individual with Disabilities Education Act (IDEA) in 1990, to the present linkage of IDEA with No Child Left Behind legislation, there has been an interplay between legislative and judicial processes in special education. Among the cases I will examine in the literature review, two court cases, *Daniel R.R.* and *Oberti*, have had a major impact on both case law and legislation.

For the last decade, proponents of inclusion have hailed the decisions made by U.S. Courts in *Oberti v. Board of Education*, 995 F.2d 1204 (3dCir. 1993) and *Sacramento City Unified School District v. Holland*, 14 F.3d 1398 (9thCir. 1994) as “groundbreaking decisions” due to their specification of the “least restrictive environment component” (LRE) of IDEA legislation (Whitted, Cleary, and Takiff). Prior to an examination of the important issues and applications related to the *Oberti* and *Holland* cases, it is necessary to examine an earlier case, *Daniel R. R. v. State Board of Education*, 874 F.2d 1036 (5thCir. 1989). There are elements of the *Daniel R. R.* case that not only affect the *Oberti* and other cases, but influence legislation and cases up to the present.

Daniel R.R. v. State Board of Education

In 1989, the United States Court of Appeals, 5th Circuit, heard the case *Daniel R.R. v. State Board of Education*, 874 F.2d 1036 (5thCir. 1989). Judge Gee ruled in favor of the school district, which had refused to place Daniel R. R. in a class with non-handicapped students. The criteria that this court used to determine whether the least restrictive environment mandate of IDEA was followed has become the most widely used test to determine the least restrictive environment (hereafter referred to as “LRE”), and is referred to as “the Daniel R. R. Test.”

A fundamental component of special education that has been in place since 1975 is that students with disabilities are to be educated in the “least restrictive environment” (20 U.S.C. § 1412(a)(5)). LRE creates a presumption that students with disabilities are to be educated in the regular education classroom to the “maximum extent appropriate.” The statute also requires that school districts have a

continuum of services available for their students with disabilities (34 C.F.R. § 300.551). Because the Supreme Court has not ruled, to this date, directly on the LRE provision, the standards established at the circuit court level represent the highest authority regarding LRE, with the various circuits providing a number of different tests. While the LRE tests adopted by the circuit courts vary to a certain extent, they include similar criteria to be used as determinants of appropriate placement in the LRE (Karger).

The Daniel R. R. Test for least restrictive environment employs the following two questions (I quote the language of *Daniel R.R. v. State Board of Education*):

- (1) Can education in the regular classroom, with the use of supplementary aids and services, be achieved satisfactorily for a particular student?
 - (a) Has the school taken sufficient steps to accommodate the student in the regular classroom with the use of supplementary aids and services and modifications?
 - (b) Will the student receive educational benefit from the regular education?
 - (c) What will be the effect of the student's presence in the regular education classroom on the education of the other students?
- (2) If the student is to be removed from a regular education classroom and placed in a more restrictive setting, has the student been mainstreamed to the maximum extent appropriate? (*Daniel R.R. v. State Board of Education*, 874 F.2d 1048-49 (5th Cir. 1989)).

The Daniel R. R. Test continues to be cited as seen in the following court cases: *Oberti v. Board of Education*, (3rd Cir. 1993); *Sacramento City School District v. Rachel Holland* (9th Cir. 1994); *L. B., and J. B., on behalf of K. B., v. Nebo School District, Nebo Board of Education, et. al.* (10th Cir. 2004); and *T. W., by and through his parents, Madeline McCullough and Michael Wilson, v. Unified School District No. 259, Wichita, Kansas*, (10th Cir. 2005).

In 1993, in *Oberti v. Board of Education*, the Third Circuit adapted the Daniel R.R. test by expanding consideration of the factors in the first part of the test. In *Oberti*, the court held that the district “must consider the whole range of supplemental aids and services” (*Oberti v. Board of Education*). The court also noted that the need for modifications “is ‘not a legitimate basis upon which to justify excluding a child’ from the regular classroom unless the education of other students is significantly impaired” (*Oberti v. Board of Education*). This latter consideration was later incorporated into the Individuals with Disabilities Education Act (IDEA) Amendments of 1997 (34 C.F.R. § 300.522(3)) (Karger).

The fact that applications of the Daniel R. R. Test have been incorporated into later legislation, and that the test continues to be applied to current court cases, show that the Daniel R. R. Test has been and remains the leading test of the fulfillment of the Least Restrictive Environment mandate. However, the terms ‘satisfactorily’ and ‘sufficient’ are problematic and require further analysis. They are insufficient and unsatisfactory when implementing these guidelines.

Overview of *Oberti v. Board of Education*

The main issue in this case concerns the appropriateness of an IEP that recommended placement of the child, Rafael Oberti, in a "segregated" program outside the child's home district. Rafael at the time was seven, with Downs Syndrome. Following a year in which the boy spent half his time in a developmental kindergarten class at his home school and half his time in a special education class, the IEP team recommended placement in a full-time self-contained placement for children who were categorized as "educably mentally retarded." This program was

outside the Oberti's district. At a mediation in the middle of the school year, both sides agreed that Rafael would then attend the out-of-district program for "multiply handicapped" children. Later dissatisfaction with the program led the parents to file for due process, and a change of placement. The New Jersey administrative system affirmed the appropriateness of the multiply handicapped program. The parents then appealed to the Federal District Court, arguing that a mainstreamed program in Rafael's home district was the appropriate placement. The district court overturned the decision of the administrative system, and ruled in favor of Rafael and his parents, Carlos and Jeanne Oberti. The school district appealed to the United States Court of Appeals for the Third Circuit, which ruled, "Although our interpretation of IDEA's mainstreaming requirement differs somewhat from that of the district court, we will affirm the decision of the district court that the School District has failed to comply with IDEA. More precisely, we will affirm the district court's order that the School District design an appropriate education plan for Rafael Oberti in accordance with IDEA" (*Oberti v. Board of Education*). We see here that the circuit court takes seriously the mandate to educate students in the least restrictive environment, even though that may require substantial aids and supports, as described below.

Analysis of Oberti v. Board of Education

Third Circuit Court Judge Becker clarified his understanding of mainstreaming as set out in The Individuals with Disabilities Education Act (IDEA) in stating the following.

We construe IDEA's mainstreaming requirement to prohibit a school from placing a child with disabilities outside of a regular classroom if educating the child in the regular classroom, with supplementary aids and support services, can be achieved satisfactorily. In addition, if

placement outside of a regular classroom is necessary for the child to receive educational benefit, the school may still be violating IDEA if it has not made sufficient efforts to include the child in school programs with non-disabled children whenever possible. We also hold that the school bears the burden of proving compliance with the mainstreaming requirement of IDEA, regardless of which party (the child and parents or the school) brought the claim under IDEA before the district court (*Oberti v. Board of Education*).

In applying the tenets of the Daniel R. R. Test to the *Oberti* case, the judge found that the U.S. Circuit Courts have overwhelmingly placed the burden of proof on the school district to demonstrate that it has attempted every means possible of providing for the education of the student in the general education setting before attempting to place a student with disabilities in a separate program.

In *Oberti v. Board of Education*, the Third Circuit Court also cited consideration of the potentially negative effects of inclusion on the students without disabilities. In section 9 of *Oberti*, the school district argued that Rafael experienced a number of serious behavioral problems there, including repeated toileting accidents, temper tantrums, crawling and hiding under furniture, and touching, hitting and spitting on other children. On several occasions Rafael struck at and hit the teacher and the teacher's aide. However, Rafael's parents provided expert witnesses who testified that with proper training of the classroom teacher and aides, "saw no reason why Rafael could not be educated at that time in a regular classroom" (Sections 20-21, *Oberti*). The circuit judge wrote, "The Act (IDEA) does not permit states to make mere token gestures to accommodate handicapped students; its requirement for modifying and supplementing regular education is broad" (*Oberti*).

The *Oberti* court was the first to note that students without disabilities may receive their own social benefits through inclusion, such as learning to interact with

students with disabilities. *Oberti* footnote #24 states, “Courts should also consider the reciprocal benefits of inclusion to the nondisabled students in the class. Teaching nondisabled children to work and communicate with children with disabilities may do much to eliminate the stigma, mistrust and hostility that have traditionally been harbored against persons with disabilities.”

Many of the arguments presented in the *Oberti* case deal with behaviors, not with academics. This is addressed in section 2 of the court proceedings, which explains that the “determination that a child with disabilities might make greater academic progress in a segregated, special education class may not warrant excluding that child from a regular classroom environment. We (the courts) emphasize the Act does not require states to offer the same educational experience to a child with disabilities as is generally provided for nondisabled children.” Precedents from prior cases are stated, including:

The court must pay special attention to those unique benefits the child may obtain from integration in a regular classroom which cannot be achieved in a segregated environment, i.e., the development of social and communication skills from interaction with nondisabled peers (see *Daniel R. R.*). Also, a child may be able to absorb only a minimal amount of the regular education program, but may benefit enormously from the language models that his non-handicapped peers provide (*Greer*).

In other words, the courts take the non-academic benefits to inclusion as seriously, if not more seriously, than the academic.

Discussion of terms used in the *Oberti* case

Throughout the *Oberti* court records, the judge refers to classrooms other than the regular education class as ‘segregated, special education classrooms.’ Throughout the document, the trial judge uses the word ‘segregated’ to describe placements which

have all the attributes of ‘self-contained’ programs, i.e., programs designed specifically to address one or more disabling conditions (learning disabilities, physical disabilities, mental disabilities and behavioral disabilities) common to all students within those programs. For example, the court’s description of Rafael’s first placement was said to be in a “segregated, self-contained special education class” (*Oberti*), which could have been described as simply a “self-contained special education classroom.” Whitted et al. refer to the judge’s use of ‘segregated’ as developing a “negative connotation of the term, ‘self-contained.’” The court at one point suggests that ‘segregation’ in the context used here is no different from the principles guiding the Supreme Court in its historic decision in *Brown v. Board of Education*” (*Oberti*).

The court appears at one point to follow the decision of its sister court in California, which held that the “mainstreaming” requirement of IDEA rises to the level of a presumption. (See *Board of Education v. Holland*, 786 F.Supp. 874, 877 (E.D. Cal. 1992)). Yet the court, at the same time, never reaches the categorical conclusion that “segregated” placements are *per se* inappropriate. Recognizing that IDEA mandates a continuum of placement options, the court concluded that IDEA “obligates school systems to provide a certain level of supplementary aids and services *which will vary in every case*” (*Oberti*, 789 F.Supp. at 1328 (emphasis added)). The court affirms the idea that the aim of IDEA is to direct children toward ‘inclusion’ (generically speaking) with non-disabled peers, while also providing “a continuum of placements” which includes full-time regular education settings (termed

by the court as ‘full inclusion’) to the most restrictive settings (termed ‘fully segregated’).

The Decision

The court found the district’s placement of Rafael (in *Oberti v. Board of Education*) to be a “woefully inadequate.” The court also found that the district had fundamentally failed to develop any remedial methods or additional services to allow Rafael the chance to remain in any respect with non-disabled peers (Id. at 1331-32). The court’s findings were based upon the failure of the district to try to educate Rafael to the ‘maximum extent appropriate’ with non-disabled peers, not upon the inherent inadequacy of ‘segregated’ settings. Finding support in decisions of other federal Circuits which have analyzed the issue of the ‘mainstreaming’ component of the IDEA [3], the court held that the district had failed to implement services which might avoid “unnecessary segregation” of Rafael (Id. at 1333).

More importantly, the court refused to grant summary judgment to either side. Its decision rested on the fact that the issue of Rafael’s ability to be mainstreamed at the present time was not resolved. Based on the evidence of experts for both sides, the court concluded that it could not reasonably decide whether Rafael could successfully be fully mainstreamed for the current school year (Id. at 1336). The court further noted that while mainstreaming was the goal, there were unanswered questions regarding the services that would have to be provided Rafael in a “non-segregated” setting, and whether it would be feasible to provide the needed services within a regular classroom at Rafael’s home school (Id. at 1336).

Thus, rather than rule out any one setting as manifestly inappropriate, the court merely held that unresolved issues existed as to what Rafael's "appropriate" placement would be. At no point in the court's analysis of the specific issues did it state that a "nonsegregated" placement must be implemented. Nor did the court state that, as a matter of law, a "segregated" setting is *per se* inappropriate. This court merely held that issues had to be resolved so that a decision could be reached within the full continuum of placement options. I will examine this continuum of placement options in the next section of this chapter.

Service Delivery Models

The range of educational placements for the instruction of students with disabilities has evolved over the last several decades. When the landmark federal legislation, the Individuals with Disabilities Education Act (IDEA) of 1975, was enacted, Congress observed that many children with disabilities were unnecessarily separated from their peers and educated in alternative environments. "Therefore, IDEA requires that states provide for free appropriate public education (FAPE) to children with disabilities in the least restrictive environment (LRE). The general goal is to allow children with disabilities to be educated with their peers in the regular classroom to the maximum extent possible" (IDEA 2004 2).

In the introduction to the Public Law 108-446 (IDEA 2004) the need for a range of placement options in keeping with LRE is further explained:

IDEA recognizes that there is an array of placements that meet the general requirements of providing FAPE in the least restrictive environment. LRE may change from child to child, school to school, and district to district. In developing the Individualized Education Program (IEP), parents and the local educational agency are empowered to reach appropriate decisions about what constitutes LRE for the individual child, including placements

that may be more or less restrictive in order to maximize the child's benefit from special education and related services (2).

Even though education in the regular classroom is the general goal of IDEA for students with disabilities, that option must be one of a range of options for more or less restrictive placements. In Iowa, these options are described in the Iowa Administrative Rules of Special Education (February, 2000).

The Iowa Department of Education requires each area education agency in the state to ensure that a continuum of services is available to meet the needs of eligible individuals for special education and related services. The Iowa Administrative Rules of Special Education offer the following program models, as detailed in Division IX, Services. Summaries of the program models are provided below.

A "resource teaching program" is an educational program for individuals who require specially designed instruction in specific skill areas, such as reading comprehension or math computation, on a part-time basis. Students in this type of program require such specially designed instruction for a minimum of 30 minutes per day. Such specially designed instruction could take place in a setting removed from the regular education setting (such as a reading class that meets for 60 minutes every other day in a special education classroom) or in a regular education classroom where the special education teacher provides instruction with the regular education teacher on a daily basis. Typically, a student with disabilities who is served in the resource program is removed from the general education setting from between 0% and 21% of the school day. The resource teaching program shall include provisions for ongoing consultation and demonstration with the general education teachers of the individuals served, and may be operated on a multicategorical (having students identified with

learning, behavioral and/or mental disabilities) basis. A resource program is considered the least restrictive of the service options provided to students with disabilities within the continuum of services.

A “special class with integration” is an educational program for individuals who can benefit from participation in one or more academic offerings of the general education program, and who require specially designed instruction for a significant portion of the school day. (Typically, such a schedule might have the student with disabilities participating in a regular education history class and taking the rest of his or her academic classes in the special education setting.) This program shall include provisions for ongoing consultation and demonstration with the general education teachers. Furthermore, to be operated on a multicategorical basis, the following conditions shall be considered: support services provided to the program including appropriately authorized consultant services; the need for and availability of paraprofessionals to assist the teacher; the individuals served have comparable educational needs; and the chronological age range does not exceed four years. The special class with integration is considered to be a more restrictive program than the resource teaching program.

A “self-contained special class with little integration” is an educational program for individuals who require specially designed instruction for most of their educational program. This program may include students who take all of their academic instruction in a special education setting, but who may be included in the regular education setting for physical education or art classes with curriculum

modifications. The self-contained special class with little integration is considered to be more restrictive than the special class with integration.

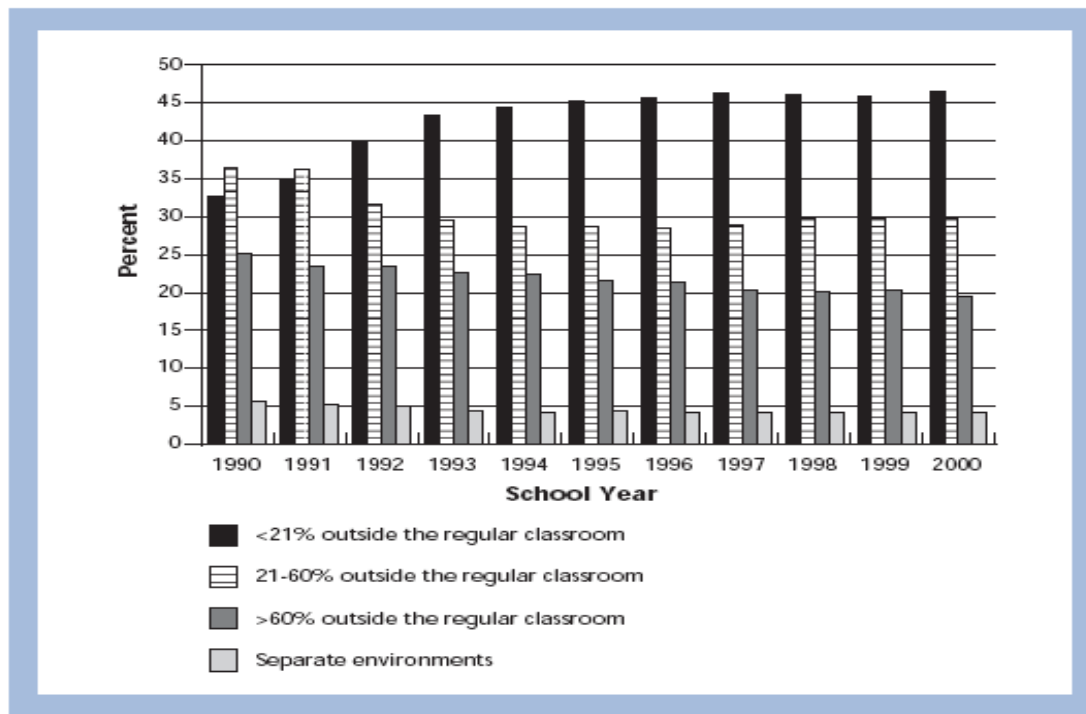
A “self-contained special class” is an educational program for individuals whose total instructional program must be specially designed and provided by a special education teacher. The students served by this program shall be provided opportunities to participate in activities with nondisabled individuals, such as eating lunch in the cafeteria during the common lunch period. The self-contained special class is considered more restrictive than the self-contained special class with little integration and therefore is a most restrictive environment.

The Increasing Practice of Inclusion

Examination of the statistics from the U.S. Department of Education shows that most students with disabilities (about 96%) spend some of their day in the regular education classroom. Furthermore, the trend between 1990 and 2000 has been to serve more children in less restrictive environments. According to the table below (Table 1), the percentage of students being educated outside the regular class less than 21% of the day (in other words, those students with disabilities who were educated in the regular education class up to 80% of the day) increased from 33% to 46%. In comparison, the percentage of students being educated in all other environments decreased. The percentage of students with disabilities served outside the regular classroom 21% to 60% of the school day decreased from 36% to 30%, the percentage served outside the classroom more than 60% of the school day decreased from 25% to 20%, and the percentage of students educated in separate environments decreased

from 6% to 4%. The trend over this decade is to educate more students with disabilities in less restrictive environments.

Table 1. Educational Environments for Students with Disabilities from 1990 to 2000



Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), Table AB71 in vol. 2. Data are for the 50 states, D.C., Puerto Rico, and the outlying areas.

Co-teaching to meet student needs

As educators strive increasingly to include students with disabilities in the regular classrooms, the need for regular educators to have greater expertise with students with disabilities or to have greater support from special educators increases as well. Collaboration is fast becoming one of the most popular service delivery models (Lawton, 1999). Friend and Cook identify “co-teaching” as a specific service delivery option that is based on collaboration (2003). Co-teaching involves two or

more certified professionals who contract to share instructional responsibility for a single group of students primarily in a single classroom or workspace for specific content or objectives with mutual ownership, pooled resources and joint accountability (Friend & Cook, 2000).

James Madison University (JMU) in Virginia has incorporated co-teaching into their student teaching curriculum. In their Student Teaching Performance Guide (2004), JMU outlines several approaches to co-teaching, based on the writings of Marilyn Friend and Lynne Cook (2000). The following approaches provide ways that a regular education teacher and a special education teacher could collaborate, and also provide ways that a certified teacher and a student teacher could practice during a student teaching experience. I provide an overview of each method below.

“One Teach, One Observe.” One of the advantages of co-teaching is that more detailed observation of students engaged in the learning process can occur. With this approach, co-teachers can decide in advance what types of specific observational information to gather during instruction and can agree on a system for gathering the data. Afterward, the teachers should analyze the information together.

“One Teach, One Support.” In this approach to co-teaching, one person would have primary responsibility for teaching while the other professional circulated through the room providing unobtrusive assistance to students as needed. The support provided could be with note-taking, help in answering questions or behavioral support.

“Parallel Teaching.” On occasion, student learning would be greatly facilitated if they had more supervision by the teacher or more opportunity to

respond. In parallel teaching, the teachers are both covering the same information, but they divide the class into two groups and teach simultaneously. This approach greatly improves the student-teacher ratio for such discussions.

“Station Teaching.” Both teachers divide the instructional content, and each takes responsibility for planning and teaching part of it. In station teaching, the classroom is divided into various teaching centers. The co-teachers are at particular stations; the other stations are run independently by the students or by a teacher’s aide. For example, three or more science stations, each containing a different experiment, could be organized with the co-teachers working with the two stations that need the most supervision. It is also possible to use an aide or parent volunteer to supervise stations.

“Alternative Teaching.” In alternative teaching, one teacher manages most of the class while the other teacher works with a small group inside or outside of the classroom. The small group does not have to integrate with the current lesson. For example, a teacher could take an individual student out to catch him or her up on a missed assignment. A teacher could work with an individual or small group for assessment purposes or to teach social skills. A small group of students could work together for remedial or extended challenge work.

“Team Teaching.” Both teachers are responsible for planning, and they share the instruction of all students. The lessons are taught by both teachers who actively engage in conversation, not lecture, to encourage discussion by students. Both teachers are actively involved in the management of the lesson and discipline. This approach can be very effective with two teachers working together.

Lawton (1999) points out that as important as it is to know what co-teaching models look like, it is also important to state what it does not look like. “What co-teaching should not mean is a chance for one of the pair to leave to get a cup of coffee or to make photocopies” (p. 2). Teachers must also avoid relegating the special education teacher, especially, to the role of a glorified aide.

According to Lawton (1999), the last model of co-teaching, team-teaching, where two teachers are paired full time, is still relatively rare. Lawton asserts that elementary schools, in particular, are beginning to rethink the way special needs services are provided, and are pairing special education teachers with regular teachers for at least part of the school day.

Effective co-teaching is promoted through teaching it as a part of educational degree and certification programs. James Madison University, in cooperation with Kansas State University, has encouraged cooperating teachers to act as co-teachers with their student teachers. Ideal times to practice a variety of co-teaching models include the weeks before and after the transition to the student teacher taking full responsibility for teaching. Early in the semester, the student teacher might serve as an assistant (One Teach, One Support), or observe and take notes of the teaching styles and methods used by the cooperating teacher (One Teach, One Observe). The student teacher might also help to reduce the class size for a discussion by teaching a small group of students (Parallel Teaching) or work with individuals or small groups of students who need special attention or help with a missed assignment (Alternative Teaching). When transitioning back to the cooperating teacher taking the class back over, the student teacher could design co-teaching lessons that involved more

planning and details, such as a unit with learning centers (Station Teaching) and a lesson where leadership for the direct instruction was shared and dynamic through the school day (Team Teaching).

In the development and implementation of The Student Teaching Performance Guide (2004), James Madison University and Kansas State University have identified the following advantages and disadvantages to co-teaching.

Advantages of Co-Teaching

- a) Having two or more adults in a classroom allows students to work with ease in whole group, small group and individual settings. By lowering the student/teacher ratio, co-teachers have a better ability to meet the diverse needs of students with and without disabilities.
- b) In co-teaching classrooms, students are actively engaged in learning. Many times, two teachers will attempt projects or teaching methods that they would not try by themselves.
- c) Hundreds of decisions need made by classroom teachers each day. By having more than one set of eyes on the classroom, teachers are able to collaborate and problem solve in a timely manner. Problem solving is a true advantage of co-teaching.
- d) Co-teaching is an excellent opportunity for mentoring an inexperienced teacher.
- e) Co-teachers can work together on the physical preparations for teaching. They are able to work together to prepare bulletin boards, move furniture, and plan the layout of the classroom and learning stations.

- f) With more demands on today's educators, teachers find themselves out of the classroom for various professional reasons (e.g., staff development, assessment, committee work, and leadership positions). Students are often left with a substitute. Co-teaching allows for teaching consistency for students because one teacher remains in the classroom and can co-teach with the substitute.
- g) Performance assessment is an effective way to measure what students really know. Gathering data on individual students for assessment purposes is a very difficult job for one teacher, but co-teaching allows for individual assessment to be ongoing during the teaching day (*One Teach, One Observe*).
- h) Co-teaching is not easy. Many teachers are uncomfortable managing other adults and dealing with adult conflict. Therefore, co-teaching builds leadership skills with real-world applications. Furthermore, students observe teachers working together in collaboration.

Disadvantages of Co-Teaching

- a) Many teachers become very possessive of their classrooms because they have devoted much time and effort to make them successful. Adding another teacher to that classroom invades the territory of the classroom teacher. Some teachers are able to share their territory better than others. Co-teaching is not for the teacher who likes to control the class, has little flexibility, or believes there is only one right way to teach. Teachers who

share a classroom must come to consensus on such philosophical questions as discipline, classroom organization, routines, and procedures.

- b) Another disadvantage is that not all teachers are able to manage other adults. Co-teaching requires educators who are able to deal with adult conflict and management.
- c) Collaboration and co-teaching takes more time. Teachers will often say, “It would be easier to just do it myself.” Not all teachers are willing to take the time to talk about everything that happens in their classroom.
- d) Since co-teaching is not the norm, parent perception can often make or break the concept. It is imperative that parents know their student will be in a co-teaching classroom. Parents should not think their child is being used as a “guinea pig” for another new idea.
- e) One of the most frustrating dilemmas of co-teaching is inconsistent discipline. Co-teaching is much like parenting. Students may try to play one teacher against the other. Many teachers would rather teach alone than deal with inconsistent discipline.

Many of the disadvantages of co-teaching can be mitigated by allowing for time for teachers to plan and coordinate their instruction, management, and discipline in the classroom. If adequate time for such planning is given, the advantages of co-teaching can far outweigh the disadvantages.

Conclusion of Literature Review

An examination of the literature involving inclusive education finds that terms such as ‘the inclusive classroom,’ ‘inclusion,’ ‘co-teaching,’ and ‘disability’ are often

used without a clear understanding of their definitions or how the terms are related to each other. Courts, legislators, administrators, researchers, educators, and parents often use these terms without understanding what they mean. Such lack of clarity impacts the effectiveness of their decisions, laws, findings, and instruction. The aim of the following conceptual analyses of these key terms in inclusive education is to provide that clarity and common ground.

CHAPTER 3

METHODS: CONCEPTUAL ANALYSIS

The History and Practice of Conceptual Analysis

The advancement of knowledge, whether in science, education, or any field, depends on the ability of scholars to communicate with one another; clear concepts are needed to facilitate that communication. Felix Oppenheim (1975) has argued, “the elucidation of the language of political science is by no means an idle exercise in semantics, but in many instances a most effective way to solve substantive problems of political research” (p. 284). Philosophers analyze concepts not only to communicate with each other, but to develop new understandings and solve problems within their disciplines as well.

In the *Oxford Dictionary of Philosophy*, ‘analysis’ is defined as “the process of breaking a concept down into more simple parts, so that its logical structure is displayed” (Beaney, 2009, n.p.) This process may be called the decompositional conception of analysis. In a regressive conception of analysis, in contrast, a concept is analyzed by working back to prior or broader categories (Beaney, 2009, n.p.). The process of breaking down concepts has its roots in ancient Greek geometry and philosophy and had an influence on Plato and Aristotle. Even before them, Socrates’ concern with definitions was among the earliest forms of conceptual analysis; his influence still affects modern analysis. Socrates’ student, Plato, may not have used the term ‘analysis’ himself, but concern with definition was central to his dialogues, and definitions have often been taken to be the product that “conceptual analysis”

should yield. “Certainly, the roots of conceptual analysis can be traced back to Plato’s search for definitions” (Beaney, 2009, n.p.).

During the Renaissance period of the seventeenth century, in the work of Descartes, we see not only a connection back to the Greek roots of analysis, but also a bridge to the modern practices of conceptual analysis. Descartes’ emphasis on decompositional analysis was not without precedents. In 1589 Galileo wrote a manuscript on regressive analysis, and in 1655 Hobbes wrote a chapter which offered his own interpretation of the method of analysis and synthesis, where decompositional forms of analysis were articulated alongside regressive forms (Beaney, 2009, n.p.).

In Descartes’ *Rules for the Direction of the Mind*, (1627) he states “If we perfectly understand a problem we must abstract it from every superfluous conception, reduce it to its simplest terms and, by means of an enumeration, divide it up into the smallest possible parts” (PW. I. 51). The decompositional conception of analysis is explicit here, and in his later *Discourse on Method* (1637), Descartes codifies the rules he employs in his scientific and philosophical work:

1. The first was never to accept anything as true if I did not have evident knowledge of its truth: that is, carefully to avoid precipitate conclusions and preconceptions, and to include nothing more in my judgements than what presented itself to my mind so clearly and so distinctly that I had no occasion to doubt it.
2. The second, to divide each of the difficulties I examined into as many parts as possible and as may be required in order to resolve them better.
3. The third, to direct my thoughts in an orderly manner, by beginning with the simplest and most easily known objects in the order to ascend little by little, step by step, to knowledge of the most complex, and by supposing some order even among objects that have no natural order of precedence.
4. And the last, throughout to make enumerations so complete, and reviews so comprehensive, that I could be sure of leaving nothing out (PW. I. 120).

Near the end of the eighteenth century, the decompositional conception of analysis found its classic statement in the work of Immanuel Kant. “This decompositional conception of analysis set the methodological agenda for philosophical approaches and debates in the late modern period of the nineteenth and twentieth centuries” (Beaney, 2009, n.p.).

Over the last two centuries, guidelines have evolved which assist philosophers in undertaking a conceptual analysis, and which provide criteria by which they can be judged. The idea that anyone is free to define terms arbitrarily, without explanation or justification, is anathema to conceptual analysis (Baldwin, 1980, p. 472). Baldwin traces the modern lineage of conceptual analysis, and the “rules” or “guidelines” that underlie the process, to three disparate sources: a nineteenth century political economist (Thomas Malthus), a twentieth century economist (Fritz Machlup), and a twentieth century political scientist (Felix Oppenheim).

In his 1827 publication, *Definitions in Political Economy, preceded by An Inquiry into the Rules Which Ought to Guide Political Economists in the Definition and Use of Their Terms: with Remarks on the Deviations from these Rules in their Writings*, the title alone betrays the seriousness with which Malthus addressed the analysis of concepts. He writes that “the tendency of different writers to attribute different meanings to the same terms had given rise to complaints.” To remedy this situation, Malthus offered four rules for “guidance in defining and applying the terms used in the science of political economy” (Malthus, 1827). These rules are deserving of attention by social scientists today as they were then.

1. When terms which are of daily occurrence in the common conversation of educated persons are employed, they should be defined so as to agree with the sense in which they are understood in this ordinary use of them.
2. When common usage does not suffice, the next best authority is that of some of the most celebrated writers in the science, particularly if any one of them has, by common consent, been considered as a principal founder of it.
3. Recognizing that changes in meaning are sometimes justifiable, the alteration proposed should not only remove the immediate objections which may have been made to the terms as before applied, but should be shown to be free from other equal or greater objections, and on the whole be obviously more useful in facilitating the explanation and improvement of the science. A change which is always itself an evil, can alone be warranted by superior utility taken in the most enlarged sense.
4. Any new definitions adopted should be consistent with those which are allowed to remain (Malthus, 1827, p. 4).

A more modern approach to analyzing concepts is found in Oppenheim's article, "The Language of Political Inquiry: Problems of Clarification." (1975) His criteria include the following.

1. Concepts should be operational in the broadest sense, although this should not be interpreted as requiring quantification.
2. Concepts that establish definitional connections with other terms are to be preferred.
3. Concepts that draw attention to theoretically important aspects of the subject matter that might easily be overlooked are desirable.
4. Concepts should not preclude empirical investigation by making true by definition what had better be left open to empirical inquiry.
5. Concepts should remain reasonably close to ordinary language. "Ordinary language," however, does not necessarily mean the way most people would define the term, but rather the "set of rules they implicitly follow when applying it to a given situation."
6. The meaning of concepts should be "open" in the sense that the possibility of change is never completely ruled out (Oppenheim 1975, p. 284).

Both Malthus and Oppenheim agree that deviations from common usage of terms call for careful explanation and justification. Baldwin suggests that special care in discussing the nature and methods of conceptual analysis is in order prior to examining a concept. Much recent work on the analysis of organizational concepts, such as dependence and interdependence, fails to satisfy the criteria articulated by either Malthus or Oppenheim (1980).

According to Beaney, the best contemporary example of conceptual analysis is the twentieth century philosopher Bertrand Russell's theory of descriptions. What characterizes analytic philosophy as it was founded by Russell is the role played by logical analysis, which depended on the development of modern logic (Beaney, 2009, n.p.).

In summary, conceptual analysis consists primarily in breaking down or analyzing concepts into their constituent parts in order to gain knowledge or a better understanding of a particular philosophical issue in which the concept is involved (Beaney, 2009, n.p.).

However, the use of such analysis to understand concepts is not without criticism. While conceptual analysis is characteristic of contemporary philosophy, it continues to be a source of controversy even among philosophers. The analytic method often aims at the definitions of concepts, so that one can give necessary and sufficient conditions for the application of the concepts. Therefore several critiques of the analytic method are derived from a critique of definitions (Margolis & Laurence, 2006). Some modern philosophers (Jackson, 1998; Chalmers, 1996; and Bealer, 1998) feel strongly that conceptual analysis is essential to and, in part, defines

philosophy. Others (Ramsey, 1998) argue that this method of analysis is problematic. Others, however, take the middle ground and argue that while conceptual analysis is largely a beneficial method of inquiry, philosophers should not limit themselves to only one method of analysis.

Baldwin's (1980) conceptual analysis of organizational and political terms, 'dependence' and 'independence,' is another example of the use of conceptual analysis. Ogden (2003) examines four social cognition models: theory of reasoned action, theory of planned behavior, health belief model, and protection motivation theory, through a conceptual analysis. At issue was the question of whether these models are formalized to the point of being actual social theories. Ogden states that "a good theory should consist of constructs that are sufficiently specific so as to generate hypotheses" (p. 425). Such hypotheses should be testable, and, in principle at least, a good theory should be able to be rejected. In her conclusion, Ogden notes that these models can be considered pragmatic tools for health psychologists and researchers. But they have significant flaws: 1) They cannot be tested; 2) They focus on analytic truths rather than synthetic ones; and 3) They may create and change both cognitions and behavior rather than describe them. Given these shortcomings, these models do not pass the criteria Ogden sets for a good theory (p. 427). Here Ogden used the conceptual analysis model to point to inconsistencies in terminology. Ogden offered common language that can be helpful in the advancement of the social cognition field.

The philosopher's tool of conceptual analysis continues to serve a vital function in both the physical and social sciences. In *The Philosophical Foundations*

of *Neuroscience*, Bennett and Hacker (2003) address conceptual problems in neuroscience that are common among many disciplines, and

“found themselves puzzled by, and sometimes uneasy with, the use of psychological concepts in contemporary neuroscience. The puzzlement was often over *what might be meant* by a given neuroscientist’s claims concerning the brain and the mind, or over why a neuroscientist thought that the experiments he had undertaken illuminated the psychological capacity being studied, or over the *conceptual presuppositions* of the questions asked. The unease was produced by a suspicion that, in some cases, *concepts were misconstrued, or misapplied, or stretched beyond their defining conditions of application*. And the more we probed, the more convinced we became that, despite the impressive advances in cognitive neuroscience, not all was well with *the general theorizing*” (p. 1). (italics added)

Bennett and Hacker affirm that “empirical questions about the nervous system are the province of neuroscience” (p.1). But they also realize that “conceptual questions and the description of logical relations between concepts are the proper province of philosophy” (p. 1).

When empirical problems are addressed without first establishing conceptual clarity, “misconceived questions are bound to be raised and mis-directed research is likely to ensue” (p. 2). The authors assert that, “misguided questions may well render research futile” (p. 5). To avoid such pitfalls, Bennett and Hacker attempt to avoid the misuse of old, non-technical concepts such as ‘mind’ and ‘body,’ ‘thought’ and ‘imagination,’ ‘sensation’ and ‘perception,’ ‘knowledge’ and ‘memory.’ They ask, “Are these conceptual confusions unavoidable” (p. 5)? Bennett and Hacker argue that conceptual confusions and entanglements can and must be avoided. They point out that neuroscientists “misuse ordinary psychological vocabulary, therefore misconstruing the meaning of numerous psychological expressions (p. 380). The

examination of usage and definitions is a step towards analyzing a concept, but not the end result. Bennett and Hacker state that to get to what we ought to say, sometimes we need to adopt a new framework to give words new meaning “if we lay down coherent new rules for the use of these expressions” (p. 384). The models of conceptual analysis that follow are examples of such a framework.

Models of Conceptual Analysis

Jonas F. Soltis, in his 1985 edition of *An Introduction to the Analysis of Educational Concepts*, provides the framework for the types of conceptual analyses that I plan to undertake in this dissertation. Soltis identifies three basic types of analysis: generic analysis, differentiation analysis, and conditions analysis.

Generic-Type Analysis

A generic analysis can lead to clarification and new understandings of the concepts of disability and inclusion. In brief, a generic conceptual analysis goes through the following steps:

1. Determining the basic features that make x an x;
2. Identifying examples, or cases, of x and non-x;
3. Identifying necessary and sufficient conditions for x, from the cases above;
4. Testing, through the examination of examples and counterexamples, the adequacy of the conditions identified above;
5. Conceptualizing x, by keeping, rejecting, or modifying proposed characteristics in light of tests above.

To briefly demonstrate a generic analysis, here is a simple concrete example. If we were to clarify the concept of a “square,” then our prior question is, “What

features must a two-dimensional figure have to be called a square?” (Soltis) The first step is to draw upon your general knowledge of squares to identify some potentially necessary features, such as: (1) It must have four sides. Next, there are two ways to test this feature. First for necessity: Can you draw a square that doesn't have four sides? If not, then having four sides seems to be a necessary characteristic of squares. Second, we test for sufficiency: Can you draw a four-sided figure that is not a square? Yes, you can draw a trapezoid. Such a counterexample suggests the need for additional necessary features, such as: (2) Opposite sides must be parallel. Can you remove this feature from a square and still have a square? If not, then it is necessary. Are these two necessary characteristics sufficient? Not if you can draw a figure that has four sides and also has opposite sides parallel which is not a square. Can you? Yes, you can draw a rectangle. Therefore, we need to add additional characteristics, such as: (3) All sides must be equal. Then test for necessity: Can you remove this feature and still have a square? No? Then test for sufficiency: Can you find a counterexample, a figure that has all three necessary characteristics, but still is not a square? Yes, you can draw a rhombus. Therefore, we need additional characteristics, such as: (4) Internal angles must be right angles. If no figure with these four characteristics is possible without being a square, they are sufficient. Nor could any figure count as a square if it failed to have any one of these necessary features. Through this generic-type analysis we have named four characteristics of a square that are each necessary and together, jointly, sufficient. This type of conceptual analysis will be applied in the next chapter to the term “inclusive classroom” and to multiple lists of criteria for eligibility to special education services.

Differentiation-Type Analysis

To give a sample of a differentiation-type analysis, let us begin with the undifferentiated concept of “material object.” This term can refer to almost anything and everything and, “were we to do a generic-type analysis on it, we might list features like having visible form, having mass, being perceivable by means of the senses, etc” (Soltis, 1985, p. 102). For the purpose of our conceptual analysis of “material object,” we may want to find ways to discriminate among the various types of items the term refers to, so that we will not be dealing with toads, tomatoes, and totem poles as if they were similar sorts of things. People, for example, are different from dandelions or doorknob. We sense these differences, and even with these few examples we can group them into useful patterns and categories. Toads and people are more alike than tomatoes and dandelions. All four categories are more alike each other than to totem poles and doorknobs. Animals, plants, and objects are all useful categories of material objects. We can begin to see groupings that are a part of this differentiation-type analysis of the concept, “material object,” as we differentiate examples into groups. The purpose of this type of analysis is to not only categorize examples into useful groups, but to also develop relationships between the groups. This differentiation-type analysis will be used on current definitions of “inclusive” and “co-teaching” classrooms to develop useful understandings and relationships in these educational settings.

CHAPTER 4

CONCEPTUAL ANALYSES

A Generic Analysis: Analysis of the 'Inclusive Classroom'

In this section I shall develop a generic conceptual analysis of the central, but problematic term, 'inclusive classroom.' At the outset, I will clarify the concept of the inclusive classroom by setting out and examining examples of classrooms that might fit the concept. On examination, each of these examples will be seen to fall into one of three categories. Some will be model cases of the inclusive classroom; some will be borderline cases; and some will be contrary cases.

The examples in this and the following analyses are fictional, however they are based on twelve years of my own classroom experience of supporting students with disabilities in a variety of educational settings. Following the initial set of examples of an inclusive classroom, I shall introduce test cases as a means to evaluate whether my criteria are adequate to designate whether a classroom is inclusive or not.

Example A. Consider this example, classroom *a*, a sixth grade language arts class with two teachers. One of the teachers has a kindergarten through sixth grade teaching license with secondary English and reading endorsements. This teacher has also received training on teaching strategies for students with learning disabilities in reading. The other teacher is a special education teacher with a degree in special education and an instructional strategist endorsement. The student population in the class includes fifteen regular education students without any identified disabilities, and four students with identified learning disabilities in the areas of reading, writing, or both. The two teachers are in the classroom at all times. The regular education

teacher usually provides the direct instruction to the classroom. The special education teacher provides educational support to any student who needs it, adapts lessons for those with disabilities, and, when needed, provides individual or small group instruction to the students with learning disabilities.

With the additional educational support from two teachers, all students with and without disabilities are passing the class with grades of C's or higher. Additionally, all of the students with IEPs are meeting or exceeding their IEP goals in the areas of reading and writing.

In my conceptualization, classroom *a*, would be a clear example of a model case of an inclusive classroom. This classroom has all the essential factors, including, both regular education students (students without any identified disabilities) and special education students (those with identified disabilities). Classroom *a* has the supports that are necessary for all of the students to be successful. Specifically, classroom *a* has both a regular education and a special education teacher in the room. Both of these teachers have education and training in how to best instruct students with learning disabilities. They work together to meet the many and varying needs of the students. These two teachers employ a variety of co-teaching models, including both teachers providing direct instruction at differing instructional levels, the general education teacher providing direct instruction to the majority of the class, while the special education teacher provides an opportunity for individual or small group instruction. Both teachers work together to differentiate the instructional materials to several different levels. As a result, talented and gifted students, regular education students, English Language Learners (ELL), and students with disabilities all receive

instruction and resources that are at their instructional level. This combination of two teachers and an accommodated curriculum, helps the teachers in this class to meet the varying instructional needs of this inclusive classroom *a*. The passing grades that all students in this inclusive classroom receive are further evidence that the students, both with and without disabilities, are successful in this setting. One might suppose with this one “perfect” example of an inclusive classroom, that our conceptual work is completed. Unfortunately, it is not, because there are countless variations of classroom settings, staffing, students, and supports. Yet the following examples and counter-examples will guide our conceptual analysis toward a new and helpful understanding of an inclusive classroom. For example, how would our examination of an inclusive classroom change if there were no students with disabilities?

Example B. Now consider the following hypothetical model of an inclusive classroom. This model, classroom *b*, has one regular education teacher teaching a seventh grade honors math class. The teacher has a degree in secondary mathematics and a teaching endorsement in the same area. Her class is made up of nineteen seventh grade students who are taking eighth grade math. None of the students have identified learning disabilities in any area. This would be a contrary case of an inclusive classroom because it has no special education students.

This classroom may not have been designed as exclusionary, however no students with disabilities passed the pre-requisite course and standardized test requirements.

Now consider a variation of classroom *b*. Suppose now that *b'* has the same teacher and curriculum, yet there is one more student, a high-functioning twelve year

old girl with autism. This student has been identified as a student with a disability and has an Individualized Education Program (IEP) that provides accommodations to help with some mild communication issues when speaking in front of the class. No accommodations need to be made for this student in math, as there are no student presentations in the curriculum. Does one special education student out twenty make this an inclusive classroom, especially if the disability does not affect the teaching or learning? I think not for the following reasons: once the number of students with a disability increases from zero or one to more, and once the disabilities of those students have an effect on the teaching or learning, then it would count as inclusive classroom. Now that we have examined a classroom with solely students without identified disabilities, what would happen if our example had only students with disabilities?

Example C. Consider this example, classroom c , which is a special education reading class. This class has one teacher who has a degree in special education, and has reading and special education endorsements. All eight students in the class have identified disabilities in the area of reading. I would consider this to be another contrary case of an inclusive classroom, due to the lack of students without disabilities.

Now consider this variation of classroom c . Classroom c' , in addition to the eight students with disabilities, has one student who has not been identified with any disabilities, yet who struggles with reading. This student's teachers feel that the reading strategies that are used in the special education reading class would benefit the student. Does the addition of one student without disabilities make this variation

an inclusive classroom? Again, I think not for the following reasons. If no accommodations need to be made to the curriculum or the instruction for the addition of this one student without disabilities, then it is still more of a non-example or contrary case of an inclusive classroom. However, if more students without disabilities were added which required a differentiation of instruction, then we would have to reconsider this designation. We have now examined examples of classrooms exclusively without and with students who have identified disabilities. What if our example had one student with a disability?

Example D. Now consider classroom *d*, another possible example of an inclusive classroom. This example is a high school history class. The classroom has one teacher who has a degree in U.S. history and a teaching endorsement in secondary history. The classroom has twenty students without disabilities and one student who has a disability in hearing. This particular ninth grade boy has severe hearing loss in both ears. He does not have any “learning” disabilities. However, this student wears hearing aids that have an FM microphone system. The general education teacher received training at the beginning of the year in the use of the microphone, and she uses it daily for general classroom instruction, and plugs it into the computer when using electronic media. This transmits the sound directly into the hearing aids. Whenever possible, she uses closed captioning when showing media resources. The student’s IEP also calls for a written copy of notes when the information is presented to the class in lecture form.

Classroom *d* is also a model example in my conceptualization of an inclusive classroom. Even though there is just one special education student in the class, he has

physical needs that require the teacher to use special technology to meet his educational needs. The one teacher in the classroom received training at the beginning of the year about how to use the microphone system when talking and with other media. Since the student also requires a written copy of the notes when information is presented orally, the teacher provides this accommodation in a variety of ways. If the teacher gives a power point presentation, she provides a printed copy of the slides to the student. If she has lecture notes, a copy of them is given to the student. When a discussion, lecture, or talk is presented and the teacher does not have written notes, she asks a student with good note-taking skills to make a copy of their notes at the end of the class. The history teacher and a special education teacher (who is not in the history class) meet once a week to discuss this student to determine if there are any special accommodations that need to be made for the student with a hearing disability. These teachers work together to make certain that the student with hearing loss has everything he needs to be successful in the history class. This is why classroom *d* is a model example in my conceptualization of an inclusive classroom.

Example E. Now consider classroom *e*, a third grade elementary school classroom. This class is taught by a teacher with a bachelor's degree in elementary education and a master's degree in elementary science. Also, this teacher has teaching endorsements in the areas of elementary education and reading. This is a small classroom with only thirteen students. Eleven of the students do not have any identified disabilities. Two of the students have disabilities in reading. A special education teacher from the school district meets with the teacher once a week to collaborate on the students with disabilities. This district special education teacher

also pulls the students with learning disabilities out of the classroom once a week for thirty minutes to work on specific reading skills, to follow up on classroom instruction, or to help with homework. All of the students in this class are passing their subjects.

Classroom *e*, in my conceptualization of an inclusive classroom, is also a model example of the concept. When examining it against the others, it also has several characteristics in common with classrooms *a* and now *d*. First of all, it has a combination of regular and special education students who do not have and some who do have disabilities. The two special education students both have learning disabilities in the area of reading. They were placed in this particular third grade inclusive classroom because of the training and skills of the regular education third grade teacher. Not only does she have her elementary teaching degree and certification, but she also has special training and a teaching endorsement in the area of reading. Therefore both the students with and without disabilities can receive instruction in reading at their instructional level in the same classroom. Another characteristic that classroom *c* has that makes it a model of inclusion is that the teacher or teachers have the training that is needed to meet the needs of the students with disabilities in this classroom. This third grade teacher has a reading endorsement that verifies her specialized training in the area of reading, which is the specific need of the special education students in her classroom. And if there are areas of instruction where she lacks specific training, the weekly meeting with the special education teacher, as well as the thirty minute pull-out sessions with the district special education teacher can fill those gaps. These special education students

can not only have their reading concerns met in their regular education classroom, but can then benefit the rest of the time from the enriched setting of being in the regular education classroom.

Example F. Another possible example of an inclusive classroom would be an eighth grade science class with one teacher and one para-educator, classroom *f*. The general education teacher has his degree and endorsement in secondary science, however the para-educator has neither training nor certification the areas of special education, educational support, or behavioral methods. The classroom has twenty students with no identified disabilities and four students with identified learning disabilities in the areas of reading, writing, and mathematics. One student in the class has been identified as having Attention-Deficit-Hyperactivity Disorder (ADHD), and Oppositional-Defiant Disorder (ODD). The general education teacher and the para-educator work together, when time allows, to provide differentiated instruction, read lessons and tests to the students, and separate students when disruptive behaviors are displayed. Yet even with this support, two of the students with learning disabilities are failing the class, and the student with ADHD and ODD is constantly disrupting the class.

I consider classroom *f* to be a borderline example of my conceptualization of an inclusive classroom. Classroom *f* has some similarities and some differences from the model classrooms, *a*, *d*, and *e*. This classroom does have a combination of students with disabilities and students without disabilities. Another similarity with classrooms *a*, *d*, and *e* is that the teachers attempt to differentiate instruction to meet the varying needs of the students through a variety of instruction, reading lessons to

those students who have learning disabilities in reading, and reading tests to students. However, a key difference from the model cases is that the level of support is not such that the students are being successful in the classroom. Furthermore, neither the regular education teacher, nor the para-educator has received the training or the resources to be more successful in their instruction and their support to the students with and without disabilities in classroom *f*. The lack of training for the adults in the classroom, coupled with the lack of success of the students in this class, as seen in grades, constitute significant differences from the model case conceptualization of an inclusive classroom that this would not be one. However, there are enough similarities for this to be considered a borderline case.

What would need to change in this classroom *f* for it to be a clear model example of an inclusive classroom? I believe one or both of the staff in the classroom would need to receive training, certification, or endorsements in the area of learning and behavioral disabilities. It is not enough to just have two adults in the classroom, or even two teachers, if neither of them has specific training to benefit instruction to students with disabilities. Do all of the students need to be successful for this to be a model example of inclusive education? I think not. The key here is that if the instructors have been trained, and if they offer effective instruction to the students with disabilities, then whether or not the students make use of the opportunity to learn and succeed in the classroom is not a determining factor as to whether a classroom is inclusive. Therefore classroom *f* would shift from a borderline to a model classroom if the teacher and para-educator received training in special education, specifically as it relates to the students in their room. However, if effective instruction was

provided, whether or not all of the students were successful, student success alone would not prevent this from being a model example.

Example G. Consider classroom *g*, another possible example of an inclusive classroom. This class is an eighth grade language arts classroom with one teacher. This teacher has a degree in English and an endorsement in secondary English. His classroom has twenty students, sixteen students without disabilities, and four students with a combination of learning disabilities. One of these students with learning disabilities also exhibits disruptive behaviors, but has not been identified with any behavior disorders. All of the students with disabilities are failing the class, and the student with disruptive behaviors is often sent to the hallway or the office.

I see classroom *g* as another borderline example, for it, too, has both similarities and differences to the model examples, classrooms *a*, *d*, and *e*. The main similarity between classroom *e* and the model classrooms is that it consists of both students without disabilities and students with disabilities. Four of the twenty students in the class have been identified with specific learning disabilities. One of those students has exhibited behaviors that indicate the possibility of having a behavior disorder, but this has not yet been identified. However, there are several differences between this classroom and the model classrooms. I believe you can have an inclusive classroom with one teacher, if that teacher has had all of the training necessary to deal with the specific special education students in their classroom. Yet the single instructor in classroom *g* has had neither the training, nor the endorsements to deal effectively with students with diverse needs in their classroom. An additional indication that the needs of the students with disabilities are not being met is seen in

their grades. All of the students with disabilities are failing in this eighth grade classroom. The student with disruptive behavior is missing the classroom instruction when out of the room, and hindering the instruction of others when in the room. Therefore classroom *e* is not an example of a model inclusive classroom due to the lack of trained instructors, and due to the fact that the students are not demonstrating signs of success in this class.

Once again, what changes are necessary for classroom *g* to be considered a model example? As mentioned, additional training, certification, or endorsements in the area of special education is needed. This step would help ensure that the instruction offered to students with and without disabilities was what was needed for all students to be successful. In terms of student success, all of the students with disabilities are failing this class. (This is different from classroom *f* where half of the students with disabilities were successful.) In this case, do we know if students with disabilities can be successful if none are? Therefore classroom *g* would shift from a borderline to a model classroom if the classroom teacher received training in special education, specifically as it relates to the students in their room; and if some of the students with disabilities were successful and passed the class.

Example H. Now consider classroom *h*. Classroom *h* is an elementary school first grade class. There are fifteen students in this class, fourteen without any identified disabilities, and one student who has been identified with oppositional-defiant disorder (ODD). The classroom teacher is a veteran teacher with over twenty years teaching experience, and she has her degree and endorsement in elementary education. The boy with ODD has just been assigned to this classroom after being

removed from the other first grade class. Frequent removal from class prompted the parents to request another classroom. Also, the boy has been recently identified as a special education student and a one-on-one para-educator (associate teacher) has been hired to accompany the student. The parents were glad that a young man was hired in this position, as they thought their son would respond well to a male influence.

Classroom *h* has similarities to the model classrooms, *a*, *d*, and *e*. One similarity to our model classrooms is that classroom *h* has both students with and without identified disabilities. However, it has enough differences to for me to designate it as a borderline example. Even though it is just one student, the student's disability and related behaviors cause disruptions significant enough to alter the staffing in the room and to cause the teacher to constantly monitor the student's behavior. Another similarity to a model classroom is that modifications have been made to help the student become successful in the regular classroom, namely the hiring of a one-on-one para-educator to help redirect this student when needed and keep him focused on his lessons. However, there is a key difference from the model classrooms as well, namely the lack of specialized training. Neither the classroom teacher, nor the para-educator have or have received any endorsements or training to deal effectively with a student who has identified behavior disorders. The classroom teacher simply relies on her experience to deal with the student, even though she has no specialized knowledge or training to deal with behavior disorders in general, and specifically with ODD. The para-educator also has no special education besides a high school diploma, and no special training either. The boy's parents did think that having a male one-on-one would be helpful, yet hiring a male was coincidental. So

even though classroom *h* has a diverse student population and has been staffed to meet the needs of the student with a disability, I would consider it to be a borderline example of an inclusive classroom due to the lack of any specialized training for the teacher or staff.

With classroom *h*, what changes are necessary for it to be considered a model example? This classroom already has much in common with our model examples. However to be considered as such, the classroom teacher and the para-educator would need to receive training on instruction and support for students with behavior disorders. Then classroom *h* could also be considered a model example.

In this conceptual analysis of an inclusive classroom, I have examined eight different classrooms, each with differing characteristics. By determining which classrooms are contrary, model, and borderline examples, I have also established some necessary criteria for an inclusive classroom. The first criterion is that for the classroom to be inclusive, it needs to have a combination of special education and regular education students, or in other words, the classroom needs to have students with and without identified disabilities. One student with a disability in a regular classroom, or one student without a disability in a special education classroom is, in my view, not be enough variation to be deemed inclusive, especially if the disability is mild or unrelated to classroom instruction (such as the student with a speech goal in a math class). However, as in classroom *f*, if the disability causes significant changes in the classroom, then it could be considered a borderline case of inclusive. Another criterion that is common throughout the model cases is that the teacher or teachers have the training that is necessary to deal with the disabilities in the classroom. There

are a variety of ways to meet this criterion, including co-teaching with a regular and a special education teacher, having a special education teacher work with a student or group of students on a regular basis, or providing the necessary training to the teachers or staff so that they can successfully instruct the students with disabilities in their classrooms. One other criterion that was common throughout the model classrooms was student success. For a classroom to be inclusive, the students and teachers need the support, training, technology, etc., for the students with disabilities to be successful in that classroom. As we have seen in our examples, this support can take many forms, including another teacher, a para-educator, technology, training, etc. An inclusive classroom requires whatever supports are needed for the student to be successful in that setting.

These criteria set apart an inclusive classroom from other models in which students with disabilities are simply placed in the regular classroom. An inclusive classroom, therefore, is a class where both students with and without disabilities are taught, it is a class where teachers and staff have the necessary training and support to effectively instruct all of the students in their class, it is a class where every effort is made to provide the educational support for all students to succeed, and it is a class where all of the students can be successful.

Example I. Testing the conceptual analysis. Let us now examine this list of criteria on a test case. Consider classroom *i*, a middle school language arts class. This class is co-taught by a regular education English teacher who has her degree in secondary English and endorsements in English and special education, and a special education teacher who has endorsements in learning and behavior disabilities. The

class is made up of twenty students without any identified disabilities and five students with disabilities. Four of the students with disabilities have an identified disability in the area of writing. One of the special education students has a behavior disorder, and has an IEP goal for behavior in regards to his having ODD. Most of the regular education students are passing the class with A's and B's. One regular education student is failing the class due to not completing a research paper, which comprises over half of the grade for this term. Of the five students with IEPs, the four students with learning disabilities are passing the course, and the student with ODD is failing. The teachers have made accommodations on the research paper for the students with disabilities. Accommodations for students with IEPs usually involve slight changes to instruction or assignments, including reading the instructions, extra time, or doing the work in segments. For the student with a behavior goal, an adapted research paper plan was developed, notes were provided, and the student was given a variety of times throughout the day to work individually, in small groups, in the library, or in a more secluded setting to work on the research project. As each option was presented to the student, some at the student's initial request, he refused to write, type, or make any effort on the research paper. He received a failing grade in the class.

As we examine this test case, we find that example *i* meets most, but not all of the required criteria of the model cases. First of all, it has both students with and without disabilities in the classroom. Secondly, it has teachers, in this case two teachers, who have both had training and received endorsements in special education. One of the teachers has training and an endorsement in behavior disorders. A third

similarity between this test case and our model cases is that the teachers provide a great deal of support and effort to help the students achieve success in this classroom. Example *i* differs from our model cases in the area of student success. Even though all of the students with learning disabilities are passing the class, the student with a behavior disability is not. If student success is a necessary criteria for an inclusive classroom, is this classroom inclusive or is it a counter example? What if the teachers do all that their extensive training and experience dictate, and the student still fails? And just because the students with learning disabilities are successful, does that imply that other students should necessarily be successful as well? Just as the symptoms and needs for students with learning and behavior disabilities are different, their learning outcomes may be quite different as well. Sometimes students simply choose not to do their work, even after accommodations for their disabilities have been made. Bad decisions by a student do not prevent a classroom that meets all of the criteria except student success from being an inclusive classroom. This means that even though one of the students with disabilities is failing the class, classroom *i* can still be considered as a model example of an inclusive classroom.

Example J. Now let us consider test example *j*. Classroom *j* is a high school American history class. The student body in this class consists of twenty one students without disabilities and one student with a severe cognitive disability. The class is taught by a regular education teacher with a degree in history and an endorsement in secondary history. A one-on-one para-educator comes to class with the student with a disability. A special education teacher with a degree and an endorsement in special education consults with the history teacher and the para-educator each week about the

student's progress in the class. The student with a disability does not have the cognitive ability to do any of the reading in the class, nor does she do any of the assignments, papers, projects, or tests. If she was graded on classwork, she would receive a failing grade. However, her grade in the class is based on her IEP life skills goal, which includes benchmarks, including arriving to class on time, greeting the teacher and other students, paying attention during lectures, discussions, and audio-visual presentations, and thanking the teacher upon departure.

When we ask what similarities example j has with our model cases, we find several. First, we have a classroom consisting of students with and without disabilities. Even though this is just one student, the nature of the disability is such that it requires special attention and effort by the teacher. Secondly, there is a team of educators providing for the instruction of classroom j . Direct instruction is provided by the general education teacher. Direct supervision of the student with a disability is given by the para-educator, with consultation and supervision provided by the special education teacher. Thirdly, a one-on-one aid is provided, as well as team consultation, to ensure that the student with a disability has all of the support necessary to be successful. A potential dissimilarity arises in terms of student success. Is this student successful if there is not the effort or even the attempt to meet the classroom expectations? If the student with a disability was graded in the same way as those without, she would receive a failing grade. If she had been graded on her ability to make progress on her life skills as detailed in her IEP goals she would be counted as successful. This student may not be able to read, write, or give presentations, but being in the class is very beneficial in terms of her growth and

progress in terms of being with peers and learning positive social behaviors. The students without disabilities receive an added unintentional benefit from having the student with disabilities in the classroom. Both adults in the class report positive interactions between all of the students in the class, and those without disabilities learn valuable lessons about diversity and acceptance of people with differences. When examined in terms of IEP progress, the student with a disability is also successful in this class, and example *j* would be another model case of an inclusive classroom.

Such an examination of characteristics should now be able to be applied to other classrooms, hypothetical and real, to determine if they are to be counted as legitimate examples of an inclusive classroom. In summary, an inclusive classroom is a class where both students with and without disabilities are taught, it is a class where teachers and staff have the necessary training and support to effectively instruct all of the students in their class, it is a class where every effort is made to provide the educational support for all students to succeed, and it is a class where all of the students can be successful.

A Differentiation Analysis: Analysis of Inclusion

A differentiation analysis differs from the generic analysis in that it begins with an array of standard definitions of the concept that are currently in use. This type of analysis helps to “clarify and thus make more useful a concept by pointing to the different basic meanings it has” (Soltis, 1985, p. 101). The strategy begins with seeking examples from ordinary language which would display different uses or meanings of a term. The next step in a differentiation analysis is to look for

boundaries between the different usages. Finally, in the differentiation analysis one provides examples and counterexamples until a useful set of distinct meanings for the problem term results.

A differentiation analysis is used below to examine many of definitions of inclusion currently in use. One of the challenges in discussing full inclusion is the lack of a common vocabulary. Nowhere in the federal legislation is the term inclusion defined (Woodrum & Lombardi 2000).

One of the recurring issues in educational articles on inclusion and co-teaching is the definition of related terms. All of the articles below have a section entitled “definition of terms,” including the terms ‘*inclusion*’ or ‘*co-teaching*.’ Having common definitions of the terms ‘*inclusion*’ and ‘*co-teaching*’ will be of critical importance to others who continue to research and write about these areas of education.

Caution is advised by Slee when analyzing ‘inclusion.’ Familiarity with the term has grown considerably. However, “there are competing discourses through which meaning and understandings differ. Originally, inclusive education was offered as a protest, a call for radical change to the fabric of schooling. Increasingly it is being used as a means for explaining and protecting the status quo” (2005, n.p.). These differences come from the fact that the goal of inclusion is radical, namely the education of all students in the regular education classroom. However, the process we have detailed in the conceptual analysis of disability highlights to the deconstructionist that even inclusion of students with disabilities in the regular

education classroom still comes at the price of having to be identified as having a disability in the first place.

Dukes and Lamar-Dukes (2006) define ‘inclusion’ as, “all students being educated where they would be educated if they did not have a disability (i.e., in age-appropriate general education classes in their neighborhood school) with necessary supports provided to students, educators, and families so that all can be successful” (p. 4). Similarly, Stout (2006) writes, “Full inclusion means that all students, regardless of handicapping condition or severity, will be in the regular classroom/program full time. All services must be taken to the child in that setting” (p. 1). We can already see a similarity and a difference between an inclusive classroom and a “regular” education classroom. The Iowa Administrative Rules of Special Education (2010) define the “regular classroom” the following way, “The general education environment includes, but is not limited to, the classes, classrooms, services, and nonacademic and extracurricular services and activities made available by an agency to all students” (Par. 41.51(8)). Both the inclusive classroom and the regular (or general) classroom are settings for “all students.” Yet here we see the first differences through our differentiation-type analysis. The phrase, ‘all students,’ naturally includes special education students, but the difference between regular and inclusive classrooms is that in the inclusive classroom, “all services must be taken to the child in that setting” (Stout, 2006, p. 1).

In this emerging understanding of the inclusive classroom, we also see a relationship between the regular education teacher and the special education teacher. In the previous generic-type analysis of the inclusive classroom we saw that having

the supports that are needed for students with disabilities to be successful was both necessary and sufficient for having an inclusive classroom. “The supports that are needed” can be anything from additional training for the regular education teacher to having an associate teacher or para-educator in the classroom, to co-teaching with a special education teacher. Friend and Bursuck point out the changing roles of teachers in the “inclusive” classroom. They redefine the term ‘special education teacher’ in these settings. The reexamination of the teachers’ roles has led to the creation of new job titles for some teachers, for example, a special education teacher working as an “inclusion specialist.” The roles of teachers in schools engaged in reform efforts have been redefined in an attempt to better serve all students (2002). In this emerging relationship between regular education and special education teacher, we see the special education teacher in the role of inclusion specialist, that is, a teacher who is an expert in making the accommodations that are needed for students with disabilities to be successful in the inclusive classroom.

Verbeke (2002) adds that “inclusion means that students with disabilities are receiving their instruction in the general education classroom with any special accommodations being made available to them on-site” (p. 2). If we were to relate the understandings from Friend and Bursuck to this definition, many of those accommodations would be planned and/or taught by the inclusion specialist.

Ryan and Cooper (2000) also define inclusion as “the commitment to educate each child to the maximum extent appropriate, in the regular school and classroom. Compared to mainstreaming, inclusion – particularly full inclusion, as it is sometimes called – generally indicates an even greater commitment to keeping students with

disabilities in regular classrooms. Thus, it usually involves bring the support services to the child, rather than moving the child to services located in separate rooms or buildings” (p. 125). Here Ryan and Cooper (2000) place inclusion at a level beyond “mainstreaming,” which they define as “the practice of placing special education students in the general education classes for part of the school day, while also providing additional services, programs, or classes” (p. 125). The difference for Ryan and Cooper, that the inclusion model has the students in the general classroom exclusively, is one of how much of the day students with disabilities are in the regular education classroom. In my view, as demonstrated in the previous generic-style conceptual analysis of the inclusive classroom, the difference between mainstreaming and inclusion is that the former has students with disabilities in the regular classroom, and the latter adds all of the support necessary for those students to be successful in that classroom.

As mentioned, one of the challenges in discussing full inclusion is the lack of a common vocabulary. Nowhere in the federal legislation is the term “inclusion” defined (Woodrum and Lombardi, 2000). Instead of “full” inclusion, Nelson, Palonsky and Carlson (2000) advocate for “careful” inclusion, described as “thoughtfully involving certain children with special needs in regular school classes and activities on an individual basis...whose academic work is likely to be enhanced and whose behavior is not likely to disrupt the education of others” (p. 429). Woodrum and Lombardi (2000) offer a similar partial approach to inclusion which they term, “responsible inclusion.”

Relating to this partial inclusion, Sapon-Shevin, Ayres, and Duncan (2002) assert that some of the early literature on mainstreaming assumed that children with special needs could be considered eligible for participation in the general education classroom when they were able to compete successfully with other children. This approach puts the burden of change on the student. They state that “a more exciting and far-reaching way of thinking about inclusion and cooperation is based on the belief that all children belong in the general education classroom. By creating a community that is cooperative and inclusive, children’s acceptance and success in the general education environment will be greatly enhanced” (p. 209). Sapon-Shevin, Ayres, and Duncan (2002) make the point that all students have much to gain by a classroom and school environment that provides generous support for learning, connecting, and caring.

In looking for boundaries around these various definitions of inclusion, most have the following elements in common: (1) the idea that all students should be educated in the regular education classroom, regardless of ability or disability, and (2) that all services and supports needed for the students’ success should be delivered in the regular classroom. Where necessary, these services and supports could involve (3) having another teacher or para-educator in the classroom. Another teacher in the inclusive classroom would allow for any of a variety of co-teaching styles to be utilized, whichever would most benefit the students with and without disabilities.

In addition to looking for boundaries, a differentiation-type conceptual analysis calls for an examination of items that may or may not fall within those boundaries to differentiate between types. In this case, we shall examine types of

classrooms to see if they can be grouped using the boundaries set by the compilation of common definitions of an inclusive classroom.

Using classroom *a* from generic-type analysis of an inclusive classroom, we will see if it fits within the boundaries of this differentiation-type analysis. Recall classroom *a*, a sixth grade language arts class with two teachers. One of the teachers has a kindergarten through sixth grade teaching license with secondary English and reading endorsements. This teacher has also received training on teaching strategies for students with learning disabilities in reading. The other teacher is a special education teacher with a degree in special education and an instructional strategist endorsement. The student population in the class includes fifteen regular education students without any identified disabilities, and four students with identified learning disabilities in the areas of reading, writing, or both. Two teachers are in the classroom at all times. The regular education teacher usually provides the direct instruction to the classroom. The special education teacher provides educational support to any student who needs it, adapts lessons for those with disabilities, and, when needed, provides individual or small group instruction to the students with learning disabilities. With the additional educational support from two teachers, all students with and without disabilities are passing the class with grades of C's or higher. Additionally, all of the students with IEPs are meeting or exceeding their IEP goals in the areas of reading and writing.

Classroom *a* appears to fit inside of the boundaries for an inclusive classroom when examined with the definitions compiled here. It is a classroom for all students, both with and without disabilities, it provides for the services that are needed for the

students within this classroom, and, in terms of teaching arrangements, has a co-teaching plan that can be adapted to meet the instruction needed for the lesson, and the varying needs of the students. One item that is missing from the definitions of an inclusive classroom is a measure of success. This omission is not a concern with classroom *a*, as all of the students are successful, but let us examine another example.

Consider classroom *g* (also from the generic-type analysis of an inclusive classroom), an eighth grade language arts classroom with one teacher. This teacher has a degree in English and an endorsement in secondary English. His classroom has twenty students, sixteen students without disabilities, and four students with a combination of learning disabilities. One of these students with learning disabilities also exhibits disruptive behaviors, but has not been identified with any behavior disorders. All of the students with disabilities are failing the class, and the student with disruptive behaviors is often sent to the hallway or the office.

Classroom *g* does have one commonality with our definitions of inclusion. It contains students with and without disabilities. Other aspects of the class seem to fall outside of our boundaries of an inclusive classroom in this differentiation-style analysis. Classroom *g* does not have the services and supports needed for the students with disabilities delivered to these students in the class. I would see this classroom more of an example of mainstreaming, where all students are moved into the regular education classroom (not necessarily with the supports needed), rather than an example that fits the definitions of inclusive. Most of the above definitions of inclusion include these two items of students with and without disabilities, and providing the services necessary for the students to be successful.

Two other aspects of classroom *g* need examined here, the lack of a co-teacher, and the lack of passing grades from the students with disabilities. Should the presence of co-teachers be a part of the definition of an inclusive classroom? I believe co-teachers may or may not be necessary, depending on the number and needs of the students with disabilities. If the supports, services, and accommodations can be adequately provided to all students without an additional teacher, or a para-educator, then additional staff may not be needed. The fact that all of the students with disabilities are failing in classroom *g* is disturbing, yet it could be a symptom of the lack of support, services, and accommodations that are brought to these students. Should student success be a part of the definition of an inclusive classroom? No, as long as all of the services that are needed for success are being provided, then it matters less whether or not the student actually succeeds. However, whenever a student fails, it should prompt an examination as to whether or not the services that are needed are being provided.

The final step in a differentiation-style conceptual analysis, after the examination of current definitions, a discussion of boundaries and similarities, and the application of examples and counter-examples, is to develop a new definition. An inclusive classroom is an educational setting for students with and without disabilities, where all of the supports and services needed for all of the students to succeed are provided. This support could take the form of consultation with an instructional strategist, having a para-educator in the room, or a co-teaching arrangement, whatever best meets the needs of the students with disabilities in the inclusive classroom.

A Differentiation Analysis: Analysis of Co-Teaching

This differentiation analysis begins with a variety of standard definitions of the concept of co-teaching that are currently in use. In doing so, we can illuminate the concept by highlighting the basic meaning(s) it has (Soltis, 1985). Again, we begin with the examination of examples from common use. From there we will look for boundaries and commonalities, examine examples and counter-examples, and then develop a useful meaning of co-teaching.

Bauwens, Hourcade, and Friend (1989) define co-teaching as an educational approach where the general and special educators work together in a co-active and coordinated fashion to jointly teach heterogeneous groups of students in educationally integrated settings. Over twenty years later, Dieker (2001) also emphasizes this coordinated approach in stating that co-teaching is a model that emphasizes collaboration and communication among all members of the team to ensure that the needs of all the students are met.

Bauwens and Hourcade (1995) describe co-teaching as “a restructuring of teaching procedures in which two or more educators possessing distinct sets of skills work in a co-active and coordinated fashion to jointly teach academically heterogeneous groups of students in integrated classroom settings” (p. 46).

Reinhiller (1996) drew upon Friend and Cook’s (1992) definition. “In co-teaching, once referred to as team teaching, the general education and special education teachers work together in the same environment in a variety of instructional activities in order to provide optimal instruction to the greatest number of students. However, there is not a clear consensus of the definition as there are many different

terms used (cooperative teaching, team teaching, and collaborative teaching)” (Reinhiller, 1996, p. 34).

Rice and Zigmond (2001) echo this lack of consensus with the definition of co-teaching. “Although there is no universally agreed-upon definition of co-teaching, it is often defined as a teaching procedure where two or more educators possess distinct sets of skills and work in a co-active and coordinated way to jointly teach academically and behaviorally heterogeneous groups of students in integrated educational settings” (p. 190).

Concisely stated, “co-teaching involves two educators (usually a general and special education teacher) working together to teach a heterogeneous group of students in the same classroom” (Dieker and Murawski, 2003, p. 1). Similarly, co-teaching is defined as “the collaboration between general and special education teachers for all of the teaching responsibilities of all students assigned to a classroom” (Gately and Gately, 2001, p. 41), which is another way of saying, cooperative teaching is defined as the pairing of a special education teacher and a regular education teacher in a single classroom (Lawton, 1999).

Sileo (2005) drew upon several previous definitions of co-teaching to develop the following. “Co-teaching has been defined as an instructional delivery approach in which general and special educators share responsibility for planning, delivery and evaluation of instructional techniques for a group of students; general and special educators work in a coactive and coordinated fashion, which involves the joint teaching of academically and behaviorally heterogeneous groups of students in integrated settings” (p. 1), (Bauwens & Hourcade, 1991; Bauwens, Hourcade, &

Friend, 1989; Friend and Cook, 1992; Scheffel, Kallam, Smith, and Hoernicke, 1996; Walther-Thomas, Bryant, and Land, 1996).

In these several definitions of co-teaching spanning two decades, we already see trends. Co-teaching involves two teachers sharing in the instruction of students, and is often used as the phrase to describe the relationship between a special education teacher and a regular education teacher who teach together. The words used to describe this practice include phrases such as, “jointly teach,” “work together,” “working together,” “restructuring,” “pairing,” and “share responsibility,” as well as “emphasizes collaboration.” Whereas those verbs relate to instruction, Salend, Gordon, and Lopez-Vona (2002) expand the scope of co-teaching to include other educational tasks. “Cooperative teaching involves educators who work within the general education setting and share responsibility for planning, implementing, and evaluating instruction; disciplining and grading students; and communicating with families”(195). Therefore, co-teaching is seen by some as not only the sharing of instruction, but also working together on many other tasks that make up the teaching profession, both in and out of the classroom.

When looking for boundaries around these definitions, it is clear that co-teaching involves two teachers, often a regular education and a special education teacher, providing instruction in a variety of ways in one classroom. Also as seen in the previous definitions, co-teaching is often provided in classrooms where there is a diverse student population, including students with and without disabilities. Is there more to co-teaching than two teachers (“Who?”) providing instruction to a diverse group of students (“For whom?”) in a single classroom? I believe there is, and it

involves answering the questions, “What?” and “Why?” According to my examination of definitions above, co-teaching also involves providing all of the instructional services needed for the students to be successful in that classroom. Let us now examine a couple classrooms to see if they are examples of co-teaching.

Example K. Consider classroom k , which is high school Spanish class. This class has sixteen students without any identified disabilities and four students with learning disabilities in the areas of reading and writing. The class is taught by two teachers. There is a regular education teacher who has a degree and an endorsement in secondary Spanish. Also there is a special education teacher who has a degree in special education and endorsements in learning disabilities and in Spanish. The two teachers have a common prep period where they design the lessons for the week ahead as well as any accommodations that need made for the students with disabilities. The two teachers alternate the direct instruction to the class so that each teacher can have some time for small group and individual instruction with the special education students, depending on their needs. Sometimes assignments are worked on in a small group with extra examples. Quizzes are often read to the students with disabilities and they can have extra time to work on these assessment tools as well. With the added instructional support and services offered to the students with disabilities, all of them are passing Spanish.

Classroom k fits within the boundaries of our emerging definition of co-teaching. There are two teachers and a diversity of students, both with and without identified disabilities. Furthermore, one teacher is a regular education teacher, and the other is a special education teacher, trained to provide and adapt instruction to

students with learning disabilities. Is it enough to have two teachers and a diverse student population for this arrangement to be called co-teaching? I think not, as I believe the reason for having two qualified teachers in the classroom is to provide a variety of instructional methods to best meet the needs of all students in the classroom so that they can be successful. The instruction that the two teachers provide in classroom k is varied to meet the needs of all of the students, and the students are being successful in their learning of Spanish. Therefore, classroom k is an example of our emerging definition of co-teaching.

Example L. Now consider classroom l , an eighth grade math class. Classroom l has a total of twenty three students, eighteen with no identified disability, and five students with an identified learning disability in math. There are two teachers in this classroom, a regular education teacher with a degree and an endorsement in secondary math, and a special education teacher with a degree in special education and an endorsement in learning disabilities. The math teacher always provides the instruction, and the special education teacher either observes (one teach, one observe) or will occasionally assist a student if there is time for students to begin their independent practice or homework (one teach, one support). The two teachers do not meet for any planning since the special education teacher does not adapt any of the assignments or quizzes, but uses the information from his presence in the class to help the students with disabilities in a study hall later in the day. Three of the students with learning disabilities in math are passing the class and two are failing.

Classroom *l* does fit inside some of the boundaries of our emerging definition of co-teaching. There is a diversity of students, including those with and without identified disabilities. Also, two teachers are present in the classroom, one a regular education teacher and one a special education teacher. Both have had education and training commensurate with their positions. If our definition of co-teaching pinged on a diversity of students and two teachers in the classroom, then this would be an example. However I believe that our emerging definition needs to address the instruction, which must be varied to meet the needs of the students in the classroom. Why? So they can be successful in that setting. If the co-teachers are not working together as a team to meet the needs of the students in the classroom so that they can learn as well, then there is no need for two teachers. What would need to change in example *l* for it to fit the emerging definition of co-teaching? I believe the teachers would need to collaborate and then work together to provide the support that was needed for all of the students to be successful for this to be an example of co-teaching.

The final step in a differentiation-style conceptual analysis, after the examination of current definitions, a discussion of boundaries and similarities, and the application of examples and counter-examples, is developing a new definition. I contend that co-teaching is a vibrant approach to teaching where two teachers share the instruction, using a variety of methods, in a classroom for students with and without disabilities, and where all of the supports and services needed for all of the students to succeed are provided.

A Generic Analysis: An Analysis of Criteria for “Disabilities”

An important concept to analyze in any discussion of inclusion is the condition of having a disability. This is crucial, because “having a disability” is the key or gateway to receiving special education services, regardless of the setting in which those services are received. Further study and analysis will certainly need done on this concept, yet this analysis will help to clarify aspects for future research.

Lists of disabilities from various federal, state, and local guidelines on special education as well as from other published sources are examined below. These lists are significant, as they not only detail the “disabilities” that are considered applicable for admission to special education services, but they also attempt to provide the criteria needed to be considered as “having a disability.” Clarifying such criteria is important, as ‘having a disability’ is widely used in special education to determine eligibility for special services. The various lists are analyzed below through the classic generic-type method of conceptual analysis as outlined by Soltis (1985).

Individual with Disabilities Education Act (IDEA) of 2004

This most recent federal legislation on special education defined those with disabilities in great detail and at great length:

Sec. 300.8 Child with a disability.

(a) General.

(1) Child with a disability means a child evaluated in accordance with Sec. Sec. 300.304 through 300.311 as having mental retardation, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance (referred to in this part as "emotional disturbance"), an orthopedic impairment, autism, traumatic brain injury, an other health impairment, a specific learning disability, deaf-

blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.

(2)

(i) Subject to paragraph (a)(2)(ii) of this section, if it is determined, through an appropriate evaluation under Sec. Sec. 300.304 through 300.311, that a child has one of the disabilities identified in paragraph (a)(1) of this section, but only needs a related service and not special education, the child is not a child with a disability under this part.

(ii) If, consistent with Sec. 300.39(a)(2), the related service required by the child is considered special education rather than a related service under State standards, the child would be determined to be a child with a disability under paragraph (a)(1) of this section.

(b) Children aged three through nine experiencing developmental delays. Child with a disability for children aged three through nine (or any subset of that age range, including ages three through five), may, subject to the conditions described in Sec. 300.111(b), include a child--

(1) Who is experiencing developmental delays, as defined by the State and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development; and

(2) Who, by reason thereof, needs special education and related services.

(c) Definitions of disability terms. The terms used in this definition of a child with a disability are defined as follows:

(For complete listing and definitions of disability terms, see Appendix A)

(1) Autism means 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) Deaf-blindness means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

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

- (4) Emotional disturbance means 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.
- (5) Hearing impairment means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but that is not included under the definition of deafness in this section.
- (6) Mental retardation means significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance.
- (7) Multiple disabilities means concomitant impairments (such as mental retardation-blindness or mental retardation-orthopedic impairment), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments
- (8) Orthopedic impairment means a severe orthopedic impairment that adversely affects a child's educational performance.
- (9) Other health impairment means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment.
- (10) Specific learning disability. (i) General. Specific learning disability means 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 to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.
- (11) Speech or language impairment means a communication disorder, such as stuttering, impaired articulation, language impairment, or a voice impairment, that adversely affects a child's educational performance.
- (12) Traumatic brain injury means 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 educational performance
- (13) Visual impairment including blindness means an impairment in vision that, even with correction, adversely affects a child's educational performance.

A great deal of information is presented in this brief excerpt of federal legislation, and it is difficult for parents and teachers to discern what is important as it relates to their child or classroom. Therefore, the first step in a generic-type conceptual analysis of the term “disability,” is to ask the question, “What features or characteristics must a child with a disability have?” In drawing from IDEA 2004, one potentially necessary feature is: (1) The term ‘child with a disability’ means a child with one or more of the following conditions: autism, deaf-blindness, deafness, emotional disturbance, hearing impairment, mental retardation, multiple disabilities, orthopedic impairments, other health impairments, specific learning disabilities, speech or language impairment, traumatic brain injury, visual impairment including blindness. There are two ways to test this and other features. First, for necessity: Can one be a “child with a disability” if one does not possess one of the listed conditions? If not, then possessing one of these conditions seems to be a necessary characteristic of having a disability. Second, we test for sufficiency: Can one possess one of these thirteen listed conditions and yet, not be considered as a child with a disability? Yes, there are children who possess one or more of these conditions who do not need special education or related services, therefore, for educational purposes, they may not have a disability. For example, a student may have hemophilia, which falls under the heading of ‘other health impairment.’ However this student may not need any special education services.

This counterexample suggests the need for some additional necessary features, namely: (2) the child needs special education or related services. Once again, there are two ways to test this and other features. First, for necessity: Can you be a child

with a disability if you do not need special education or related services? If not, then needing special education or related services is a necessary characteristic of having a disability. Second, we test for sufficiency: Can you possess one or more of these conditions and need special education or related services and not be considered as a child with a disability? If you cannot, then these two conditions are sufficient. Let us examine other definitions of “disability” to see if counterexamples exist which call for additional characteristics.

Individual with Disabilities Education Act (IDEA) of 1997 (P.L. 105-17)

The IDEA Amendments of 1997 (P.L. 105-17), state that children must meet two criteria in order to receive special education services: (1) the child must have one or more of the disabilities listed below, and (2) he or she must require special education and related services. “Not all children who have a disability require special education; many are able to and should attend school without any program modifications” (P.L. 105-17). The following are disabilities included in the definition:

1. Autism: A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a child's educational performance is adversely affected primarily because the child has a serious emotional disturbance as defined below.

(The above description of autism is identical in the previously mentioned IDEA 2004. Below are summaries of the definitions of the remaining disabilities. For the complete description, see Appendix B.)

2. Deafness: A hearing impairment so severe that the child cannot understand what is being said even with a hearing aid.

3. Deaf-Blindness: A combination of hearing and visual impairments causing such severe communication, developmental, and educational problems that the child cannot be accommodated in either a program specifically for the deaf or a program specifically for the blind.
4. Hearing impairment: An impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but that is not included under the definition of deafness as listed above.
5. Mental retardation: Significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior.
6. Multiple disabilities: A combination of impairments (such as mental retardation-blindness, or mental retardation-physical disabilities) that causes such severe educational problems that the child cannot be accommodated in a special education program solely for one of the impairments.
7. Orthopedic impairment: A severe orthopedic impairment that adversely affects educational performance. The term includes impairments such as amputation, absence of a limb, cerebral palsy, poliomyelitis, and bone tuberculosis.
8. Other health impairment: Having limited strength, vitality, or alertness due to chronic or acute health problems such as a heart condition, rheumatic fever, asthma, hemophilia, and leukemia, which adversely affect educational performance.
9. Serious Emotional Disturbance: A condition exhibiting one or more of the following characteristics, displayed over a long period of time and to a marked degree that adversely affects a child's educational performance.
10. 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 an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations.
11. Speech or language impairment: A communication disorder such as stuttering, impaired articulation, language impairment, or a voice impairment that adversely affects a child's educational performance.
12. 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 educational performance.

13. 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.

To continue with the conceptual analysis of the criteria for “disability” status, we examine and compare the list of conditions of our first necessary feature from the previous list, namely “The term ‘child with a disability’ means a child with one or more of the following conditions: mental retardation, hearing impairments, speech or language impairments, visual impairments, serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, and/or specific learning disabilities.” This 1997 list of impairments from IDEA has no differences from the more recent 2004 version. Therefore, we may continue to state that one necessary and sufficient criterion for receiving special education services is: (1) The child has one (or more) of the stated disability conditions. As if in anticipation of the question, “Is having one or more of these conditions sufficient, the introduction to this version of IDEA states, “not all children who have a disability require special education; many are able to and should attend school without any program modifications.” The IDEA of 1997 has a second criterion, namely: (2) “he or she must require special education and related services.” Thus far, our conceptual analysis of disability lists has yielded the same two criteria as necessary and sufficient.

Individual with Disabilities Education Act (IDEA) of 1990 (P.L. 101-476)

The Individuals with Disabilities Education Act (IDEA) 1990, identified specific categories of disabilities under which children may be eligible for special education and related services. As written in IDEA 1990, "a child with a disability means a child with:

1. Mental Retardation
2. Hearing Impairments (including Deafness)
3. Speech or Language Impairments
4. Visual Impairments (including Blindness)
5. Serious Emotional Disturbance
6. Orthopedic Impairments
7. Autism
8. Traumatic Brain Injury
9. Other Health Impairments
10. Specific Learning Disabilities

and who, by reason thereof, needs special education and related services." (P.L. 101-476)

This generic-type conceptual analysis of necessary and sufficient criteria for determination of disability status, when applied to the Individuals with Disabilities Education Act of 1990, also provides the same two criteria we have seen before, (1) the child must have one or more of the disabilities listed, and (2) he or she must require special education and related services.

Iowa Administrative Rules of Special Education, January, 2010

The most recent regulations for special education in the state of Iowa also list disabilities (our first criteria) and repeat the phrase, which adversely affects a child's educational performance" (our second criteria).

281—41.8 (256B,34CFR300) Child with a disability. —Child with a disability refers to a person under 21 years of age, including a child under 5 years of age, who has a disability in obtaining an education. The term includes an individual who is over 6 and under 16 years of age who, pursuant to the statutes of this state, is required to receive a public education; an individual under 6 or over 16 years of age who, pursuant to the statutes of this state, is entitled to receive a public education; and an individual between the ages of 21 and 24 who, pursuant to the statutes of this state, is entitled to receive special education and related services. In federal usage, this refers to infants,

toddlers, children and young adults. In these rules, this term is synonymous with —child requiring special education and —eligible individual. —Disability in obtaining an education refers to a condition, identified in accordance with this chapter, [see below, 281—41.50(256B, 34CFR300) Other definitions associated with identification of eligible individuals] which, by reason thereof, causes a child to require special education and support and related services. 281—41.50(256B, 34CFR300) Other definitions associated with identification of eligible individuals. The following terms may be encountered in the identification of children with disabilities.

(Below are summaries of the definitions of disabilities. For the complete description, see Appendix C.)

41.50(1) *Autism*. —Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before the age of three, which adversely affects a child’s educational performance...autism does not apply if a child’s educational performance is adversely affected primarily because the child has a behavior disorder, as defined in subrule 41.50(2).

41.50(2) *Behavior disorder*. —Behavior disorder (or emotional disturbance) means any condition that exhibits one or more of the following five characteristics over a long period of time and to a marked degree that adversely affects a child’s educational performance.

41.50(3) *Deaf-blindness*. —Deaf-blindness means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

41.50(4) *Deafness*. —Deafness means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, and that adversely affects a child’s educational performance.

41.50(5) *Hearing impairment*. —Hearing impairment means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child’s educational performance but that is not included under the definition of deafness in 41.50(4).

41.50(6) *Mental disability*. —Mental disability means significantly subaverage general intellectual functioning, that exists concurrently with deficits in adaptive behavior and is manifested during the developmental period, and which adversely affects a child’s educational performance.

41.50(7) *Multiple disabilities*. —Multiple disabilities means concomitant impairments, such as mental disability–blindness or mental disability–orthopedic impairment, the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. Multiple disabilities does not include deaf–blindness.

41.50(8) *Orthopedic impairment*. —Orthopedic impairment means a severe orthopedic 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 or bone tuberculosis; and impairments from other causes, e.g., cerebral palsy, amputations, and fractures or burns that cause contractures.

41.50(9) *Other health impairment*. —Other health impairment means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that:

a. Is due to a chronic or acute health problem 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 affects a child’s educational performance.

41.50(10) *Specific learning disability*. —Specific learning disability means 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 to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Specific learning disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of mental disability, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

41.50(11) *Speech or language impairment*. —Speech or language impairment means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child’s educational performance.

41.50(12) *Traumatic brain injury*. —Traumatic brain injury means 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 educational performance. Traumatic brain injury applies to open or closed head

injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. Traumatic brain injury does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

41.50(13) *Visual impairment.* —Visual impairment, including blindness, means an impairment in vision that, even with correction, adversely affects a child’s educational performance.

These most recent administrative rules for special education in Iowa also call for the same two criteria of eligibility for service as found in the previously analyzed federal legislation. ‘Disability,’ for educational determination, refers to: (1) a condition, identified in accordance with this chapter, which by reason thereof, (2) causes a child to require special education and support and related services. The list of conditions is the same as in the previous listings, with the exception that “emotional disturbance” is listed here as “behavior disorder,” and includes such behaviors as “inability to build or maintain satisfactory interpersonal relationships with peers and teachers” and “inappropriate types of behaviors or feelings under normal circumstances.”

A further aid in this 2010 version of Iowa Administrative Rules of Special Education is that for several of the conditions above, both examples and counterexamples of the conditions are detailed within the regulations. (see autism, hearing impairment, multiple disabilities, specific learning disabilities, and traumatic brain injuries) For example ‘hearing impairment’ is defined as “an impairment in hearing.” By itself, that is not a very useful definition. More helpful is the added criterion, “that adversely affects a child’s educational performance,” and the counter-example, “but that is not included under the definition of deafness in 41.50(4).”

Similarly, after the term ‘traumatic brain injuries’ is defined, the added criterion, “that adversely affects a child’s education performance,” is again added. Counter-examples are also given, stating, “traumatic brain injury does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.”

Fairfax County Public Schools

Fairfax County Public Schools (FCPS) is the largest school system in the state of Virginia. In addition to a complete list of disabilities, which is virtually identical to the federal and Iowa lists and regulations, the Fairfax County Public Schools provides detailed definitions of each condition, as well as specific criteria for eligibility. For example, to be eligible for special education services, a student not only needs to be identified as having autism, but must also meet each of the Autism-Based Criteria, including, “the student has significant deficits in verbal and nonverbal communication,” and “the student has significant deficits in social interaction.” Furthermore, the eligibility committees are required to identify the specific problem areas.

The following is the Fairfax County Public Schools’ list of disabilities to be eligible for special education services:

1. Autism
2. Developmental Delay
3. Emotional Disability
4. Deaf and Hard of Hearing Impairment
5. Specific Learning Disability
6. Mental Retardation
7. Multiple Disabilities
8. Orthopedic Impairment

9. Other Health Impairments
10. Severe Disability
11. Speech/Language Impairment
12. Traumatic Brain Injury
13. Visual Impairment

Eligibility committees determine if students are eligible to receive special education services using the following definitions and criteria known at the Basis for Committee Decisions (BCD). Students must have been evaluated in accordance with established procedures.

AUTISM-BASIS FOR COMMITTEE DECISION

DEFINITION: Autism means 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. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disability. A child who manifests the characteristics of autism after age three, (e.g., Asperger's Disorder) could be found eligible under this disability if the criteria listed above are met.

CRITERIA. A student with autism who requires special education will meet ALL of the following criteria. For each criterion the committee must indicate "Yes" or "No" and provide additional information as appropriate.

- The student has significant deficits in verbal and nonverbal communication. The committee must specify problem areas.
- The student has significant deficits in social interaction. The committee must state problem areas.
- Emotional disability can be ruled out as the primary cause of adverse impact to educational performance.
- The adaptive, communication and social interaction deficits result in an adverse effect on educational performance in one or more instructional areas. The committee must specify evidence of adverse effect.
- The student requires instruction to address identified deficit areas that cannot reasonably be provided solely through regular education. The committee must specify the instruction required and why it cannot be provided by regular education.

DEVELOPMENTAL DELAY - BASIS FOR COMMITTEE DECISION

DEFINITION: Developmental delay means a disability affecting a child ages two through four who:

1. Is experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development; and
2. Who, by reason thereof, needs special education and related services.

CRITERIA. A student with developmental delay who requires special education will meet ALL of the following criteria. For each criterion indicate "Yes" or "No" and provide additional information as appropriate.

- The age of the student is two through four and the student will not turn five before September 30 of the next school year.
- The student is experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas:
 - Physical development
 - Cognitive development
 - Communication development
 - Social or emotional development
 - Adaptive development
- The committee must describe the delay(s).

Because of these delays, the student needs special education and related services. The committee must specify the reasons.

(See Appendix D for complete listing of disabilities from the Fairfax County Public Schools.)

As seen in the previously analyzed federal and state regulations, the Fairfax County Public Schools (FCPS) also relies on a two-tiered set of criteria for determining eligibility for special education services, namely: (1) a condition, and (2) the need for special education as a result of that condition. Eleven of the thirteen conditions listed for the FCPS are ones that are repeated in most other lists. One condition, developmental delay, is, from our lists of conditions, unique to this school district. This condition is specifically targeted to preschool students. “Developmental delay means a disability affecting a child ages two through four who: (1) Is experiencing developmental delays, as measured by appropriate diagnostic

instruments and procedures, in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development; and (2) Who, by reason thereof, needs special education and related services.” This condition could, however, also be given as a sub-category under each condition. For here, developmental delay refers to any of the other conditions that is diagnosed or presents itself during the ages of two to four.

The other anomalous condition stated by the FCPS is that of severe disability. ‘Severe disability’ means a primary disability that severely impairs cognitive abilities, adaptive skills, and life functioning, including those associated with severe behavior problems and the high probability of additional physical and/or sensory disabilities. Students with severe disabilities require significantly more educational resources than are provided for children with mild and moderate disabilities in special education programs. This condition could also be a sub-category of the other conditions, however the FCPS has grouped severe forms of all conditions into this criterion.

The FCPS is also unique in providing detailed criteria for what we are calling the second condition, namely the need for special education services. For example, even though a student may have a documented learning disability, the criteria for the need of special services are specific in terms of additional documentation that “the student is not achieving commensurate with age level and demonstrates a severe discrepancy between ability and achievement in one or more areas,” including reading, math, and writing. Furthermore, an additional criterion states, “The student

requires instruction in the area(s) of underachievement that cannot reasonably be provided solely through regular education.” Such specific criteria help in the determination of the need for special education services once the disability has been identified, and could serve as a model for other schools, districts, states, and agencies.

Educating Exceptional Children

In their 1997 textbook, Kirk, Gallagher, and Anastasiow give the following categories of exceptionality. (3)

1. Intellectual differences, including children who are slow to learn
2. Communication differences, including children with learning disabilities or speech and language disabilities
3. Sensory differences, including children with auditory or visual disabilities
4. Behavioral differences, including children who are emotionally disturbed or socially maladjusted
5. Multiple and severe handicapping conditions, including children with combinations of impairments (cerebral palsy and mental retardation; deafness and blindness)
6. Physical differences, including children with nonsensory disabilities that impede mobility and physical vitality

Kirk, Gallagher, and Anastasiow (1997) present an aggregated set of conditions as the first necessary condition for eligibility to special education services. We see learning disabilities and speech and language disabilities grouped under communication differences. As well, we see both auditory and visual disabilities within the category of sensory differences. Nevertheless, we see the reoccurring primary criteria of the presence of a condition.

Yet we also see in this text the second condition of need. Kirk, Gallagher, and Anastasiow (1997) clarify this need when they state, “educationally speaking, a child with red hair (their example of simply a difference) is not an exceptional child, because the educational program does not have to be modified to serve the child’s needs. Children are considered educationally exceptional only when it is necessary to alter the educational program – for example, if their exceptionality leaves them unable to read or to master learning in the traditional way” (p. 4).

Educational Psychology

In this classic 1990 text, Woolfolk categorizes students with learning problems in the following way: (462)

1. Physical Problems: Epilepsy, Cerebral Palsy, Hearing Impairment, Visual Impairment
2. Communication Disorders: Speech Impairments, Oral Language Disorders
3. Behavior Disorders: Hyperactivity and Attention Disorders, Suicide
4. Specific Learning Disabilities: Including disabilities in listening, thinking, speaking, reading, writing, spelling and doing mathematical calculations.
5. Mental Retardation

We see in this list from *Educational Psychology* a combination of conditions that results in five major categories. However if we separate out each condition or subgroups of conditions we see the same eleven or twelve conditions that have been listed previously. Twenty years ago we still saw a list of conditions as the first necessary criterion for the identification of disability. The second criterion of the need for special services as a result of these conditions is clearly stated in the text

where each condition is detailed. For example, “many students have health problems that do not interfere with their progress in school.” Or “if the school has the necessary architectural features, such as ramps, elevators, and accessible restrooms, and if teachers allow for the physical limitations of students, very little needs to be done to alter the usual educational program.” However some children with cerebral palsy may simply “wear a brace or use a wheelchair and need no special educational program. But many children with cerebral palsy have secondary handicaps, which are the greatest concern” (Woolfolk, 1990, p. 462). Here we also see that it is the need for special education services because of the condition that forms the second criterion.

Similarly, whereas visual impairments are among the conditions that are included in the first criterion, “only about 0.1 percent of the students in this country have visual impairments so serious that special educational services are needed” (Woolfolk, 1990, p. 462). Again we see the difference between having a qualifying condition (first criterion) and having the need for services based on that condition (second criterion).

Those Who Can, Teach

In this foundation of education textbook by Ryan and Cooper, (2000) the authors list the following disabilities: (112)

1. Mental Retardation
2. Emotional Disturbance
3. Learning Disabilities
4. Attention Deficit Disorders
5. Speech or Language Impairments
6. Multiple Handicaps

7. Autism
8. Traumatic Brain Injuries,
9. Orthopedic Impairments
10. Visual Impairments or Blindness
11. Hardness of Hearing or Deafness

In addition to the conditions (first criterion) we have seen in other texts, regulations, and legislation, Ryan and Kooper address the special needs (second criterion) of students with disabilities. “A student in a wheelchair might only need access to the educational centers within a school, yet once there, may learn even the most difficult material quickly” (p. 112).

Council for Exceptional Children

The Council for Exceptional Children (CEC) is the largest international professional organization dedicated to improving educational outcomes for individuals with exceptionalities, including students with disabilities, and/or the gifted. Their listing of disabilities includes the following:

1. Autism/Asperger’s Syndrome
2. Attention Deficit Hyperactivity Disorder
3. Behavior Disorders/Emotional Disturbance
4. Blindness/Visual Impairments
5. Communicative Disorders
6. Developmental Disabilities
7. Learning Disabilities
8. Mental Retardation
9. Other Health Impaired
10. Physical disabilities
11. Traumatic Brain Injury

We see in this list from the Council for Exceptional Children the now familiar inventory of disabilities which serve as the first condition. However, the CEC (2011) recognizes that there is a debate among organizations that identify students with disabilities in regards to the method used to signify the need for special education services, which is our second condition. The debate stems from the use of two methods, namely, the IQ-Achievement Discrepancy model and the Response to Intervention (RTI) model. The CEC has said, “more research needs to be done before moving to RTI to identify learning disabilities” (p. 2). Furthermore, the CEC states:

- The use of research-based interventions in early reading offers a real opportunity for more at-risk students, including many with LD, to acquire needed beginning literacy skills. However, the use of scientific research-based intervention cannot determine whether a child is or is not learning disabled. Instead, students who do not display meaningful gains and who appear to be unresponsive to intervention are candidates for referral for special education evaluation.
- Insufficient data are available regarding the long-term effects of RTI on student outcomes
- The ability-achievement discrepancy formula should not be used as the sole criterion to determine eligibility. However, discrepancy remains the hallmark of specific learning disabilities.
- CEC supports using methods other than the discrepancy formula. However, there are no research-based alternatives that have been sufficiently validated at this time.
- Non-responsiveness to intervention should trigger a multi-disciplinary evaluation and should not, in itself, be considered an indication of a specific learning disability (p. 2).

Some schools and organizations, such as the Fairfax County Public Schools, have developed their own criteria to determine if there is a need for special education services. However for other schools, as the CEC notes, there is still a debate about how to best determine “need.”

Case Studies

At this point in our generic-type conceptual analysis of ‘disability,’ we have accomplished the task of determining criteria of ‘having a disability.’ We see that most federal, state, school, and other lists and guidelines rely on two criteria. First, the student needs to have an identified disability from the list of acceptable disabilities. Secondly, the student has to show a need for special education services. Our next task in our conceptual analysis is to test these criteria on several hypothetical students.

Case 1. Student *1* is a 13 year old eighth grade girl with Attention Deficit Hyperactivity Disorder (ADHD). She was diagnosed with this condition by her family physician, which was confirmed by the Area Education Association (AEA) as a result of classroom observations and parent and student interviews. Without the following accommodations, she is disruptive or shuts down in the classroom. Student *1* needs to sit at a desk or table in the back of the classroom, separated from other students who can be a distraction. She also needs to be allowed to draw or have a quiet manipulative in her hands. Student *1* also needs to take tests and quizzes in a quiet setting away from other distractions. With these and other accommodations, student *1* has learned to manage her behaviors in the classroom and can be successful.

According to our two criteria, does student *1* have a disability? The first criterion asks if the student has been identified with a qualifying disability. Student *1* has been identified by both medical and educational examiners and has been found to have ADHD. Then we must ask, does this student need special education services? The answer is yes, because without accommodations, student *1* is not successful in

the classroom, and with the accommodations mentioned, she can manage her behaviors and achieve success in the classroom. Therefore, according to these two criteria, student 1, for educational purposes, ‘has a disability.’

Case 2. Now consider student 2. He is a nine year old boy in the third grade. Student 2 was diagnosed by his family physician as having hemophilia when his parents could not get a nose bleed to stop. Student 2’s parents want him to participate in all school activities. The school nurse has developed a protocol for any occasion when student 2 would bleed or get cut at school that has been communicated to all school staff. This protocol calls for student 2 to be escorted to the office and for the school nurse and parents to be contacted immediately. This protocol has never needed to be used with student 2.

According to our criteria, does student 2 ‘have a disability?’ He does live in a state and a school district where hemophilia is listed as a disability under the category of ‘other health condition,’ which meets the first criteria. The question is, does he ‘need’ special education services? There are no accommodations or modifications made for his education in the classroom. There is a medical protocol in place, however many other students have medical protocols for medicines, and they are not considered as ‘having a disability,’ because of their protocols. Therefore we would conclude that student 2 does not meet this criterion of ‘needing’ special education services, whereby he does not ‘have a disability.’ Student 2 would be a counter-example.

Case 3. Now consider student 3, an eleven year old girl in sixth grade. Student 3 has been identified by the AEA consultant and psychologist as having a

learning disability in the area of written expression. She is a creative writer, and can write in complete sentences, yet she struggles with the organization of her thoughts. Her stories and paragraphs rarely have a topic sentence, follow chronological order, or stay on a common theme. Student 3 has been placed in a classroom where there is both a regular education teacher, who has an elementary teaching license with middle school and reading endorsements, and a special education teacher with a degree and an endorsement in special education. The two teachers work together to develop graphic organizers for each writing assignment. With the organizers, and individual instruction in the classroom prior to writing assignments, student 3 has recently shown progress in the organization of her paragraphs.

Now we need to ask, does student 3 have a disability? To satisfy our first criterion, we need to determine if she has a condition that is on the Iowa Administrative Rules of Special Education list of disabilities (student 3 resides in Iowa). A specific learning disability in the area of writing is on the list of disabilities, and student 3 has been identified with such by the educational professionals on the Area Education Association. Therefore she meets the first criterion. The question now is does she meet the second criterion of needing special education services. I believe she does, because without the accommodations, she is not successful with her writing, but with the graphic organizers, and the additional support, she is experiencing success in area of writing. Student 3 therefore meets the criteria for 'having a disability' and is another model example.

Case 4. Now consider student 4, a fifteen year old ninth grade girl. She has severe hearing loss in both ears and has worn hearing aids since kindergarten.

Her hearing ability is monitored each year by an audiologist, who has fitted her with an FM microphone system. Student 4's teachers wear a microphone which transmits an FM signal directly to the student's hearing aids. The FM system is provided by the school district, and all of student 4's teachers have been trained in its use.

Our question is, does student 4 have a disability? Since hearing impairment appears on every list of disability that we have examined, student 4 meets the first criteria of having a qualifying condition. To determine our second criterion, we need to ask if student 4 needs special education services. No accommodations or modifications to the curriculum are made for this student. However, the assistive technology provided by the FM microphone system is a support service of the school district, and the teachers have received training on how to operate and monitor the device. The audiologist reports that without the FM system, student 4 hears 20% fewer words and word endings than with the system. Therefore, it is clear that student 4 needs this support, meets the second criteria, and is another example of a student with a disability.

Case 5. Now consider student 5, who is a seventeen year old eleventh grade student. Student 5 has been identified as having a learning disability in math computation since fifth grade. Each year student 5 is tested by a consultant from the Area Education Association to determine his ability as compared to his peers, his individual growth, and his eligibility. Student 5 has worked hard in the small group instruction segment of his math class and has learned several strategies to help with computation. Each year for the last four, student 5 has been making great improvement in all areas of math, especially in computation. His most recent testing

shows that student 5 is no longer discrepant from his peers, and tests at the 70th percentile in computation.

Our question now is, does student 5 meet the criteria to state that he has a disability? In terms of our first criterion, we would have to answer yes, because having a learning disability in math is a qualifying disability. But does he have a need for special education services? If student 5 has shown steady improvement and now tests at levels above his peers, then I would think not. Learning how to manage your disability and to succeed in the classroom is one of the goals of special education. In this case, student 5 has succeeded to where he would not qualify for needing services. Therefore student 5 would be a counter-example of having a disability.

Case 6. Now consider student 6, a 14 year old girl who has engaged in behaviors that have resulted in more than ten office referrals this school year. She is often out of her seat, makes noises with her pencils and books, and talks out to other students during instruction. Her teachers and AEA staff see symptoms of ADHD and oppositional-defiance, however the girl's parents do not want to have her tested and "labeled." She does not have an IEP, but school officials have placed her in general education classroom where there are two adults (either two teachers or a teacher and a para-educator). This has helped reduce the number of office referrals, as one adult can deal with her behavior and the other can maintain instruction.

Now we ask, does student 6 have a disability? To satisfy our first criterion, we need to determine if she has a condition that is on the Iowa Administrative Rules of Special Education list of disabilities (student 6 resides in Iowa). A specific

behavior disability is on the list of disabilities, specifically when a student displays “inappropriate types of behavior under normal circumstances.” Student 6 has exhibited these types of behavior, however there has been no formal observation or identification. Therefore she does not meet the first criterion of having an identified disability. The question now is does she meet the second criterion of needing special education services. She may need such services, and in fact informally receives them by being in a classroom with two adult educators. However, the need and benefit of such services are moot since this student has not been identified as having a disability from the Iowa list. Therefore, student 6 is a counterexample of a student with a disability.

What would need changed for this sample student to become an example? Student 6’s parents would need to agree to an evaluation from their doctor and from school or area education association officials to make a determination about the presence of a disability, satisfying the first criterion. Accommodations typical of what would be given to a student with a behavior disability have already been tried with student 6 with some success. With a formal evaluation, other steps could be identified and taken to help her become even more successful in the classroom.

Case 7. Consider student 7, a 10 year old girl in the fifth grade. She has completed a year of a Title I reading program, but is still two grade levels behind her peers in both reading fluency and comprehension. She has begun to close the gap in reading skills between her and her peers but she is still discrepant. Student 7 has had no formal evaluation from a doctor or a consultant from the area education association. Her entrance to the Title I reading program was based solely on a series

of reading tests from the classroom teacher at the beginning of fourth grade that showed she was three years behind her peers.

Does student 7 have a disability? Her reading skills are behind that of her peers, but without a formal evaluation, we do not know if she has a disability. She could need more practice, or there could be other factors, reasons, or causes for the discrepancy in her ability. Therefore she does not have the first criterion for disability, namely the determination of having a disability. Until the cause of the gap is determined, it would be difficult to determine the need for special education services, or the second criterion for having a disability.

What would to be need changed for this sample student 7 to become an example? Student 7 would need to have an evaluation from a doctor, or more likely, from school or area education association officials to make a determination about the presence of a disability, satisfying the first criterion. With a formal evaluation, other steps could be identified and taken to help her become even more successful in the classroom. Such an evaluation could also determine the need for special education services, thus satisfying the second criterion as well to identify student 7 as having a disability, and becoming an example.

Case 8. Finally, consider student 8, a sixteen year old boy who has been blind from birth. Student 8 navigates a regular high school with the help of a seeing-eye dog. He has an IEP and receives many accommodations in the form of technological support. Assignments, notes, and texts are all made available on his computer. A special program will then read aloud the text so he can hear it on speakers or through

headphones or ear buds. With the help of these accommodations, student 8 is doing grade level work and receiving all A's.

Does student 8 have a disability? He satisfies the first criterion by having an identified disability on the list of disabilities from his school and state, namely, blindness. He also satisfies the criterion of having a need for special education services, since he could not succeed in the general education setting without the technological devices that are made available to him. Student 8 is therefore a model example of a student with a disability.

Case Study Summary

These examples help us to identify the criteria that are necessary and sufficient for 'having a disability.' We can then use the criteria we have identified to make decisions about student placement and about the evaluation the merits of a particular instance. The first criterion is, has the student been identified by educational or medical professionals as having a condition from a predetermined list of disabilities? The second criterion is, does the student need special education or related services as a result of having the stated condition? Answering these two questions affirmatively is both necessary and sufficient to determine that the student has a disability for educational purposes, and is therefore eligible to receive the necessary services so that he or she can be successful in their classroom.

CHAPTER 5

DISCUSSION

Conclusions

In the introduction of this dissertation, I began by stating the dual purposes of this research. First of all, I wanted to respond to previous calls from scholars, such as Collins and Rice, for further conceptual analyses of key terms in inclusive education. Secondly, I wanted to provide a clearer understanding of the terms ‘inclusive classroom,’ ‘inclusion,’ ‘co-teaching,’ and, ‘disabilities’ to simply help teachers, parents, administrators, and others involved in the education of children, to have intelligent, informed, passionate conversations about inclusion. I would like to recap below, what has been accomplished in regards to each of these purposes.

I believe the first purpose for this research, a response to the calls from Collins and Rice for further conceptual analyses of key terms in inclusive education, has been thoroughly examined with the following outcomes. The generic-type conceptual analysis of an inclusive classroom, the differentiation-type analyses of inclusion and co-teaching, and the generic-type analysis of disabilities have resulted in a clearer understanding of several key terms in inclusive education, namely, ‘inclusive classroom,’ ‘inclusion,’ ‘co-teaching,’ and, ‘disabilities.’

The generic-type conceptual analysis of an inclusive classroom yielded the following necessary and sufficient conditions. An inclusive classroom is a class where both students with and without disabilities are taught. It is a class where teachers and staff have the necessary training and support to effectively instruct all of the students in their class. It is a class where every effort is made to provide the

educational support for all students to succeed, and it is a class where all of the students can be successful.

Dewey (1929) suggests that philosophy, and the critical process of clarifying meanings, is like a living organ. “Thus philosophy as a critical organ becomes in effect a messenger, a liaison officer, making reciprocally intelligible, the voices speaking provincial tongues, and thereby enlarging as well as rectifying the meanings with which they are charged” (p. 410). However, philosophy’s “proper task of liberating and clarifying meanings” (p. 411) is not the only task that Dewey suggests. As we search for the meaning of things, there needs to also be relevance. “There is search for the meaning of things with respect to acts to be performed, plans and policies to be formed” (p. 414). The meanings of things that we uncover and clarify through the process of philosophical inquiry not only influence acts, plans and policies, but Dewey suggests that they are inextricably tied to one another. “There is search for the meaning of things with respect to objects they induce and preclude. The one cord that is never broken is that between the energies and acts which compose nature. Knowledge modifies the tie” (p. 414)! To apply this to our inquiry of the meaning of an inclusive classroom, any new meanings of inclusion are tied to related educational acts, plans and policies.

This relationship between ‘meaning’ and ‘acts’ calls us to ask the question, “So what?” Now that we have clarified the meaning of an inclusive classroom, and more clearly understand the criteria for having one, what difference does it make? How does this understanding relate to acts in the classroom, or to policies developed by schools, districts, and legislatures?

This question leads me to an examination of my second purpose, to provide a clearer understanding of the terms ‘inclusive classroom,’ ‘inclusion,’ ‘co-teaching,’ and, ‘disabilities’ to simply help teachers, parents, administrators, and others involved in the education of children, to have intelligent, informed, passionate conversations about inclusion. To recap what has been accomplished with this purpose in mind, I examine below some of the conversations that can now happen with the benefit of common terms and understandings.

In the introduction, I recalled past conversations I have had with other teachers about inclusive classrooms that have been challenging, or even strained, because of a lack of common vocabulary. I believe that the analyses from this dissertation, and the examples therein, can serve as a basis for future, informed conversations. If one teacher sees inclusion as simply the placement of students with disabilities in their general education class without any additional staff, supports, or training; it is easy to see how he or she would have a different attitude towards inclusion than a teacher who received training, had a co-teacher, and was provided with knowledge about accommodations that could be provided in the classroom to help his or her students succeed. A common vocabulary, with the clear understanding of the criteria for an inclusive classroom that was developed in Chapter 4, can provide common ground for dialogue. The criteria for an inclusive classroom can help teachers not only have a common understanding of an inclusive classroom, but can be used as a guide for common practice.

In addition to helping teachers like me have intelligent, passionate conversations about our students, I believe that the analyses of these concepts can be

useful to other key players in education, including parents, administrators, lawyers, and legislators. We have gained the understanding that an inclusive classroom is a class where both students with and without disabilities are taught, where teachers and staff have the necessary training and support to effectively instruct all of the students in their class, where every effort is made to provide the educational support for all students to succeed, and where all of the students can be successful. Now, what can schools do with this understanding? If a school district has a goal to provide inclusive classrooms for its students, these criteria can be helpful tools in working towards achieving that goal. Teachers and administrators can evaluate their classrooms to see which criteria they already provide. They can then have informed conversations about what they lack to be truly inclusive, and how can work together towards meeting the other criteria.

The differentiation-type conceptual analysis resulted in the following definition of inclusion. An inclusive classroom is an educational setting for students with and without disabilities, where all of the supports and services needed for all of the students to succeed are provided. This support could take the form of consultation with an instructional strategist, having a para-educator in the room, or a co-teaching arrangement, whatever best meets the needs of the students with disabilities in the inclusive classroom. This understanding of an inclusive classroom can now also be used to further the discourse on inclusion. As mentioned above, common understandings of inclusion can help teachers and administrators have intelligent conversations about their classrooms and schools. Yet as seen in the literature review in Chapter 2, a clearer understanding of inclusion can benefit

lawyers, judges, and legislators as well. There is a dynamic relationship between what happens in the classroom, and what happens in the courtroom or legislature. As we saw after the case of *Daniel R.R. vs. Board of Education* (5th Cir. 1989), the Daniel R. R. Test was developed and has remained for decades the leading test for the fulfillment of the Least Restrictive Environment mandate. I could see the criteria for an inclusive classroom, and the definitions that have been developed in this dissertation, similarly used as a common vocabulary for future judicial and legislative decisions.

The differentiation-type conceptual analysis led to a new definition of co-teaching. Co-teaching is a vibrant approach to teaching where two teachers share the instruction, using a variety of methods, in a classroom for students with and without disabilities, and where all of the supports and services needed for all of the students to succeed are provided. Co-teaching could be one of the most misunderstood and misused of all of these key concepts in inclusive education. Simply having two teachers in the classroom, even one regular education teacher who is highly trained in his or her content area, and one special education teacher who is certified in the area relating to the students with disabilities in that classroom, does not mean that co-teaching is occurring. Now that we have an understanding of numerous methods of effective co-teaching, and a variety of clear models and counter-examples, teachers need the opportunity to observe, learn about, and practice co-teaching. In-service and professional development training for teachers and administrators could include demonstrations of the various methods, and an examination of the various models and counter-examples. Teachers could evaluate their own attempts at co-teaching and

determine what they could do differently to better meet the needs of all of their students.

The generic-type conceptual analysis of a disability yielded the following list of necessary and sufficient criteria for ‘having a disability.’ The first criterion being, has the student been identified by educational or medical professionals as having a condition from a predetermined list of disabilities? The second criterion is, does the student need special education or related services as a result of having the stated condition? Answering these two questions affirmatively is both necessary and sufficient to determine that the student has a disability, and is therefore eligible to receive the necessary services so that he or she can be successful in their classroom.

Many of the lists of disabilities and criteria for special education services from school policies, textbooks, and state and federal regulations and legislation that were examined in this conceptual analysis seem to have been written by legislators or bureaucrats with little classroom experience. Our conceptual analysis of ‘disability’ has now given us a clearer understanding of how having a disability relates to teaching and learning in classrooms, with numerous examples and counter-examples. Legislators, teachers, and parents can now dialogue with common terms and understandings, and can create policies, regulations, and legislation that reflect these new meanings and can benefit students with and without disabilities in the classroom.

This dissertation began as a response to the challenges set out by Collins and Rice to clarify key terms in inclusive education, specifically ‘inclusion’ and ‘disability.’ It ends with a similar challenge to continue to clarify these and other

concepts, not just as an academic exercise, but to benefit the students with disabilities to whom we refer, so that they can succeed in the classroom.

Implications for Further Research

I believe that the conceptual analysis, as a philosopher's tool, is a dynamic process. A set of criteria that are necessary and sufficient today may need to be updated in the future. Definitions of key concepts in inclusive education that are helpful today may also need refined at a later date. Just as the laws, regulations, and methods that we examine are refined and changed, so too must our understandings of the key concepts of inclusive education be open to change.

Along with this general need to continue to examine key concepts, there are several specific concepts that need further analysis now. There is common agreement on the dozen conditions that are commonly understood as disabilities. The first criterion for having a disability is, has the student been identified by educational or medical professionals as having a condition from a predetermined list of disabilities? There needs to be more conceptual research on the second criterion, "does the student need special education or related services as a result of having the stated condition?"

As dynamic concepts, 'inclusion' and an 'inclusive classroom' will continue to be practiced, debated, advocated, and derailed. It will be important for future educators to have additional understandings of these and other key concepts as additional researchers scrutinize these and other terms through the process of conceptual analysis. With common language comes common understanding, and as researchers and educators, we can use this knowledge so that all students, with and without disabilities, in inclusive classrooms can succeed.

In *Experience and Nature* (1929) Dewey writes, there is “a unity with the universe that is to be preserved. The belief, and the effort of thought and struggle which it inspires are also the doing of the universe, and they in some way, however slight, carry the universe forward” (p. 420). It is the author’s hope that the ‘effort of thought’ that has gone into this paper will inspire some ‘doing’ of the universe, as it relates to inclusive education. I will continue to join with other teachers, parents, administrators, educators, philosophers, lawyers, and legislators to not only analyze these and other key concepts in inclusive education, but to also use them in our ongoing dialogue to benefit all students in inclusive classrooms.

APPENDIX A
INDIVIDUAL WITH DISABILITIES EDUCATION ACT (IDEA) OF 2004

Sec. 300.8 Child with a disability.

(a) General.

(1) Child with a disability means a child evaluated in accordance with Sec. Sec. 300.304 through 300.311 as having mental retardation, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance (referred to in this part as “emotional disturbance”), an orthopedic impairment, autism, traumatic brain injury, an other health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.

(2)

(i) Subject to paragraph (a)(2)(ii) of this section, if it is determined, through an appropriate evaluation under Sec. Sec. 300.304 through 300.311, that a child has one of the disabilities identified in paragraph (a)(1) of this section, but only needs a related service and not special education, the child is not a child with a disability under this part.

(ii) If, consistent with Sec. 300.39(a)(2), the related service required by the child is considered special education rather than a related service under State standards, the child would be determined to be a child with a disability under paragraph (a)(1) of this section.

(b) Children aged three through nine experiencing developmental delays. Child with a disability for children aged three through nine (or any subset of that age range, including ages three through five), may, subject to the conditions described in Sec. 300.111(b), include a child--

(1) Who is experiencing developmental delays, as defined by the State and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development; and

(2) Who, by reason thereof, needs special education and related services.

(c) Definitions of disability terms. The terms used in this definition of a child with a disability are defined as follows:

(1)

(i) Autism means 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. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

(ii) Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in paragraph (c)(4) of this section.

(iii) A child who manifests the characteristics of autism after age three could be identified as having autism if the criteria in paragraph (c)(1)(i) of this section are satisfied.

(2) Deaf-blindness means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

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

(4)

(i) Emotional disturbance means 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.

(ii) Emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance under paragraph (c)(4)(i) of this section.

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

(6) Mental retardation means significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance.

(7) Multiple disabilities means concomitant impairments (such as mental retardation-blindness or mental retardation-orthopedic impairment), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. Multiple disabilities does not include deaf-blindness.

(8) Orthopedic impairment means a severe orthopedic 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).

(9) Other health impairment means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that--

(i) Is 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

(ii) Adversely affects a child's educational performance.

(10) Specific learning disability. (i) General. Specific learning disability means 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 to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

(ii) Disorders not included. Specific learning disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

(11) Speech or language impairment means a communication disorder, such as stuttering, impaired articulation, a language

impairment, or a voice impairment, that adversely affects a child's educational performance.

(12) Traumatic brain injury means 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 educational performance. Traumatic brain injury applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. Traumatic brain injury does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

(13) Visual impairment including blindness means an impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.

APPENDIX B
INDIVIDUAL WITH DISABILITIES EDUCATION ACT (IDEA) OF 1997
(P.L. 105-17)

The IDEA Amendments of 1997 (P.L. 105-17), state that children must meet two criteria in order to receive special education services: (1) the child must have one or more of the disabilities listed below, and (2) he or she must require special education and related services. “Not all children who have a disability require special education; many are able to and should attend school without any program modifications” (P.L. 105-17). The following are disabilities included in the definition:

1. Autism: A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a child's educational performance is adversely affected primarily because the child has a serious emotional disturbance as defined below. Autism was added as a separate category of disability in 1990 under P.L. 101-476. This was not a change in the law so much as it is a clarification. Students with autism were covered by the law previously, but now the law identifies them as a separate and distinct class entitled to the law's benefits.
2. Deafness: A hearing impairment so severe that the child cannot understand what is being said even with a hearing aid.
3. Deaf-Blindness: A combination of hearing and visual impairments causing such severe communication, developmental, and educational problems that the child cannot be accommodated in either a program specifically for the deaf or a program specifically for the blind.
4. Hearing impairment: An impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but that is not included under the definition of deafness as listed above.
5. Mental retardation: Significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior, and manifested during the developmental period that adversely affects a child's educational performance.
6. Multiple disabilities: A combination of impairments (such as mental retardation-blindness, or mental retardation-physical disabilities) that causes such severe educational problems that the child cannot be accommodated in a special education program solely for one of the impairments. The term does not include deaf-blindness.

7. Orthopedic impairment: A severe orthopedic impairment that adversely affects educational performance. The term includes impairments such as amputation, absence of a limb, cerebral palsy, poliomyelitis, and bone tuberculosis.

8. Other health impairment: Having limited strength, vitality, or alertness due to chronic or acute health problems such as a heart condition, rheumatic fever, asthma, hemophilia, and leukemia, which adversely affect educational performance.

9. Serious Emotional Disturbance: A condition exhibiting one or more of the following characteristics, displayed over a long period of time and to a marked degree that adversely affects a child's educational performance:

- * An inability to learn that cannot be explained by intellectual, sensory, or health factors

- * An inability to build or maintain satisfactory interpersonal relationships with peers or teachers

- * Inappropriate types of behavior or feelings under normal circumstances

- * A general pervasive mood of unhappiness or depression

- * A tendency to develop physical symptoms or fears associated with personal or school problems.

This term includes schizophrenia, but does not include students who are socially maladjusted, unless they have a serious emotional disturbance. P.L. 105-17, the IDEA Amendments of 1997, changed "serious emotional disturbance" to "emotional disturbance." The change has no substantive or legal significance. It is intended strictly to eliminate any negative connotation of the term "serious."

10. 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 an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. This term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. This term does not include children who have learning problems that are primarily the result of visual, hearing, or motor disabilities; mental retardation; or environmental, cultural or economic disadvantage.

11. Speech or language impairment: A communication disorder such as stuttering, impaired articulation, language impairment, or a voice impairment that adversely affects a child's educational performance.

12. 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 educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual and motor abilities; psychosocial behavior; physical functions; information processing; and speech. The term does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma. As with autism, traumatic brain injury (TBI) was added as a separate category of disability in 1990 under P.L. 101-476.

13. 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.

APPENDIX C
IOWA ADMINISTRATIVE RULES OF SPECIAL EDUCATION, JANUARY
2010

The most recent regulations for special education in the state of Iowa also list disabilities (our first criteria) and repeat the phrase, which adversely affects a child's educational performance" (our second criteria).

281—41.8(256B, 34CFR300) Child with a disability. —Child with a disability refers to a person under 21 years of age, including a child under 5 years of age, who has a disability in obtaining an education. The term includes an individual who is over 6 and under 16 years of age who, pursuant to the statutes of this state, is required to receive a public education; an individual under 6 or over 16 years of age who, pursuant to the statutes of this state, is entitled to receive a public education; and an individual between the ages of 21 and 24 who, pursuant to the statutes of this state, is entitled to receive special education and related services. In federal usage, this refers to infants, toddlers, children and young adults. In these rules, this term is synonymous with —child requiring special education and —eligible individual. —Disability in obtaining an education refers to a condition, identified in accordance with this chapter, [see below, 281—41.50(256B, 34CFR300) Other definitions associated with identification of eligible individuals] which, by reason thereof, causes a child to require special education and support and related services. 281—41.50(256B, 34CFR300) Other definitions associated with identification of eligible individuals. The following terms may be encountered in the identification of children with disabilities.

41.50(1) *Autism*. —Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before the age of three, which adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. Autism does not apply if a child's educational performance is adversely affected primarily because the child has a behavior disorder, as defined in subrule 41.50(2). A child who manifests the characteristics of autism after the age of three could be identified as having autism if the criteria in the first sentence of this subrule are satisfied. This term includes all conditions described by the term —autism spectrum disorder, which adversely affects a child's educational performance.

41.50(2) *Behavior disorder*. —Behavior disorder (or emotional disturbance) means any condition that exhibits one or more of the following five 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.

41.50(3) *Deaf-blindness.* —Deaf-blindness means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

41.50(4) *Deafness.* —Deafness means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, and that adversely affects a child's educational performance.

41.50(5) *Hearing impairment.* —Hearing impairment means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but that is not included under the definition of deafness in 41.50(4).

41.50(6) *Mental disability.* —Mental disability means significantly subaverage general intellectual functioning, that exists concurrently with deficits in adaptive behavior and is manifested during the developmental period, and which adversely affects a child's educational performance.

41.50(7) *Multiple disabilities.* —Multiple disabilities means concomitant impairments, such as mental disability-blindness or mental disability-orthopedic impairment, the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. Multiple disabilities does not include deaf-blindness.

41.50(8) *Orthopedic impairment.* —Orthopedic impairment means a severe orthopedic 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 or bone tuberculosis; and impairments from other causes, e.g., cerebral palsy, amputations, and fractures or burns that cause contractures.

41.50(9) *Other health impairment*. —Other health impairment means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that:

a. Is due to a chronic or acute health problem 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 affects a child's educational performance.

41.50(10) *Specific learning disability*. —Specific learning disability means 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 to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Specific learning disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of mental disability, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

41.50(11) *Speech or language impairment*. —Speech or language impairment means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child's educational performance.

41.50(12) *Traumatic brain injury*. —Traumatic brain injury means 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 educational performance. Traumatic brain injury applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. Traumatic brain injury does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

41.50(13) *Visual impairment*. —Visual impairment, including blindness, means an impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness. Individuals who have a medically diagnosed expectation of visual deterioration in

adolescence or early adulthood may qualify for instruction in Braille reading and writing.

APPENDIX D
FAIRFAX COUNTY PUBLIC SCHOOLS

Fairfax County Public Schools (FCPS) is the largest school system in the state of Virginia. In addition to a complete list of disabilities, which is virtually identical to the federal and Iowa lists and regulations, the Fairfax County Public Schools provides detailed definitions of each condition, as well as specific criteria for eligibility. For example, to be eligible for special education services, a student not only needs to be identified as having autism, but must also meet each of the Autism-Based Criteria, including, “the student has significant deficits in verbal and nonverbal communication,” and “the student has significant deficits in social interaction.” Furthermore, the eligibility committees are required to identify the specific problem areas.

The following is the Fairfax County Public Schools’ list of disabilities to be eligible for special education services:

14. Autism
15. Developmental Delay
16. Emotional Disability
17. Deaf and Hard of Hearing Impairment
18. Specific Learning Disability
19. Mental Retardation
20. Multiple Disabilities
21. Orthopedic Impairment
22. Other Health Impairments
23. Severe Disability
24. Speech/Language Impairment
25. Traumatic Brain Injury
26. Visual Impairment

Eligibility committees determine if students are eligible to receive special education services using the following definitions and criteria known as the Basis for Committee Decisions (BCD). Students must have been evaluated in accordance with established procedures.

AUTISM-BASIS FOR COMMITTEE DECISION

DEFINITION: Autism means 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. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disability. A child who manifests the characteristics of autism after age three, (e.g., Asperger's Disorder) could be found eligible under this disability if the criteria listed above are met.

CRITERIA. A student with autism who requires special education will meet ALL of the following criteria. For each criterion the committee must indicate "Yes" or "No" and provide additional information as appropriate.

- The student has significant deficits in verbal and nonverbal communication. The committee must specify problem areas.
- The student has significant deficits in social interaction. The committee must state problem areas.
- Emotional disability can be ruled out as the primary cause of adverse impact to educational performance.

- The adaptive, communication and social interaction deficits result in an adverse effect on educational performance in one or more instructional areas. The committee must specify evidence of adverse effect.

- The student requires instruction to address identified deficit areas that cannot reasonably be provided solely through regular education. The committee must specify the instruction required and why it cannot be provided by regular education.

DEVELOPMENTAL DELAY - BASIS FOR COMMITTEE DECISION

DEFINITION: Developmental delay means a disability affecting a child ages two through four who:

1. Is experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development; and
2. Who, by reason thereof, needs special education and related services.

CRITERIA. A student with developmental delay who requires special education will meet ALL of the following criteria. For each criterion indicate "Yes" or "No" and provide additional information as appropriate.

- The age of the student is two through four and the student will not turn five before September 30 of the next school year.
- The student is experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas:
 - Physical development
 - Cognitive development
 - Communication development
 - Social or emotional development
 - Adaptive development

- The committee must describe the delay(s).

Because of these delays, the student needs special education and related services. The committee must specify the reasons.

EMOTIONAL DISABILITY - BASIS FOR COMMITTEE DECISION

DEFINITION: Emotional disability means a condition in which the student exhibits one or more of the following characteristics over a long period of time and to a marked degree that adversely affects educational performance:

1. An inability to learn that cannot be explained by intellectual, sensory, or health factors.
2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
3. Inappropriate types of behavior or feelings under normal circumstances.
4. A general pervasive mood of unhappiness or depression.
5. 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 also have an emotional disability.

CRITERIA. A student with an emotional disability who requires special education will meet ALL of the following criteria. For each criterion the committee must indicate "Yes" or "No" and provide additional information as appropriate.

- The student has exhibited one or more of the following characteristics for a long period of time:
 - An inability to learn that cannot be explained by intellectual, sensory or health factors. The committee must describe this.
 - An inability to build or maintain satisfactory interpersonal relationships with peers and teachers. Provide a time frame for unsatisfactory peer and teacher relationships, such as an inability to get along with anyone,

feelings of isolation, extreme withdrawn behavior, avoidance of communication, extreme fear of teachers and/or students, etc. The committee must describe this.

- Inappropriate types of behavior or feelings under normal circumstances as shown by reports and information from multiple sources. Provide a time frame for inappropriate behavior or feelings, such as anxiety, attention issues, excessive crying, curling up in a fetal position, hiding under furniture, paranoia, feelings of persecution, verbally and/or physically attacking others without any apparent reason, etc. The committee must describe this.

- A general pervasive mood of unhappiness or depression as shown by reports and information from multiple sources. Provide a time frame for evidence of unhappiness or depression, such as changes in eating and/or sleep patterns, clinical depression, constantly being on the verge of crying, extreme disobedience, low frustration tolerance, mood swings, self-destructive behavior, suicidal ideation, underachievement, etc. The committee must describe this.

- A tendency to develop physical symptoms or fears associated with personal or school problems as confirmed by reports from multiple sources. Provide a time frame for physical symptoms or fears such as stomachaches or headaches related to school, school refusal, truancy, high rate of absenteeism, etc. The committee must describe this.

- Social Maladjustment has been ruled out as the PRIMARY cause of identified characteristics.

- These characteristics have been in existence over a long period of time and to a marked degree.

- The characteristics identified above result in an adverse effect on educational performance. The committee must describe the adverse effect on educational performance.

- The student requires instruction that cannot reasonably be provided solely through regular education. Specify the instruction required and why it cannot be provided by regular education.

HEARING IMPAIRMENT - BASIS FOR COMMITTEE DECISION

DEFINITION: Hearing Impairment (including Deafness) means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance. Deafness means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, and that adversely affects the child's educational performance.

CRITERIA. A student with a hearing impairment who requires special education will meet ALL of the following criteria. For each criterion indicate "Yes" or "No" and provide additional information as appropriate.

- The student has a documented hearing impairment. The committee must specify this.
- The student is impaired in processing linguistic information through hearing with or without amplification as a result of the hearing loss. The committee must describe the impaired language processing.
- The hearing loss results in an adverse effect on educational performance. The committee must specify this.
- The student requires instruction to address identified deficit areas that cannot reasonably be provided solely through regular education. The committee must specify the instruction required and why regular education cannot provide it.

SPECIFIC LEARNING DISABILITY - BASIS FOR COMMITTEE

DECISION

DEFINITION: Specific learning disability means 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 an imperfect ability to listen, think, speak, read, write, spell or to do mathematical calculations, including conditions such as perceptual

disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

· An eligibility committee may determine that a child has a specific learning disability if:

1. The child does not achieve commensurate with age and ability levels in one or more of the areas listed below when provided with learning experiences appropriate for the child's age and ability levels; and
2. The child demonstrates a severe discrepancy between intellectual ability and achievement in one or more of the following areas: a. oral expression; b. listening comprehension; c. written expression; d. basic reading skills; e. reading comprehension; f. mathematics calculation; and g. mathematics reasoning.

· For a child suspected of having a specific learning disability, the documentation of the committee's determination of eligibility must include:

1. A statement of:

- Whether the child has a specific learning disability
- The basis for making the determination
- The relevant behavior noted during the observation of the child
- The relationship of that behavior to the child's academic functioning
- The educationally relevant medical findings, if any
- Whether there is a severe discrepancy between achievement and ability that requires special education and related services
- The determination of the committee concerning the effects of environmental, cultural, or economic disadvantage.

2. Each committee member shall certify in writing whether the report reflects his or her conclusion. If it does not reflect his or her conclusion,

the committee member must submit a separate statement presenting his or her conclusion.

CRITERIA. A student with a specific learning disability who requires special education will meet ALL of the following criteria. For each criterion the committee must indicate "Yes" or "No" and provide additional information as appropriate.

- The student has had learning experiences appropriate for age and ability levels.
- The student demonstrates a disorder in one or more of the basic psychological processes (processing deficit) involved in understanding or in using language, spoken or written. Specify:
 - auditory memory
 - auditory discrimination
 - auditory processing
 - visual memory
 - visual discrimination
 - visual processing
 - visual sequencing
 - visual motor integration
 - perceptual motor speed
 - other
- The student is not achieving commensurate with age level and demonstrates a severe discrepancy between ability and achievement in one or more areas listed below.
 - Basic Reading Skills
 - Mathematics Calculation
 - Basic Writing Skills
 - Reading Comprehension
 - Mathematics Reasoning
 - Written Expression

- Listening Comprehension
- Oral Expression
- The committee considered the following exclusionary factors and ruled them out as the primary cause of the severe discrepancy.
- Visual, hearing, or motor impairment
- Mental retardation
- Emotional disability
- Environmental, cultural, or economic disadvantage
- Lack of instruction in reading and math or limited English proficiency
- The committee considered the relevant behavior noted during the observation of the child and the relationship of that behavior to the child's academic functioning. The committee must describe this.
- The committee considered any educationally relevant medical findings. The committee must describe this.
- The student requires instruction in the area(s) of underachievement that cannot reasonably be provided solely through regular education. The committee must specify why.

MENTAL RETARDATION - BASIS FOR COMMITTEE DECISION

DEFINITION: Mental retardation means a significantly reduced rate of intellectual functioning existing concurrently with deficits in adaptive behavior and academic achievement that adversely affects a child's educational performance. The student's cognitive ability and adaptive behavior are not primarily caused by visual or auditory deficits, motor deficits, emotional disability, learning disability, or environmental, cultural, or economic disadvantage.

CRITERIA. A student with mental retardation who requires special education will meet ALL of the following criteria. For each criterion the committee must indicate "Yes" or "No" and provide additional information as appropriate.

- The student has a significantly reduced rate of intellectual functioning.

- The student has concurrent deficits in adaptive behaviors that are significantly below chronological age.
- The following factors can be ruled out as the primary cause for deficits in cognitive ability and adaptive behavior:
 - Auditory or visual deficits
 - Motor deficits
 - Learning disability or emotional disability
 - Environmental, cultural, economic disadvantage
- The intellectual and adaptive deficits result in an adverse effect on educational performance in all instructional areas. The student is functioning significantly below age expectations. The committee must specify the adverse effect(s) on educational performance.
- The student requires instruction to address identified deficit areas that cannot reasonably be provided solely through regular education. The committee must specify the instruction required and why it cannot be provided by regular education.

MULTIPLE DISABILITIES - BASIS FOR COMMITTEE DECISION

DEFINITION: Multiple disabilities means two or more impairments occurring at the same time (for example, mental retardation-blindness, learning disability-orthopedic impairment), the combination of which causes such significant educational needs that they cannot be accommodated in special education programs solely for one of the impairments. The term does not include deaf-blindness.

CRITERIA. A student with multiple disabilities who requires special education will meet ALL of the following criteria. For each criterion the committee must indicate "Yes" or "No" and provide additional information as appropriate.

- The student qualifies for special education programs in two or more disability categories according to criteria. The committee must specify

disability categories and attach appropriate BASIS FOR COMMITTEE DECISION FORMS.

- The multiple disabilities result in significant educational needs. Specify evidence of severe educational needs.
- The student requires instruction to address significant educational needs that cannot reasonably be provided in a special education program solely for one of the impairments. The committee must specify accommodations required and why only one program cannot provide them.

OTHER HEALTH IMPAIRMENT - BASIS FOR COMMITTEE DECISION

DEFINITION: Other health impairment means having limited strength, vitality, or alertness, (including a heightened alertness to environmental stimuli), that results in limited alertness with respect to the educational environment. The impairment adversely affects a child's educational performance and is due to chronic or acute health problems. These may include, but are not limited to, conditions such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, and sickle cell anemia.

CRITERIA. A student with other health impairment who requires special education will meet ALL of the following criteria. For each criterion the committee must indicate "Yes" or "No" and provide additional information as appropriate.

- The student has a documented chronic or acute health problem. The committee must describe specify this.
- Due to the health problem, the student has limited strength, vitality, or alertness, (including a heightened alertness to environmental stimuli) that result in limited alertness with respect to the educational environment. The committee must describe this.
- The limited strength, vitality or alertness results in an adverse effect on educational performance. Functional academic performance is

significantly impacted (e.g. performance on group and/or individually administered standardized tests, daily classroom performance, functional impact of medical condition on day to day performance). The committee must specify evidence of the adverse effect(s).

- The student requires instruction and accommodations that cannot reasonably be provided solely through regular education. The committee must specify the instruction required and why it cannot be provided by regular education.

ORTHOPEDIC IMPAIRMENT - BASIS FOR COMMITTEE

DECISION

DEFINITION: Orthopedic impairment means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g., club foot, absence of some member), 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).

CRITERIA. A student with an orthopedic impairment who requires special education will meet ALL of the following criteria. For each criterion indicate "Yes" or "No" and provide additional information as appropriate.

- The student has an orthopedic impairment. The committee must describe this.
- As a result of this orthopedic impairment, the student exhibits physical limitations in the school environment (e.g., mobility, sitting, object manipulation, posture, toileting, communicating, eating, etc.). The committee must describe this.
- The significant physical limitations result in an adverse effect on educational performance in one or more instructional areas. The committee must specify the adverse effect on educational performance.

- The student requires instruction and accommodations to address identified deficit areas that cannot reasonably be provided solely through regular education. The committee must specify the instruction required and why it cannot be provided by regular education.

SEVERE DISABILITY - BASIS FOR COMMITTEE DECISION

DEFINITION: Severe disability means:

- a primary disability that severely impairs cognitive abilities, adaptive skills, and life functioning
- associated severe behavior problems
- the high probability of additional physical and/or sensory disabilities
- the student requires significantly more educational resources than are provided for children with mild and moderate disabilities in special education programs

CRITERIA. A student with severe disability who requires special education will meet.

ALL of the following criteria. For each criterion the committee must indicate "Yes" or "No" and provide additional information as appropriate.

- The student has severely impaired cognitive abilities.
- The student has severely impaired adaptive and life functioning skills.

The committee must describe this.

- The student has the probability of associated severe behavior problems and physical or sensory disabilities. The committee must describe this.

- The student requires instruction to address identified deficit areas that cannot reasonably be provided solely through regular education and requires significantly more educational resources than are provided for children with mild and moderate disabilities in special education programs. The committee must specify instruction and resources that are required.

SPEECH/LANGUAGE IMPAIRMENT - BASIS FOR COMMITTEE DECISION

DEFINITION: Speech/language impairment means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child's educational performance.

Articulation Disorder: Defective production of phonemes (speech sounds) that interferes with ready intelligibility of speech. Types of misarticulations include: substitution of one phoneme for another, omission of phonemes in words, phonemic distortions, and inappropriate additions of phonemes.

Fluency (Stuttering) Disorder: Disruptions in the normal flow of verbal expression that occur frequently, or are markedly noticeable, and are not readily controllable by the student. These disruptions may include repetitions, hesitation, prolongations, interjections and associated secondary behaviors. Interruptions in the production of connected speech cause adverse reaction in the student and/or the listener.

Voice Disorder: Chronic or persistent abnormality in pitch, loudness, or quality resulting from pathological conditions or abnormal use of the vocal mechanism that interferes with communication. Voice quality disorders may be characterized by laryngeal dysfunction that is spasmodic, strident, hoarse, breathy, and/or dysphonic. Medical information is necessary to rule out upper respiratory infection or allergies or to determine the contribution of vocal pathology to the voice symptoms.

Oral Language Disorder: Impaired ability in verbal learning with resultant disability in the acquisition, production, and/or comprehension of oral language. Deficits may be reflected in semantics, syntax, morphology, metalinguistics and pragmatics.

CRITERIA. A student with speech/language impairment who requires special education will meet ALL of the following criteria. For each criterion the committee must indicate "Yes" or "No" and provide additional information as appropriate.

- The student has a communication disorder in articulation, voice, fluency, expressive language and/or receptive language. The committee must specify deficit area(s).
- The communication disorder adversely affects educational performance as demonstrated by academic and non-academic performance that is significantly below the level of students of similar age. The committee must describe the adverse effect in terms of social interaction, communication behavior, or academic achievement.
- The student requires instruction to address identified deficit areas that cannot reasonably be provided solely through the student's current educational setting. The committee must specify why

TRAUMATIC BRAIN INJURY - BASIS FOR COMMITTEE

DECISION

DEFINITION: Traumatic brain injury means an injury to the brain caused by an external physical force resulting in total or partial functional disability or psychosocial maladjustment that adversely affects educational performance. The term includes open or closed head injuries resulting in mild, moderate, or severe impairments in one or more areas, including cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. The term does not include brain disorders that are congenital or degenerative, or brain injuries induced by birth trauma.

CRITERIA. A student with a traumatic brain injury who requires special education will meet ALL of the following criteria. For each criterion the committee must indicate “Yes” or “No” and provide additional information as appropriate.

- The student has sustained an injury to the brain caused by an external physical force. The committee must describe the injury and its cause.
- The brain injury is not congenital or degenerative, or induced by birth trauma or stroke.

- The brain injury results in total or partial functional disability or impairment in one or more areas:
 - Abstract thinking · Motor abilities
 - Attention · Physical functions
 - Cognition · Problem solving
 - Information processing · Psychosocial behavior
 - Judgment · Reasoning
 - Language · Sensory, perceptual abilities
 - Memory · Speech
- The functional disability or impairment results in an adverse effect on educational performance. The committee must specify evidence of the adverse effect.
- The student requires instruction to address identified deficit areas that cannot reasonably be provided solely through regular education. The committee must specify accommodations required and why it cannot be provided by regular education.

VISUAL IMPAIRMENT - BASIS FOR COMMITTEE DECISION

DEFINITION: Visual impairment means an impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.

CRITERIA. A student with visual impairment who requires special education will meet ALL of the following criteria. For each criterion the committee must indicate “Yes” or “No” and provide additional information as appropriate.

- The student has an impairment of vision documented by medical examination and/or other qualified professionals. The committee must describe impairment, date of onset, etc.
- The loss of vision results in an adverse effect on educational performance in one or more instructional areas. The committee must specify evidence of the adverse effect and supports that are required, e.g., large print, Braille, recorded textbooks, low vision aids, preferential

seating or lighting, orientation and mobility training, social interaction skills training, etc.

- The student requires instruction to address identified deficit areas that cannot reasonably be provided solely through regular education. The committee must specify accommodations required and why they cannot be provided by regular education.

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